This exploratory instrumental qualitative case study adopted the position that health and health behaviors were complex social constructs influenced by multiple factors. Framed by the social ecological model, the study explored how work relationships enhanced or detracted from perceptions of well-being and health behaviors. Despite the fact that previous studies indicated that the social workplace environment contributed to employee health behaviors and well-being, there was little information about the characteristics of the social environment. Specifically, little was known about how employees perceived the connections between workplace relationships and health, or how social interactions enhanced or detracted from an employee’s sense of well-being and health behaviors.

The research participants included 19 volunteers recruited from 4 companies, who shared experiences and perceptions of workplace relationships through interviews and journaling. The study found that feelings of well-being were enhanced by perceptions of work relationships that were trusting, collaborative, open, positive, and social, as well as when participants felt valued and respected. The study also found that work relationships could detract from perceptions of well-being and health behaviors. These detracting types of relationships lacked the aforementioned characteristics, and also included relationships that were perceived to be lacking justice and empathy. The enhancing and detracting relationships generated physical symptoms, as well as influenced sleep and eating patterns, socializing,
physical activity, emotional well-being, personal relations, career decisions, and energy levels.

In addition to the social ecological model, the communities of practice (CoP) model provided an additional lens to explore workplace interactions. Data analysis using the CoP framework found that meaning, learning, and identity emerged when participants discussed detracting interactions with colleagues. These discussions helped minimize the influences to well-being and health behaviors. The findings support the importance of the social workplace environment expressed by other authors and researchers, and begin to identify the characteristics of the workplace social environment that influence perceptions of health and well-being (DeJoy & Wilson, 2003; L. Linnan, Weiner, Graham, & Emmons, 2007; L. A. Linnan, Sorensen, Colditz, Klar, & Emmons, 2001; MacDermid et al., 2008; Quick, Macik-Frey, & Cooper, 2007). Future studies can extend this line of inquiry by developing a survey instrument to measure the types and frequencies of enhancing or detracting social interactions as one way towards expanding our knowledge base in this domain.

Surprisingly, the study found that regardless of how broadly participants defined health and well-being (including spiritual and emotional aspects, for example), when they were asked to rate their health participants uniformly rated their health on physical attributes alone. The exclusive consideration of physical attributes suggests that participants may have unconsciously adopted the typical western medical view of health—that it is an individually determined physiologic characteristic. Despite extensive research suggesting health is more than biology, and despite explicitly defining health to include emotional and/or spiritual components, participants uniformly adopted the traditional medical view when asked to rate their own health. This contradiction offers an interesting research question for future studies.
Finally, the study offers human resource development professionals with evidence that supports interventions aimed at minimizing workplace incivility and disrespect. Interventions designed to improve employee engagement, communications, and collegiality could be developed as one way to minimize the financial and human cost of negative social interactions at work. The bottom line is that a workplace should be physically, socially, emotionally, and psychologically safe in order for well-being and healthy behaviors to flourish – for employees, as well as organizations to flourish.
Do Work Relationships Matter? Instrumental Case Study on Characteristics of Workplace Interactions That Enhance or Detract From Employee Perceptions of Well-Being & Health Behaviors

by
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DEDICATION

This dissertation is dedicated to

My wonderfully supportive husband, best friend, and business partner, David Machles, whose unconditional love and constant support motivated me and kept me going.

My caring family, especially my beautiful Mom, Mary Mastroianni, and my Dad, Jules Mastroianni who did not live to see me graduate. I am forever grateful that you believed in me and taught me to believe in myself.

My incredible son and daughter, Matthew and Alison Machles, who regularly checked on me.
BIOGRAPHY

Karen Mastroianni graduated from the University of Akron with a Bachelor of Science Degree in Nursing. She received her Master of Public Health Degree from the University of North Carolina at Chapel Hill in 1988. After completing her MPH, Karen served as an instructor at UNC School of Public Health until establishing a consulting company. She is presently a principal and co-founder of Dimensions in Occupational Health and Safety, Inc. since 1993. Responsibilities in this position include assisting companies in achieving optimal organizational performance through culture change initiatives that incorporate the integration of safety and health programs.

Karen’s past professional experience includes hospital nursing in Ohio, Hawaii, and North Carolina. She worked in various specialties before beginning her health and safety career at Kayser Roth Hosiery in Granville County. A job she loved, and profession she continued.

Karen is a member of Phi Kappa Phi Honor Society and Sigma Theta Tau International Honor Society of Nursing. She also was inducted into the North Carolina Great 100 Nurses, and the Fellow of the American Association of Occupational Health Nurses (AAOHN), as well as a recipient of other honors. In addition, she received the Academy of Human Resource Development 2012 Cutting Edge Award.

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Karen lives in Raleigh with her husband and business partner David Machles. They have two grown children, Matthew and Alison Machles. Karen and David currently share their home with two elderly dogs, Teddy and Scooter, and their cat, Tigger; as well as many amazing guests (human!) who have passed through.

She began her doctoral studies in 2006, entering the Adult Education program in search of information to enhance the services provided to employers and employees. Karen enrolled in graduate school to become a better health and safety professional. She graduates as a human resource development professional; a profession she was not familiar with before beginning the program.
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CHAPTER ONE

“The scientific search for the basic building blocks of life has revealed a startling fact: there are none. The deeper that physicists peer into the nature of reality, the only thing they find is relationships” (Wheatley, 2006, p. 1).

This study sought to understand how work relationships influenced perceptions of well-being and health behavior practices. Too often workplace health promotion interventions target individual employees without consideration for other determining factors that impact behavior (Best et al., 2003b; Maibach, Abroms, & Marosits, 2007; Stokols, 1992). The interventions also are primarily focused on physical health such as weight, fitness, and biometric measures (S. G. Aldana, Merrill, Price, Hardy, & Hager, 2005; Anderson et al., 2009; Baker et al., 2008; CDC, 2009; Goetzel, 2011; Goetzel, Ozminkowski, Pelletier, Metz, & Chapman, 2007; Merrill, Aldana, Garrett, & Ross, 2011; Merrill, Hyatt, Aldana, & Kinnersley, 2011; Naydeck, Pearson, Ozminkowski, Day, & Goetzel, 2008; Ozminkowski et al., 2004; K. A. Pelletier, 2009). These interventions have generally mixed-to no-sustained behavioral change results (Schneider & Stokols, 2009) and often cost employers anywhere from $100-$300 and higher per employee per year (Goetzel, 2004). The bottom line is that the money spent on workplace health promotion has not accomplished what it set out to do; namely, create sustained change in employee health.

Findings from the analysis of two of the largest and most expensive health promotion initiatives to date confirm this fact. Surprisingly, study findings determined that there have been no significant differences in the health factors studied (Schneider & Stokols, 2009; Syme, 2003). One of these initiatives was a six-year study costing more than $300 million dollars (1980 dollar value) and involving 12,000 men (Syme, 2003). Known as MRFIT, the
program included healthy cooking demonstrations, shopping for healthy foods, and encouraging exercise. The research showed no difference in heart disease rates between the research participants and the control group (Syme, 2003). What was even more striking was that not only was there no risk reduction found, but that most participants reverted back to previous habits prior to completing the almost two year intervention on the healthy behaviors (Schneider & Stokols, 2009).

This intervention, and most health promotion interventions in general, focus only on the individual, and mainly on physical health, yet it is clear that behavior change has not been accomplished despite money invested and the intensive initiatives. The Center for Disease Control and Prevention (CDC) findings that there have been no appreciable gains in weight loss and exercise despite the emphasis on healthy behavior change provide additional support that individual behavior change alone is not effective (CDC, 2009).

The second large study was a five-year smoking cessation initiative costing nearly $3 million and deemed to be the best model for community smoking cessation programs (Syme, 2003). Known as “COMMIT”, the model was used in 20 other communities across the USA. After five years the evaluations found no difference in smoking cessation rates between COMMIT and comparison communities (Syme, 2003). One of the chief researchers involved in both of these large and expensive individual change initiatives, Dr. Syme, became an outspoken advocate for addressing broad social and environmental factors rather than focusing only on individual behavior change (Syme, 2003). This study provides additional support that the individual behavior change methods alone have not been effective in community health promotion nor, in fact, workplace health promotion programs.
A study conducted by the US Preventive Services Task Force looked at outcomes from intensive counseling and behavioral strategies in improving diet and physical activity for patients. An averaged sustained weight loss of 6-10 pounds was noted after one year. (Serxner, Gold, Meraz, & Gray, 2009). Outcomes from the studied workplace health promotion programs had similar results, with several researchers indicating inconsistent findings. (Goetzel & Ozminkowski, 2008; Serxner et al., 2009). The independent Task Force on the Guide to Community Preventive Services, with support from the CDC and US Department of Health and Human Services (USDHHS), completed a comprehensive and systematic literature review in 2007. The review focused on the health and financial impacts of workplace health promotion services targeting obesity. More than 50 companies met the research and program criteria, with the costs for the weight loss interventions ranging from approximately $8,500 to $75,750 (Serxner et al., 2009). Yet with few exceptions, the average weight loss was only 3 pounds on 6-12 month follow-up evaluations (Serxner et al., 2009).

A systematic review and analysis conducted by Pelletier (2009) of published workplace health promotion research had somewhat more positive results; however, the positive clinical and cost saving outcomes were mostly due to disease management programs (K. A. Pelletier, 2009). Disease management has become the current trend for healthcare cost saving initiatives and are considered health promotion initiatives in many workplace programs (S. Aldana et al., 2006; Goetzel, 2011; Goetzel et al., 2004; Goetzel & Ozminkowski, 2008; Goetzel, Ozminkowski et al., 2007; Goetzel, Shechter et al., 2007; Naydeck et al., 2008). The cost benefit results were from the focus on high-risk individuals who have higher medical costs and are absent more from work (K. A. Pelletier, 2009). The
cost effectiveness results were from reduced absenteeism as well as fewer hospitalizations and doctor visits.

Aldana (2001) also conducted a comprehensive review of the financial impact of workplace health promotion with mixed findings. There was limited association between programs targeting individual behavior change and reduced healthcare cost. Cost effectiveness was only apparent when comparing absentee rates between participants and nonparticipants (S. G. Aldana, 2001). Another concern was that combining disease management with health promotion initiatives made it difficult to determine effectiveness, as well as perpetuated a disease mentality that focused on individual medical conditions without addressing causes and conditions to promote health and prevent disease.

Similarly, other studies found no significant differences in healthcare costs between those who participated in any one wellness program during a year-long time frame and those who did not participate (S. G. Aldana et al., 2005). Findings did however, indicate a significant negative association between participation and absenteeism. Non-participants had a higher rate of absenteeism compared with employees who participated in any one program during the one year period. The authors estimated a cost savings of $15.50 for every dollar spent based on an average of three fewer missed work days than those who had not participated in any wellness programs. There was no mention of whether the study considered that healthier employees had enrolled in a program. Also, although the authors compared absentee rates for participants and nonparticipants for the year prior to the study, the reasons for the absenteeism were not assessed. For example, a nonparticipant may have had a sick family member, or broken a bone while exercising. A qualitative analysis
regarding causes of absenteeism and/or nonparticipation may have provided insight regarding the cost savings results.

What the research in this area lacks is consideration for the complexity of health, which is discussed later in this chapter, but includes social, spiritual, intellectual, and emotional dimensions in addition to physical, as well as determining factors beyond the individual. Literature supports that sustained health behaviors have not been accomplished without consideration of other determining factors, including both the physical and social determinants of health. Previous study analysis revealed that few of the health promotion interventions address the physical, psychosocial, or corporate policy impact on employee health (K. R. Pelletier, 2001). Dr. Pelletier (2001) cites the importance of the impact of corporate culture, including supervisor and co-worker support, for improved health status. The author noted,

Few of the interventions cited here focused on the physical, psychological, or policy work environment and its role in employee health…it is evident that employees need to know that their organization is seriously concerned about their health…Employees need to perceive that their senior management, supervisors, and co-workers have positive attitudes toward health since these factors have all been associated with improved employee health status. Interventions and evaluations of workplace programs may benefit from including such components and measures of the
work environment in order to determine the influence of such
factors on the overall clinical effectiveness and cost-
effectiveness of these interventions (K. R. Pelletier, 2001, p.
115).

Research demonstrates that organizational social and physical environments exert considerable influence over the choices individuals make, the resources available to make those choices, and the factors that influence health status (Green & Kreuter, 2005; Institute of Medicine, 2001a; Schneider & Stokols, 2009). Simply focusing on individual responsibility for health and adopting healthier behaviors ignores the influence of contextual factors that shaped behaviors (Goetzel, et al, 2007; Pelletier, 2001, Peterson, 1997; Stokols, et al, 1996). The results have been less effective programs, low participation, and also mixed messages regarding the importance of practicing healthier behaviors (Crump, Earp, Kozma, & Hertz-Picciotto, 1996; L. Linnan et al., 2007; L. A. Linnan et al., 2001; MacDermid et al., 2008).

The review of this body of knowledge on health promotion interventions implies that it is necessary to develop multi-level organizational interventions rather than focus exclusively on individual employee health behavior (Kok, Gottlieb, Commers, & Smerecnik, 2008; Schneider & Stokols, 2009). This emphasis is not to argue that skills, knowledge, and intention are not necessary components for behavior change, but that the influence of the physical and social environment as barriers or supporters of the behavior cannot be denied (Blunt & Hallam, 2010; Crosby, Kegler, & DiClemente, 2009; Green & Kreuter, 2005). Doing so places responsibility solely on individual employees, virtually ignoring the impact that the working environment has on health and unhealthy behaviors. Studies suggest that
negative interpersonal interactions, such as mistrust, hassles, and criticisms, have detrimental health consequences (Heaney & Israel, 2008). Pearson and Porath (2009) researched the prevalence of these uncivil behaviors for the past decade. The authors’ findings illustrate the consequences for both the employees as well as the organization in terms of stress, lost productivity, and even sabotaging behaviors (Pearson & Porath, 2009).

This perspective provides a more holistic and complex view of health that intersects with well-being. Well-being is defined as people’s positive evaluation or perception of their lives including positive emotions, engagements, satisfaction, and meaning (Allen, Carlson, & Ham, 2007). The concept of well-being is seen as the broader and more encompassing construct, with health as a subset (Danna & Griffin, 1999). Ryff and Singer (1998) provide a concise summary of health that illuminates this broader more complex concept using three principles:

- Health is not a medical question but a philosophical position pertaining to the meaning of the good life for each individual
- Health includes the interconnection of mind and body
- Health is multidimensional and dynamic process that is an engagement in living and is an expression of human potential of intellect, social, emotional and physical.

This encompasses the multidimensional and complex concept, as well as the broader focus beyond physical health. Therefore, the term well-being and health are used interchangeably for purposes of this research and dissertation.
For these reasons, the intent of this study was to integrate what was known from research about the influence of interpersonal relationships on behavior with the practice of designing, developing, and deploying workplace health promotion interventions. In other words, the study’s foundation is research-based knowledge about complex social and relational influences on behavior and their application to workplace health promotion interventions in order to improve long-term effectiveness and success.

These social interactions, or work relationships, have been identified as key elements in healthy workplace models, and yet the social component of work organization have received little attention when designing workplace health promotion programs (Arneson & Ekberg, 2005; DeJoy & Wilson, 2003; MacDermid et al., 2008; MacIntosh, MacLean, & Burns, 2007; Quick et al., 2007; Wilson, DeJoy, Vandenberg, Richardson, & McGrath, 2004). Several researchers advise that more knowledge is needed regarding the social aspects of the work environment and potential impact on health behavior, as well as the impact social aspects have on organizational performance (Golaszewski, Allen, & Edington, 2008; L. Linnan et al., 2007; Lowe, Schellenberg, & Shannon, 2003; Wilson et al., 2004). In fact, when testing their model of healthy organizations, Wilson et al. (2004) note that,

The social domain of work is probably the most intriguing and the least understood of the constructs studied and yet has a major influence on the efficiency and effectiveness of the organization (p. 582).

It was this aspect that was most intriguing to this researcher. While organizations were beginning to address the physical environment (Blunt & Hallam, 2010; Chu & Dwyer,
Goetzel, Ozminkowski et al., 2007), the social environment has not been effectively studied to date (Blunt & Hallam, 2010; Wilson et al., 2004). While studies reveal that supportive changes in the physical environment, such as healthy options in vending machines and cafeteria, walking trails, exercise facilities, and flexible work schedules, positively influence health behavior, the social environment also matters (Blunt & Hallam, 2010; Crump et al., 1996; L. A. Linnan et al., 2001; Wilson et al., 2004). Blunt and Hallam (2010) acknowledged that organizational social support was important to individuals’ perception of the environment, as well as the need for future research to address this aspect. Crosby et al. (2009) also noted the social influences on health and health behaviors, and stated that “the profound role of social determinants in shaping health behavior is becoming increasingly apparent” (Crosby et al., 2009, p. 6). It was the social relationship aspect of well-being that this study explored in order to enhance the sustained effectiveness of worksite health promotion interventions.

Problem Statement

Well-being and health behaviors have been recognized as social constructs and yet the literature indicates that the primary focus of workplace health promotion education programs remain on trying to change individual physical health risks and behaviors. Social interactions are identified as important for health and health behaviors, but the problem is that little is known about the characteristics of social interactions that act to enhance or detract from feelings of well-being and health behaviors. Further, little is known about how employees perceive work relationships in regards to health, or about how the interactions enhance or detract from an employee’s sense of well-being and health behavior practices.
Research Purpose and Questions

The purpose of this exploratory qualitative study was to understand how employees perceived their work relationships as helping or hindering their perception of well-being, and how these relationships influenced health behavior practices. With this new understanding, both workplace health promotion and human resource development (HRD) interventions can be designed, developed, and deployed to include these important social influences in the workplace.

Research questions.

1. How do employees perceive workplace relationships as relating to feelings of well-being?

2. How do employees perceive workplace relationships relating to health promoting behaviors?

Examples of well-being are how a person positively evaluates or perceives his/her life including positive emotions, engagements, satisfaction, and meaning (Allen et al., 2007). Health promoting behaviors may include physical activity, healthy eating patterns, 7 or more hours of sleep, smoking cessation, and moderate alcohol intake. To answer the research questions, this study used the communities of practice model as the lens to explore workplace social relationships, and social ecological framework provided the broader understanding of factors influencing health and health behavior, which included work relationships. This approach enveloped the complexity and social aspects of health as well as health behaviors, leading to sustainable healthy lifestyle changes as originally intended in the Surgeon General Report (1979). A social ecology model provided the justification for exploring the influence
of interpersonal determining factors on health and health behaviors within workplace
interactions.

Additional background information provided below illustrates what has already been
inferred, that social influences affect what has been normally viewed as individual health,
and that these social influences matter to workplace health promotion. The intention in this
chapter is to introduce the definition of health as a social construct with further discussion
provided in Chapter Two. The conceptual frameworks for this study are described next. The
chapter concludes with a discussion of the proposed qualitative methodology and
significance of this research study.

Health as a Social Construct

If health is determined by individual choice, it seems that many workplaces in the
United States should have perfectly healthy employees. The money is certainly being spent
on health promotion, and experts in the field preach the benefits of access and convenience as
reasons to offer such programs at the worksite. Approximately 90% of employers with 50 or
more employees affirmed that their company offered workplace health promotion initiatives
(S. G. Aldana et al., 2005). Budgets varied greatly and were not included in many studies;
however, when included the recommended budgets were from a minimum of $100-$300 per
person per year (Goetzel, 2004), with some corporate budgets as high as $1,000 annually per
employee. Yet, as mentioned, the interventions that traditionally focused on individual
responsibility for reducing health risk factors had limited success. Evidence suggested that
success was impeded by organizational, economic, social, and cultural constraints (DeJoy &
Wilson, 2003; Institute of Medicine, 2001a, 2001b; O'Donnell, 2002; Peterson & Wilson,
1998; Stokols, Pelletier, & Fielding, 1996). As previously discussed, an assessment of adult health risks demonstrated that there were few gains in lowering risk factors despite the emphasis on reducing obesity and the fact that fitness consciousness was at an all time high (CDC, 2009). It is apparent that unhealthy behaviors continue and workplace health promotion programs focusing on individual behavior change have not been successful despite significant cost expenditures.

This study adopted the social ecology perspective and the understanding that health was a social construct. Chronic diseases, causes of death, disability, and lifestyle behaviors are viewed as complex constructs and are influenced by a variety of factors, including the physical environment as well as social relationships (Gielen, McDonald, Gary, & Bone, 2008; Glanz & Rimer, 2008; Schneider & Stokols, 2009). Providing individuals with education and skills to change behavior has not been effective if the physical and social environments make it difficult or impossible to practice healthy behaviors. Because of this, experts in the field of health promotion advocate for a more comprehensive approach to address disease and risk factors (Goetzel, Ozminkowski et al., 2007; Golaszewski et al., 2008; Green, Richard, & Potvin, 1996; L. Linnan et al., 2007; Schneider & Stokols, 2009).

Health promotion programs may benefit from expanding the individual focus to include organizational contextual factors - specifically workplace social interactions (work relationships) - to improve effectiveness. The interactions of interest in this study were those occurring between the participant and co-workers, customers, or clients, and between the participant and managers as the work was accomplished. In other words, how do these regular interactions impact health and health behaviors?
Prior research demonstrated a reciprocal determinism between individual behavior and the environment (Cochrane & Davey, 2008; Fisher et al., 2005; Green et al., 1996; Richard et al., 2004; J. F. Sallis & Glanz, 2009; J. F. Sallis, Owen, N., Fisher, E. B., 2008). The role that reciprocal determinism has - not just on the physical environment, but also the social environment - on the survival of the species remains a focus of public health since the Darwinian concepts of the “web of life” (Green & Kreuter, 2005; Green et al., 1996).

Although there have been improvements in environmental issues related to the spread of disease, environmental factors continue as prominent influences on chronic disease and health risk factors (Green & Kreuter, 2005). Environmental factors predispose, enable, and reinforce individual as well as collective behaviors (Green et al., 1996).

For example, a physical activity trial that included 861 previously inactive men and woman found that perceived social and environmental variables impacted the amount of physical activity participants performed over a six month period (J. F. Sallis, King, Sirard, & Albright, 2007). Similar findings were identified by Fisher (2008) in his study on diabetes management. In addition to focusing on self-management factors to control diabetes, findings illustrated that effective strategies required addressing the social environment of family, friends, worksites, and organizations, as well as the physical and policy environments of neighborhoods, communities, and governments. Self management and education alone were not as effective as including the broader environmental factors. This complex view of the relationship between individual and environment formed the foundation of this dissertation study - that workplace social relationships (part of the environment) influenced employee health behaviors (part of the individual).
From this perspective health is not just a biophysical condition, but a dynamic process that include a social component. Health and health behaviors are entwined with well-being and grounded within the social context of living. The United Nations, Educational, Scientific and Cultural Organization (UNESCO) defined health as, “…essentially a social construct: it is created in the interaction between people and their environments in the process of everyday life: where people live, love, learn, work, and play” (Daley, Merriam, Courtenay, & Cervero, 2006, p. 232). Health cannot be broken down into components, but must be understood from this comprehensive and holistic definition. Well-being is no longer separate from health, but from this definition is the overarching construct, with health as a subset of well-being (Danna & Griffin, 1999). With this consideration, workplace health promotion cannot be effective by focusing on individual risk factors alone, such as reducing blood pressure or cholesterol levels, increasing physical activity, or reducing obesity. Instead, the broader components need to be addressed, including the physical and social issues of the workplace that may influence health and health behaviors. Using a social ecological framework instead of individual behavior change models supports this understanding. In addition to individual change, addressing the physical and the social workplace environment needs to be considered for sustainable health practices.

This qualitative study begins to consider the social characteristics by exploring perceptions of interactions that enhanced or detracted from well-being and health behaviors. A broader model for considering determining factors of health and a model to view social interactions were used to frame this study.
Conceptual Frameworks

Two conceptual frameworks supported this study. First, from the discipline of public health (Green et al., 1996; Maibach et al., 2007; McLeroy, Bibeau, Steckler, & Glanz, 1988), the social ecology model provided the foundation of the study. This model, which is described briefly below, provided the justification for expanding the scope of health and wellness research beyond the individual level of analysis. In other words, this accepted framework for understanding health suggests that health is a multi-dimensional construct involving the individual person as well as the social and physical environments surrounding the person.

The second conceptual framework is referred to as communities of practice, (CoP) from the field of anthropology (Lave & Wenger, 1991). This model is ontologically aligned with the social ecology model, and was used in this study to analyze employee work relationships. This section provides a brief overview of these important frameworks and how they informed this study. Both models are discussed in detail in Chapter Two.

Social ecology model.

As previously mentioned, a social ecology model considers determining factors on health and health behaviors, allowing for methods to address not just individual risk factors, but the social and contextual influences on both (Stokols, 1996). These factors include intrapersonal (individual characteristics, skills, behaviors and health risks); interpersonal (social influences at home and work); organizational/institutional factors (physical and social environment, policies and procedures, and work processes); community factors (relationship and boundary between organizations); and public policy (local, state and national laws and
policies) (McLeroy et al., 1988). Studies demonstrate the influence these determining factors - especially the interpersonal factors - have on making and sustaining healthy changes, such as increasing physical activity (Payne, Jones, & Harris, 2002; Trost, Owen, Bauman, Sallis, & Brown, 2002); participation in onsite programs (Crump et al., 1996; L. Linnan et al., 2007; Sloan & Gruman, 1988), and perceptions of well-being and quality of life (Lowe et al., 2003; MacDermid et al., 2008). In fact, DeJoy and Wilson (2003) coined the term “organizational health promotion” to expand the concept of workplace health promotion programs beyond a focus on individual employees. This supports the impact that organizational structure, work operations, and social climate have on employee health and performance.

**Benefits of social ecology model.**

Despite the emphasis calling for a more comprehensive approach in workplace health promotion programs that addresses issues beyond individual control (Goetzel, Ozminkowski et al., 2007; Goetzel, Shechter et al., 2007; Golaszewski et al., 2008; L. Linnan et al., 2007; Shoaf, Genaidy, Karwowski, & Huang, 2004; Stokols et al., 1996), the prominent health promotion behavior change theories in current use remain imbedded in psychology models of individual change (Best et al., 2003b). Yet, as mentioned, this focus on individual responsibility for health and adopting healthier behaviors ignores the influence of contextual factors that shape these health behaviors (Best et al., 2003b; K. R. Pelletier, 2001; Peterson & Wilson, 1998; Stokols et al., 1996). Also worth considering is the potential detrimental impact when there is an incongruent message if health education was relinquished only to classroom training, yet employees learned another message about health behavior within the CoP. This could lead not only to dissonance and cynical perspectives, but also the continued
practice of risky behaviors that are perceived to be more acceptable within the social culture of the organization (Stephens, 2007). The learning process cannot be separated from the situation in which the learning occurs (Merriam, 2007); in other words, the learning within CoP has to be congruent to and parallel to the classroom message. Understanding and learning does not exist in isolation, but are part of the broader systems of relations in which they have meaning. Per the quote at the beginning of this chapter, “The deeper that physicists peer into the nature of reality, the only thing they find is relationships” (Wheatley, 2006, p. 1). As already mentioned the foundation of the social ecology model justifies the perspective of health and health behaviors as social constructs and informed the research questions.

Individual change including health behaviors, and in fact organizational change, are as much social concepts as they are individual intrapersonal concepts (Daley et al., 2006; Green & Kreuter, 2005; Stokols, 1992; Weinstein & Shuck, 2011), and are socially learned (Simons-Morton, Haynie, & Noelcke, 2009). Change cannot be addressed in isolation, but with the understanding of the inevitability that the interconnections, and ultimate impact on all systems, must be considered. Educating people without addressing organizational issues not only results in weak and short term changes at best (Sallis, et al. 2008), but at worst are completely ineffective when the physical and social environments make it difficult or impossible to choose healthful behaviors.

Communities of practice.

One way to understand the social interactions within organizations is through the lens of Communities of Practice (CoP). The CoP components include meaning, practice, community, and identity (Wenger, 1998). It is not merely these separate components, but the
intersection or interconnectedness of each that forms a CoP. It is the action, sense of belonging and participating in the CoP, that not only shape what individuals do, but who they are, how they interpret what they do, and who they become. This section describes how the CoP framework was used in this study and justified its selection.

As mentioned, the CoP model is one way of understanding the phenomena of learning and change that happens at work. There are several perspectives that could also be used to understand and examine learning and change within workplace health promotion literature. Several theories and models were considered for this study, including situated learning theory (Lave & Wenger, 1991), social network analysis (Brass, Galaskiewicz, Greve, & Wenpin, 2004; Cross & Thomas, 2009), and organizational psychology theories (Judge & Kristof-Brown, 2004; Konovsky & Pugh, 1994; Luthans & Church, 2002; Organ, 1988; Podsakoff, Mackenzie, Paine, & Bachrach, 2000; Rousseau, Chiocchio, Boudrias, Aube, & Morin, 2008). However, none of these explicitly allowed examining how interpersonal interactions informed learning and change; in this case, learning about health and changing health behaviors. Situated learning theory offered a way to understand the ‘situatedness’ of how learning occurred, but did not provide a way to analyze interpersonal relationships. Social network analysis offered a way to analyze interpersonal relationships, but did not provide a way to understand how those relationships influenced learning and change. Organizational psychology considered individual fit, motivation, commitment and discretionary behaviors with an impact on organizational productivity, but not the social impact on individual health. And finally, psychological theories explained learning and change, but did so from an individual, not contextual, manner. After considering these
options and focusing on the phenomenon - which was the influence of work relationships on feelings of wellness and health behaviors - the best option for the study seemed to be the CoP Model.

The CoP framework helps to understand learning, meaning making, identity formation, and participation. It is through participation - social interactions - that members of a community learn and form their identities and develop shared meanings. Because of this combination of social learning and identity formation, CoP was selected as the theoretical framework to explore the characteristics of workplace relationships, and how perceptions of health and health behaviors are influenced by these social interactions. Based on the idea that health and health behaviors are complex concepts that are socially defined and directly influenced by the organizational environment, it is a natural progression to consider that social interactions within the workplace also influence health practices and perceptions of well-being.

**Benefits of the CoP framework.**

A CoP theoretical lens provides the contextual framework to understand how social relationships influence health. The hypothesis is that the social interactions within workplace CoP play a role in influencing feelings of well-being and health practices as part of identity formation. Despite the heightened interest in social interactions at work, the interactive dynamics within CoP have not been explored in general (Bozarth, 2008), even though individuals develop an understanding of who they are through participating and learning within CoP social networks (Wenger, 1998). For example, participants may seek to understand the meaning of work interactions through other members of their workplace CoP.
The dynamics of the CoP may not only influence their level of understanding, but also the person’s identity as well as feelings of well-being. This is also true of social networks in general where the connections have been analyzed, but not the qualities of interactions (Kilduff & Tsai, 2003). Cross and Thomas (2009); however, did begin to explore this issue by surveying employees regarding energizing and de-energizing connects.

Other studies using CoP as the theoretical framework for health behaviors have not yet been found; however, the model was used to explain workplace safety behaviors (Gherardi & Nicolini, 2000; Machles, 2004; Machles, Bonkemeyer, & McMichael, 2010). For example, when researching safety training for a construction company, Gherardi & Nicolini (2000) concluded that the abstract classroom safety training was assimilated according to the culture of the CoP and would thereby discount the training. Similarly, in his dissertation, Machles’s (2004) findings indicated that social learning was significant within workgroups and was recognized by the participants in his study as the most reliable and accurate information compared to other workplace training. The participants learned safe practices through the interaction with co-workers. Another study illustrated that utilizing the knowledge within the CoP of field engineers resulted in better solutions, reduced injuries, lowered workers’ compensation costs, and improved communication (Machles et al., 2010).

**Research Approach**

Qualitative inquiry was the selected research methodology since it provided the methods to examine social phenomena and individual relationships within their naturally occurring environments. Qualitative research affords a comprehensive approach to study social phenomenon based on a constructivist or critical perspective, and provides a variety of
approaches to select from according to the intent of the study (Bloomberg & Volpe, 2008). The purpose is to extract and explore meaning. Meaning is socially constructed through the mutual interaction of the person and the environment (S. B. Merriam, 2002), and so is understood within the context of the experience (Bloomberg & Volpe, 2008). Since the researcher is also involved in data collection, and is the essential research tool, qualitative research offers an iterative and inductive approach to data collection, as well as an in-depth and holistic exploration of the phenomena (Bloomberg & Volpe, 2008; Marshall & Rossman, 2006; S. B. Merriam, 2002; Patton, 2002). The researcher’s direct involvement presents an opportunity to experience the phenomena through the rich descriptions given, as well as to the flexibility in exploring further discussions that unfold during the research process. The methodology also affords in-depth understanding which was desired by this researcher.

An exploratory instrumental case study was designed since it allowed for deep insight into an issue (Stake, 1995). In this study, the issue was workplace relationships and their influence on feelings of well-being and health promoting behaviors.

**Significance of This Study**

Health promotion education programs are positioned as a win-win proposition for employees as well as for companies. The literature indicates that companies are searching for methods to reduce healthcare costs, as well as to attract and retain qualified employees, and that employees are interested in reducing health risks. As discussed, despite all of the information on health and fitness there have been no appreciable gains in reducing health risks (CDC, 2009), and yet health educators continue to implement wellness initiatives based on individual models of health focused mainly on the physical dimension. Considering the
workplace social environment as a determining factor of health and health behaviors may provide a more successful avenue for sustainable well-being and health behavior change.

A major component of an adult’s life is spent in occupational pursuits. Not only do occupations serve as a source of economic need and personal fulfillment, but also as a structure of social relations (Bandura, 2001). These social relations occur within workplace CoP social networks. According to Bozarth (2008), CoP is a ‘hot topic’ for knowledge management, yet little has been done to identify aspects of the internal processes and behaviors within CoP. For these reasons, understanding the social interaction characteristics could lead not only to practical initiatives towards supporting healthier employees, but also to HRD initiatives for knowledge management and information sharing that lead to innovations in the workplace.

This study also contributes to the research literature by building on the broader influences on health. The findings of this instrumental case study may inform other research regarding the influence of workplace social relationships on perceptions of well-being, including employee perceptions of how the relationships enhance or detract from well-being and practicing healthy behaviors. Consequently, the results may assist health educators to understand how initiatives beyond the individual, including the workplace social climate, lead to sustainable health behavior change practices.

**Summary**

In summary, the purpose of this exploratory instrumental case study was to understand how employees perceived their work relationships as helping or hindering their perception of well-being, and how these relationships influenced health behavior practices.
This chapter identified the conceptual frameworks, as well as the background overview and significance of the study. A greater understanding of how workplace relationships influenced perceptions of well-being and health behavior practices may help professionals plan initiatives which foster a healthy working environment in addition to individual health education programs, and, as a result, would be congruent with employee well-being.

To plan this research it was necessary to conduct a thorough review of the literature in order to explore the concepts framing the proposed research. This critical review was continued as the research plan evolved and continued throughout the research process. Chapter One provided the rationale and purpose of the proposed research. The need to broaden workplace health promotion from a focus on intrapersonal health risk factors to include contextual determining factors on health and health behavior occurring within CoP was presented.

The literature review in Chapter Two includes an in-depth overview of workplace health promotion, the social ecological framework, and CoP model. These form the foundation of the dissertation hypothesis that workplace relationships play a role in influencing health behaviors and well-being while employees are involved in daily work activities. The design and methodology to be used in conducting the research is presented in Chapter Three. A two-phase data analysis design was used: phase one was open-coding to help ensure that meaning emerged; phase-two utilized the CoP model components, learning, meaning, and identity to analyze the relational elements.

Chapter Four presents the research findings, and the discussion, research implications, and recommendations for practice are provided in Chapter Five.
CHAPTER TWO

Health and health behaviors are recognized as social constructs and yet the primary focus of workplace health promotion education programs remains on changing individual risks and behaviors, often ignoring the organizational contextual factors, such as the social climate or social interactions that occur while work is performed. These social interactions have been identified as an important component of organizational health models (Quick et al., 2007; Wilson et al., 2004), as well as employee health (Arneson & Ekberg, 2005; Blunt & Hallam, 2010; Crosby et al., 2009; Crump et al., 1996; L. A. Linnan et al., 2001; Simons-Morton et al., 2009), and yet little is known regarding this process, descriptions of the interactions, or how employees perceive the interactions as impacting health and health behaviors (Brass et al., 2004; Cross, Parker, Prusak, & Borgatti, 2001; Crump et al., 1996; L. A. Linnan et al., 2001; Wilson et al., 2004; Zhang, Zheng, & Wei, 2009).

Social ecology and communities of practice were the two conceptual frameworks that supported this study. A social ecological model provided the framework to look beyond individual health risk factors and focus instead on the additional determining factors of health and health behavior. This framework provides the rationale for considering the interpersonal aspects of health with workplace relationships, which was the focus of this study. The communities of practice (CoP) model provided the lens to explore these interactions. Based on the idea that health and health behaviors are complex concepts that are socially defined and directly influenced by the organizational environment, the premise for this study was that the social interactions within CoP played a role. However, as discussed, little was known about the actual dynamics of social interactions (Bozarth, 2008; Handley, Clark, Fincham, &
Sturdy, 2007; Jorgensen & Keller, 2008; Wilson et al., 2004). Therefore, the purpose of this qualitative, exploratory instrumental case study was to understand how employees perceived their work relationships as helping or hindering their perception of well-being, and how these relationships influenced health behavior practices. The focus was on exploring the descriptions and characteristics of interactions within workplace CoP, and how the interactions were characterized by participants as enhancing or detracting from perceptions of well-being.

In planning this research, it was necessary to complete a critical review of current literature on the topic (Bloomberg & Volpe, 2008). This review continued throughout the research process and continued to inform the study’s conceptual frameworks. The literature review summary in this chapter begins by defining health and health promotion as social constructs within the umbrella of well-being. The definitions are followed by an overview of the history of workplace health promotion, and popular models of behavior change within the field. The social ecological model is presented next and its relevance to health promotion, as well as human resource development (HRD) in influencing multilevel change within organizations. The final section of the literature review looks at CoP and the implications of this model to explore workplace social interactions. The conceptual models inform the research questions and several of the CoP components - specifically meaning, learning in practice, and identity, provide a frame for the second phase of the data analysis process. Within this chapter, gaps in the literature are summarized to justify the need to explore characteristics of interactions within workplace CoP that may impede or enhance perception of well-being. It is argued that these interactions should be considered as an essential
component to address in workplace health promotion education and HRD. To begin, the definition of health and health promotion are discussed.

**Health and Health Promotion as Social Constructs**

It is important to clarify the definition of health and health promotion in order to understand the hypothesis of this study. The basic purpose of public health, which is the umbrella for workplace health promotion, is to prevent morbidity and premature mortality (DiClemente, Crosby, & Kegler, 2009). The updated premature causes of death are tobacco use, poor diet, physical inactivity, alcohol use, infectious diseases, toxins, motor vehicle accidents, violence, risky sexual behaviors, and illicit drug use (Mokdad, Marks, Stroup, & Gerberding, 2004). In the past decade, the list changed from a disease list to a risk factor list due to the significance of health risks for the premature causes of death. This change helps perpetuate the focus of workplace health promotion on individual responsibility, often leading to blame and guilt (Golaszewski et al., 2008; C. D. Ryff & Singer, 1998). A broader focus is not to deny individual responsibility, but only to establish the need to consider additional influential factors. The need for behavior change and health promotion education interventions is to assist individuals in smoking cessation, healthy eating, weight loss, increasing exercise, and controlling cholesterol, blood pressure and blood sugar levels, (Glanz, Rimer, & Viswanath, 2008; Mokdad et al., 2004); however, the solutions are not easy, and addressing the health risks is far more complex than targeting individual behavior change alone. Much of adult lifestyle habits are culturally ingrained and reinforced by our work and personal environments, special interest groups, and environmental barriers and cues (DiClemente et al., 2009). Although education remains important, health education is
not a monolithic activity (DiClemente et al., 2009, p. 565), but requires attention to various determinants of health and behavior.

The historical definition of health is the absence of disease (Danna & Griffin, 1999). The World Health Organization (WHO) expands this definition and begins to connect health and well-being by adding that, “health is not only the absence of infirmity and disease but also a state of physical, mental and social well-being.” The best known definition in the profession of health promotion - which has remained championed from its inception - is that health is an optimal state or balance of physical, emotional, social, spiritual and intellectual health (O'Donnell, 2009, 2002; O’Donnell, 1989). These definitions imply that health is more than just being disease-free; however, the definitions also indicate health as a state or condition, without consideration for the dynamic and complex aspects of health.

Health promotion programs focus on assisting individuals toward the condition of better health. Green and Kreuter (2005) define health promotion as a challenging journey, …a set of planned and organized activities carried out over time to accomplish specific health-related goals and objectives…that will inevitably bring us face to face with complex challenges, many of which arise without notice (p.1).

On a continuum with health being neutral, health promotion programs move individuals beyond being disease free towards proactive choices to feel better and obtain better health. WHO (1986) defines health promotion as enabling people to increase control over and improve their health. The traditional and most often cited definition of health promotion is the science and art of helping individuals change their lifestyle to move toward
a state of optimal health (O'Donnell, 2009, 2002; O'Donnell, 1989). The focus is on the individual and does not include initiatives influencing the contextual determinants of health.

As described earlier, a more holistic and encompassing view was taken for this study: health was understood as a dynamic process entwined with well-being and grounded within the social context of living. Health and health behaviors cannot be separated from the contextual environment, but must be considered as occurring because of the physical as well as the social elements within that environment. UNESCO’s definition provides support for this perspective and defines health as “…essentially a social construct; it is created in the interaction between people and their environments in the process of everyday life: where people live, love, learn, work, and play” (Daley et al., 2006, p. 232). It is the social interactions that really matter to health and health behaviors, not just the health risk factors.

UNESCO’s definition also supports the view that a broader social ecological approach to health is warranted:

- Health promotion is the process of enabling people to increase control over their health through advocacy and intersectoral action. Health promotion is a dynamic and evolving concept which involves people in the context of their everyday lives, e.g. home, school, workplace, etc., and promotes the achievement of the highest level of physical, mental and social well-being for all (Daley et al., 2006, p. 232).

The focus on medical health and risk factors is absent from this perspective of health promotion. The definition also intersects with well-being. In the past, well-being has been
associated with mental health, but is more broadly defined as people’s positive evaluation or perception of their lives including positive emotions, engagements, satisfaction, and meaning (Allen et al., 2007). Actually, the perception of well-being and impact on medical or physical health has been demonstrated to be a strong indicator of actual health outcomes (DeSalvo, Bloser, Reynolds, Jiang, & Muntner, 2006; DeSalvo, Fan, McDonell, & Fihn, 2005). In their studies, questions such as rating one’s health as poor, fair, good, or excellent, and rating one’s health in comparison to others with similar demographics were more predictive of health status than objective health measures such as blood pressure, blood cholesterol, exercise, or even weight.

The concept of well-being is seen as the broader and more encompassing construct, with health being a subset of well-being (Danna & Griffin, 1999). Ryff and Singer (1998) provide a concise summary of well-being as an umbrella term which encompasses UNESCO’s definition and describes health and well-being using three principles:

- Health is not a medical question but a philosophical position pertaining to the meaning of the good life for each individual
- Health includes the interconnection of mind and body
- Health is multidimensional and dynamic process that is an engagement in living and is an expression of human potential of intellect, social, emotional and physical.

From this broader perspective, well-being and health are used interchangeably. The question then is, how did the narrow focus on employee health and on workplace health education and promotion evolve, and why has it persisted over all these years?
History of Workplace Health Education Promotion

Adult education existed for centuries in the U.S. but exploded during the Industrial Revolution and Labor movement (Knowles, 1960). In the United States, adults certainly had to learn skills in order to survive during colonial times. Masters and apprenticeship programs taught adults necessary skills, and churches stimulated adult learning, but it was industrialization that created the demand for adult education (Knowles, 1960; S. B. Merriam, Caffarella, R. S., Baumgartner, L. M., 2007). Industrialization played an instrumental role in the growth and establishment of adult education programs. Worker education became more prominent after the Civil War with the establishment of specialized labor colleges and educational departments within Labor Union organizations - all to increase the skills of the labor force. Worker safety and health followed a similar trajectory of growth during the industrial revolution.

Worker health and safety education were established and evolved to include not only responding to injuries, but also to prevent injuries and illnesses from occurring. Promoting worker health began during this same time period and quickly gained in popularity. The field of health promotion developed mostly within clinical care settings, separately from the field of adult education (Daley et al., 2006).

As early as the late 1800s, companies realized prevention was better than treatment. The Vermont Marble Company hired one of the first nurses to work in industry. Her name was Ada Mayo Stewart, and she provided not only employee care, but taught healthy living to employees and their families (using a bicycle to visit employees at home) (Rogers, 1994). In the late 19th and early 20th centuries prevention was focused on communicable diseases -
especially tuberculosis, which was rampant at that time. The focus was treating sick employees and their families. Reforms in hygiene, housing, sanitation, and improvement of working conditions in the 19th century revolutionized health, reducing morbidity and mortality from communicable diseases. The focus began to shift to other aspects of health and chronic disease in the 1950s and 1960s, moving from interventions directed at environmental factors to immunizations and screenings (Morgan & Marsh, 1998). Morgan and Marsh (1998) also identified reform movements such as civil rights, the human potential movement, and the women’s movement as historical events that began the development of health promotion efforts.; These movements demanded decreased dependency on others and increased knowledge about caring for oneself.

Most of the early focus in worksites was on individual fitness, which was gaining in popularity due to the National Aeronautics Space Administration’s study on the positive impact of fitness, and the establishment of the President’s Council on Physical Fitness and Sports (Wanzel, 1994). The premise was that fit executives would be better leaders, and fit employees would be more productive. Including other lifestyle issues in health promotion came later and had its early beginnings in the health professions. Don Ardell published a seminal book, *High Level Wellness: An Alternative to Doctors, Drugs and Disease* that focused on promoting healthy lifestyles instead of caring for disease (Hettler, 1998). This was counter to the current medical model of treating disease.

However, the actual term “health promotion” was not coined until 1974 in the Lalonde Report by Canadian Health Minister Marc Lalonde. The landmark report presented that lifestyle, social structure, and the environment impacted health in addition to the
physiological aspects of disease (Hettler, 1998; U.S. Department of Health, 1979; Wanzel, 1994). Influenced by this report and the state of health in the United States, the 1979 Surgeon General’s Report, *Healthy People*, laid the foundation for a national prevention agenda in the U.S. The report summarized the state of health in the U.S. compared to other countries and found that for all of the increased expenditure on healthcare, there was no notable improvement in health. The Surgeon General at that time, Julius B. Richmond, stated that improvements in the health of Americans could only be achieved through a national commitment on efforts designed to prevent disease and to promote and protect health. Originally the intent took into account the broader socioeconomic issues and so went beyond targeting health behaviors. Unfortunately, the broader focus was lost as a result of bureaucratic language defining execution, associating health promotion with individual behaviors and health protection with factors related to environmental exposure (Green et al., 1996), ultimately separating the person-environment interaction regarding behavior. Thus began a disconnection between the focus on individual behavior change and the broader environmental determinants of health.

**Contemporary foundations of workplace health promotion.**

Dr. Richmond challenged business leaders to adopt these broader perspectives of health promotion by providing programs and services that would improve the health of employees, and establishing responsible manufacturing, as well as marketing practices, that embraced health. Many companies accepted the challenge, implementing programs as a benefit for employees in order to reach the national objectives established from the Surgeon
General’s 1979 report. As a result, health promotion programs at the workplace exploded in the 1980’s to encourage either healthier lifestyles or healthy behavior changes.

Beginning in the mid 1990s, businesses were searching for methods to control costs as more and more profits were spent on healthcare dollars. The focus of health promotion programs was promoted as business strategies to control soaring healthcare costs and improve productivity (Goetzel, 2001; Goetzel, Ozminkowski et al., 2007; Kenneth R. Pelletier, 2005) with education targeting individual behavior change to reduce risks. Even though the Lalonde Report stressed lifestyle and environmental changes as necessary for the success of health promotion programs, a gap persisted between research and practice, resulting in a narrow focus on employee health behaviors (Best et al., 2003b). In addition to the language disconnect in executing the Lalonde mission in the U.S (as mentioned earlier), other reasons surmised for the gap were the individual psychology theories of change that remained popular in the field of workplace health education, as well as the fact that an individual focus was already familiar in settings such as workplaces, schools, and health clinical settings (Best et al., 2003b). It was also much easier and more in the practitioners’ control to implement individually targeted initiatives, especially when time and resources were limited (Best et al., 2003b; Morgan & Marsh, 1998). In addition, it had been assumed that people valued health, that the behaviors were under volitional control, and that cognitive predetermination such as beliefs, attitudes, and perceptions drive health behaviors (DiClemente et al., 2009). The emphasis had been on individual responsibility and a mechanistic medical model of fixing parts instead of the whole person-environment. According to Morgan and Marsh (1998):
Health promotion …has been narrowly defined, focusing on health behavior, chronic disease risk factors, and lifestyle issues….reflecting the strong individualism so deeply ingrained in the United States culture. Individual behavior is considered the most important influence on health… (p. 5).

Springett (2001) described the mechanistic approach to health promotion as Cartesian and advocated a more non-linear, ecological approach:

…the emphasis is on the relationship between organism and environment; on context; on the whole being greater than sum of the parts; on connections and synergy; on emergent systems, complexity and non-linear causality. Such a holistic and ecological approach is much more appropriate for a holistic and ecological praxis such as health promotion (Springett, 2001, p. 142).

Health promotion began from this holistic praxis, yet the models of workplace health promotion initiatives remain based on individual behavior change theories. Now more than 35 years after the Surgeon General’s Report, and despite the focus and expenditures on health promotion, there have not been any appreciable gains in reducing health risks (CDC, 2009; Schneider & Stokols, 2009). Because of this, several scholars advocated for a broader and more comprehensive approach or model for workplace health promotion programs (Goetzel, Ozminkowski et al., 2007; Goetzel, Shechter et al., 2007; Golaszewski et al., 2008; L. Linnan et al., 2007; Shoaf et al., 2004; Stokols et al., 1996) that would address this deficit and return to the original intentions of a broader focus on health promotion.
Influence of health promotion cost saving focus.

A plethora of articles were found related to specific types of health promotion programs, measures of success on reducing health risk factors and decreasing costs, and the impact of employee health on productivity. The concept of investing in employee health was viewed by experts as an important component to corporate success because of competitive global markets (Riedel, Lynch, Baase, Hymel, & Peterson, 2001). In fact, an entire issue of *The American Journal of Health Promotion* was dedicated to the financial benefits of workplace wellness programs (Goetzel, 2001). The research articles included in the issue were either extensive literature reviews on published results from workplace health promotion programs, examples of comprehensive programs at large corporations, or examples of research results from specific health promotion program topics such as smoking cessation.

One of the articles in this issue of the journal (S. G. Aldana, 2001), summarized results from seventy-four published research articles that indicated the financial impact of health promotion programs on healthcare costs and employee absenteeism. Only ten studies reported cost benefit ratios averaging $3.93:$1.00, with most savings resulting from disease management resulting in reduced absenteeism.

Pelletier (2005) also provided an extensive review of the literature regarding research in workplace health promotion programs. From his comprehensive review of health promotion programs, Pelletier (2005) described 122 research articles indicating positive clinical and cost outcomes, all based on a medical disease model and biometric measures of health, including fitness, cancer, diabetes, weight loss, immunizations, musculoskeletal disorders, and
pregnancy. The author acknowledged that few of the health promotion interventions addressed the physical, psychosocial, or corporate policy impact on employee health, and that only short term outcomes were researched. Dr. Pelletier cited the importance of the impact of organizational factors, including supervisor and co-worker support for improved health status and the need for a broader approach to workplace health promotion.

A systematic review and analysis again conducted by Pelletier (2009) of published worksite health promotion from 2004-2008 identified only sixteen new studies which met inclusion criteria (K. A. Pelletier, 2009). This is the seventh in the series of reviews conducted every five years by the author over the past several decades. He acknowledged a marked decline in the quantity and quality of studies during the recent analysis, but of interest is that even the positive clinical and cost outcomes were mostly due to disease management programs (K. A. Pelletier, 2009). Disease management was becoming the current trend for healthcare cost saving initiatives and was still considered health promotion programs, mostly due to emphasis by large corporate self-insured administrators (Goetzel et al., 2004; Goetzel & Ozminkowski, 2008; Goetzel, Ozminkowski et al., 2007; Goetzel, Shechter et al., 2007). The cost benefit results from the focus on high-risk individuals who had higher medical costs and were absent more from work (K. A. Pelletier, 2009). Reduced absenteeism as well as fewer hospitalizations and doctor visits resulted in cost savings from managing high risk cases. A concern for this student research was that combining disease management with health promotion initiatives made it difficult to determine effectiveness. It also perpetuated a disease mentality that focused on individual medical conditions and risks without addressing causes and conditions to promote health and prevent disease.
As presented in Chapter One, the outcomes from workplace as well as large community health promotion initiatives had not been successful regarding sustainable behavior change, and were inconsistent for reducing health risks as well as cost effectiveness (Goetzel & Ozminkowski, 2008; Serxner et al., 2009; Syme, 2003). Focusing only on individual behavior change was not successful despite high monetary expenditures and the intensive initiatives (Schneider & Stokols, 2009; Syme, 2003). The Center for Disease Control and Preventions (CDC) findings that there were no appreciable gains in weight loss and exercise despite the emphasis on healthy behavior change, provided additional support that individual behavior change alone was not effective (CDC, 2009).

The articles reviewed that did use a broader framework did so in order to implement initiatives that supported individual healthier behaviors (Goetzel et al., 2004; Goetzel, Shechter et al., 2007; Ozminkowski et al., 2004; Parker, DeJoy, Wilson, Bowen, & Goetzel). While this support was important in promoting healthier lifestyle choices, such as healthier food selections in the breakroom and cafeteria, smoke free worksites, and available walking trails or onsite fitness facilities, other organization contextual factors, such as the social interactions or relations, were not included in the research or in program planning. The literature review indicates that health promotion programs remained embedded within individual psychology behavior change models based on the biomedical dimension of health (S. G. Aldana et al., 2005; Anderson et al., 2009; Baker et al., 2008; CDC, 2009; Goetzel, 2011; Goetzel, Ozminkowski et al., 2007; Merrill, Aldana et al., 2011; Merrill, Hyatt et al., 2011; Naydeck et al., 2008; Ozminkowski et al., 2004; K. A. Pelletier, 2009).
Models of workplace health promotion.

The current models of workplace health promotion initiatives include the Health Belief Model and Self Efficacy, Theory of Planned Behavior and the Transtheoretical Model or Stages of Change. These models remain popular in framing workplace interventions to motivate individuals by considering the person’s readiness to change, making sure he/she understands the benefits to change, and assisting in skill development so that the person has the confidence to take action. This section briefly describes each and Table 2.1 highlights models.

The health belief model & self efficacy.

The Health Belief Model has been widely used since the early 1970’s and is based on change resulting from perception of risk or threat as well as the perception of the benefits to action (Conner & Norman, 2005). It has been used in dozens of studies including vaccination programs, health screening participation, doctor visits, and risk behaviors (Janz & Becker, 1984), and was applied to predict a broad range of health behaviors such as smoking cessation, weight loss, exercise, and compliance with medical regimes. However, the model does not include sociocultural or socioeconomic influences on health behavior or health beliefs, and has never been completely successful in predicting behavior (Abraham & Sheeran, 2005).

Bandura’s Social Learning Theory, later known as Social Cognitive Theory, emphasizes perceived self-efficacy to make the change based on situational threats, expected outcome, and belief that the change was within the individual’s control (Bandura, 1986). The theory therefore goes a measure beyond the health belief theory to overcome barriers.
However, self efficacy alone has been shown to not be enough in predicting behavior change. Powerful predictors remain such as peer pressure, social support, and other environmental determinants of health behaviors (Luszczynska & Schwarzer, 2005). Therefore, Fishbein and Ajzen consider attitude and intentions for influencing change in addition to self-efficacy (Conner & Norman, 2005).

**Theory of planned behavior & theory of reasoned action.**

The original theory, named the Theory of Reasoned Action, was developed by social psychologists Ajzen and Fishbein, to predict outcome based on ones intention (Conner & Sparks, 2005). Theory of Planned Behavior (TPB) is an extension of the original Theory of Reasoned Action (TRA) in considering individual perceived control to perform the behavior in addition to intention for predicting outcome. Both theories are based on social psychology, emphasizing the individual’s intent to practice a certain behavior (Conner & Sparks, 2005). TRA frames that an action is mostly based on the person’s intention to act, asserting that intention results in volition. Intent is influenced by attitudes about the behavior and subjective norms, but assumed to be under the individual’s control and so intent would predict volition.

Ajzen revised the model to include the individual’s perceived control over performing the given behavior, since regardless of intention, the action is often impeded. According to the theory, human behavior is guided by three types of considerations: behavioral beliefs or beliefs about the likely consequences of the behavior; normative beliefs or beliefs about the expectations of other people; and control beliefs or beliefs about the presence of factors that may further or hinder performance of the behavior (Ajzen, 2002, p. 665). Attitudes predict
intent, but contextual factors and proximity to action, in addition to self efficacy, influence volition. The more distal the action, the greater the chance of perceiving less control, and as a result volition is less likely. Also, when there is a lower perception of external control over the behavior, the less likely the target behavior is achieved, regardless of intention (Madden, Ellen, & Ajzen, 1992).

Armitage & Conner (2001) found that perceived behavioral support did strengthen prediction more so than TRA alone and that social norms also impacted prediction. If significant others endorsed the behavior, the person was more likely to intend to perform it than if the norms were not approved (Armitage & Conner, 2001, p. 474). Similarly, the amount of weight that participants lost in a six week program suggested that the strengths of intention had little predictive value compared to perceived control over losing weight (Schifter & Ajzen, 1985). The researchers also noted that regardless of perceived control, it would be naive to assume that unanticipated factors would not hinder the weight loss.

The recommendations were to not only influence intention, but to influence mechanisms for gaining more control over the behavior. Broadening the model began to address the environmental influences that impact behavior, regardless of one’s intention to act on a health behavior change. However, the implication remains that the person needs to take the steps required to overcome the barriers impeding volition, and the stronger the self-efficacy the more likely the barriers would be addressed.

TPB has been used in dozens of studies with mixed findings, including that behavior and intention account for only a small percentage of the variance (Armitage & Conner, 2001). Even though attitude, intention and self-efficacy have been demonstrated to be
important, environmental changes remain pivotal to influence and predict change. It is important to recognize that the environmental issues are not always within an individual’s control.

*The transtheoretical theory.*

The Transtheoretical Theory (TTT), or Stages of Change Theory as it is often referred, is the dominant theory in health education (DiClemente et al., 2009), as well as HRD initiatives (S. Sutton, 2005; Weinstein & Shuck, 2011; Whelan-Berry & Somerville, 2010). It is described as a framework to integrate processes and principles of change from across major theories of intervention (Prochaska & Velicer, 1997). The theory was developed in the 1980s by a group of researchers at the University of Rhode Island, but is often credited to Prochaska who along with DiClemente conducted the first empirical applications using smoking cessation programs (S. Sutton, 2005). From the initial studies of smoking, the use of the framework expanded to a broad range of other health behavior issues such as alcohol and substance abuse, anxiety disorders, stress, violence, eating disorders, obesity, exercise and HIV/AIDS prevention to name a few (Prochaska, Redding, & Evers, 2008), as well as to change values, attitudes and behaviors necessary for successful organizational change (Whelan-Berry & Somerville, 2010).
<table>
<thead>
<tr>
<th>Model</th>
<th>Author(s)</th>
<th>Key Elements</th>
<th>Recent Usage*</th>
<th>Limitations</th>
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<tbody>
<tr>
<td>Health Belief Model</td>
<td>Rosenstock</td>
<td>Risks and perceived threats versus benefits</td>
<td>Mammography Promotion</td>
<td>Individual level focus</td>
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<td></td>
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<td>Elements (influenced by motivation, peer pressure, and cues to action)</td>
<td>Unintentional Injury Prevention</td>
<td>Missing development and sustainability</td>
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<td>• Perceived susceptibility</td>
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<td>• Perceived benefits of action</td>
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<td>• Perceived barriers of action</td>
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<td>Social Cognitive Theory</td>
<td>Bandura</td>
<td>Includes cognitive approach, in addition to behaviors.</td>
<td>Dietary Consumption of Fat, Fruits and Vegetables</td>
<td>Individual level focus</td>
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<td>Self-efficacy as an important concept in behavior change</td>
<td>Mammography Promotion</td>
<td>Assumes change based on skills and confidence</td>
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<td>Elements include:</td>
<td>Reducing HIV- High Risk Behaviors</td>
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<td>• Perceived self-efficacy or beliefs in capabilities to perform a specific action</td>
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Table 2.1. Continued
* Recent Usage Adapted from Glanz, et al, 2010, p. 405

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<th>Model</th>
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<tr>
<td>Theory of Reasoned Action (TRA) &amp; Theory of Planned Behavior (TPB)</td>
<td>Ajzen and Fishbein</td>
<td>TRA frames that an action is mostly based on the person’s intention to act, asserting that intention results in volition. Ajzen has revised the model to TPB which includes the individual’s perceived control over performing the given behavior and environmental influences that impact behavior, regardless of one’s intention to act. The more distal the actual action, the greater the chances of perceiving less control and therefore actual volition.</td>
<td>Unintentional Injury Prevention, Tailored Print Health Behavior Change Interventions, Computer-Tailored Interventions</td>
<td>Ignores social and other factors that influence behavior, Intent to act may not lead to actual change</td>
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<td>Transtheoretical Theory (TTT), or Stages of Change Theory</td>
<td>Procaska and DiClemente</td>
<td>Behavior change is a process or occurs in stages. 6 stages of change Pre-contemplation: No awareness or desire to change Contemplation: thinking about making a change and may need information Preparation: gathering information, ready to gain knowledge, considering a plan to make a change</td>
<td>Mammography Promotion, Tailored Print Health Behavior Change Interventions, Computer-Tailored Interventions</td>
<td>Long term change is more complex, Effectiveness as a theory of change is not substantiated</td>
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<tr>
<td>Social Ecology Model</td>
<td>Bronfenbrenner Adapted by McLeroy, et al.</td>
<td>Action: made the change and is ‘practicing’ the new behavior</td>
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<td>Maintenance: Mastered the change and needs support to sustain the behavior</td>
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<td>Termination: No temptation to relapse and 100% confidence. Mastered the change.</td>
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<td>Lack of researched cases</td>
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<td>Five Factors:</td>
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<td>Intrapersonal factors: (individual),</td>
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<td>Interpersonal: (relationships and</td>
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<td>interactions), social networks and</td>
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<td>Cancer Prevention</td>
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<td>Mass Marketing</td>
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<td>HIV/AIDS Prevention</td>
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<td>Complicated to implement</td>
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The core assumptions are that no single theory can explain the complexities of behavior change. Instead, a process model is suggested for several reasons, the majority of the at-risk population are not prepared for action and so do not respond to action-oriented prevention programs; change patterns are usually under a combination of biological, social and self-control; behavior change is a process that unfolds over time through specific sequences; and without planned interventions most individuals will remain in the early stages without progressing (Prochaska & Velicer, 1997).

In addition to the stages of change, the TTT also includes the processes of change, and the benefits and barriers of change, as well as the self-efficacy to change. The TTT has been influential in redefining the paradigm of change as a discrete event, to one of change resulting from movement through a series of stages which unfolds over time (Prochaska & Velicer, 1997). The model consists of 6 stages of change and 10 processes of change based on studies of smoking cessation (Prochaska & Velicer, 1997).

Regardless of intentions, skills, self-efficacy and readiness to change, individuals often do not perform intended health behaviors. Large scale failed attempts of health behavior change include MRFit (Multiple Risk Factor Intervention Trial Research Group), COMMIT Research Group for smoking cessation, and the Minnesota Heart Health Program to reduce heart disease, all of which only had moderate impacts on health behavior change (Schneider & Stokols, 2009). Despite long-term and resource intensive lifestyle change interventions little actual behavior change occurred among participants. Efforts to change behaviors are impeded by economic, social, cultural and environmental constraints such as education status; lack of time, money and energy; and exposure to hazards (Stokols et al.,
Social Ecology provides an integrative framework that is a comprehensive approach to address these determining factors of health and health behavior. This approach envelops the complexity of health and health behaviors, leading to more successful risk reduction and sustainable healthy lifestyle changes as originally intended in the Lalonde Report.

**The Role of HRD and adult education in workplace health promotion.**

The field of health education is slowly evolving or rather returning to the roots of ecological approaches to address health behaviors. Education-based initiatives alone often fail to solve the problem (DiClemente et al., 2009), and therefore a combination of educational, organizational, regulatory, and economic components are needed to achieve health changes. Take for example exercise and wanting to influence employee physical activity. Education sessions regarding increasing exercise, methods of exercise, and how to begin exercising, while helpful, do not fully address the barriers. Ecological approaches to health behavior change go beyond education by influencing social norms, building necessary infrastructures, changing the physical, cultural, and social environments in addition to providing the skills needed. The more effective changes require multiple interventions on several different levels, and so for example, to promote fitness activities among employees exercise, in addition to education, the solutions may be onsite fitness facilities and a walking trail, as well as flexible work schedules, changes in work organization, management support and a positive social climate. The return to this ecological paradigm has not yet been fully embraced by workplace health educator practitioners.

Improving and developing skills are necessary for employees to succeed within companies, as well as for improving organizational productivity. The outcome is not only
individual learning and development, but the capacity for learning and for improved performance (Yorks, 2005). Similarly, workplace health educators argue the benefits of individual health on improved quality of life, as well as increased productivity at work, and so are aligned with human resource development. Both HRD and adult health educators influence change through learning initiatives.

HRD and adult education are interventions to change individual knowledge, attitudes and skills (Beatty & Ilsley, 1992; Glanz, Rimer, & Lewis, 2002; Jacobs, 2006). In HRD as well as workplace health education, this process occurs in organizations, and in fact most adult education occurs within the context of corporations or in response to an organizational need (Jacobs, 2006). HRD is defined by Gilley and Maycunich as facilitating organizational learning, performance and change through initiatives to enhance organizational performance, capacity, and resilience (Yang, 2004).

Yang (2004) summarized the five HRD roles outlined by Watkins, including the HRD practitioner as a) organizational problem solver; b) organizational change agent; c) organizational designer; d) organizational meaning maker; e) developer of human capital. Yang argued that the roles were congruent with adult education and that successful change management at the organizational level depended on successful employee learning and change strategies. Yorks (2005) defined HRD from the employee learner perspective as a field of practice centered on both learning and performance within the context of organizations, but ultimately centered on fostering individual learning or change.

Within organizations, whether it is to enhance performance or implement wellness initiatives, adult educators effect change in the form of new knowledge, new attitudes or new
behaviors for individuals (Beatty & Ilsley, 1992). Because of the interconnectedness of the levels between individuals, groups and organizations, consideration should be given to the fact that the result is change on multiple levels since ultimately individual change influences the group as well as the organization, and organizational change must include individual change.

“… it is recognized that HRD is one of the few professions in organizations that most deeply cares and works for groups and individuals. One of the tenets of HRD is to work both from within and outside organizational systems to promote change that is beneficial to all stakeholders. Indeed to do that requires a constant balancing act and many struggles to find ‘win-win-win’” (Bierema, 2004, p. 437).

Health education as an instrument of broader public health change has been invigorated during the past decade (Glanz et al., 2002). Health education, as well as HRD initiatives, must include not only instructional activities, but also organizational change efforts based on the view that health and health behavior are affected by multiple determining factors (Stokols, 1992; (Weinstein & Shuck, 2011)).

The change process remains complex and challenging, and yet the pace of change in organizations is unprecedented (Burke, 2008; Burnes, 2005; Whelan-Berry & Somerville, 2010). This requires organizations and individuals to respond to issues as they have never had to before. Although change is ubiquitous, it is not a straightforward or linear process, and it does not occur in isolation. Change is instead iterative and complex with intended as well as unintended outcomes, and with multiple impacts and influences (Beer & Eisenstat, 1996;
Burnes, 2005; Whelan-Berry & Somerville, 2010). This is the case whether the change process is regarding individuals or organizations. In fact, organizational change involves individual employees to change values, attitudes or behaviors in order for the change process to be successful (Whelan-Berry & Somerville, 2010), and it is often the case, especially in HRD and health education initiatives, that organizational change is necessary to support and sustain desired individual change. As stated in Chapter One, educating people without addressing organizational issues not only result in weak and short term changes at best (Sallis, et al. 2008), but cannot be effective if environments and policies make it difficult or impossible to choose healthful behaviors.

Change cannot be addressed in isolation, but with the understanding of the inevitability that the interconnections and ultimate impact on all systems must be considered. From this perspective, Social Ecology provides the framework to best address change on the various levels whether the primary target is individual, group, or organizational change. The next section provides a detailed analysis and description of this framework, which is the cornerstone of this study.

**Social Ecological Approach to Workplace Health Promotion**

As described earlier, an ecological perspective emphasizes the complexity and interdependence of factors that impact health and health behavior, thereby addressing many of the limitations noted previously that result from focusing on individual change alone. Chronic diseases, causes of death, disability and lifestyle behaviors are complex and influenced by a variety of factors (Gielen et al., 2008; Glanz & Rimer, 2008; Schneider & Stokols, 2009). The ecological model is based on the premise that health is a product of
interdependence between individuals and several socio-cultural systems (Green et al., 1996). In this section an overview of the social ecological model is provided including the history, key components, and how these components apply in workplace health promotion education as well as within the microcosm of an organization. This section ends with a presentation of empirical studies on the interpersonal factor in relation to health and health promotion.

When viewing health and health behavior as complex systems within an ecological framework, providing individuals with motivation and skills to change behavior cannot be effective if environments and policies make it difficult or impossible to choose healthful behaviors. Sallis et al (2008) recommend creating attractive, supportive, and convenient environments in addition to motivating and educating people about choices. The social ecology approach informs the development of more comprehensive interventions that target determinants of health on several levels. The overarching conceptual principles are drawn from systems theory of interdependence, homeostasis, negative feedback and deviation amplification (Green et al., 1996). Based on systems analysis the health of the contextual setting and the health of participants are mutually impacted by the physical as well as the social environment. There is a reciprocal determinism between the individual behavior and the environment. Reciprocal Determinism holds that the organism’s functioning is mediated by behavior environment interaction (Bandura, 1977). The environment sets limits on the behaviors, and changing environmental variables results in changes to behavior.

The idea of reciprocal determinism is not just an abstract concept. Prior research demonstrated a reciprocal determinism between individual behavior and the environment (Cochrane & Davey, 2008; Fisher et al., 2005; Green et al., 1996; Richard et al., 2004; J. F.
Sallis & Glanz, 2009; J. F. Sallis, Owen, N., Fisher, E. B., 2008). The environmental factors predispose, enable and reinforce individual and group behavior. In addition, individuals and groups also influence the environment (Green, et al., 1996). For example, a physical activity trial that included 861 previously inactive men and woman found that perceived social and environmental variables impacted the amount of physical activity participants performed over a six month period (J. F. Sallis et al., 2007). Similarly, Fisher (2008) included the social environment of family, friends, worksites, organizations, and cultures; and the physical and policy environments of neighborhoods, communities, and governments, in addition to self-management, to effectively address diabetes management.

History of social ecology.

The field of social ecology emerged in the 1960’s and 1970’s (Stokols, 1992; Stokols et al., 1996), and was in part based on the work of Urie Bronfenbrenner. Bronfenbrenner wrote two books in the 1970’s, Toward an Experimental Ecology of Human Development and Ecology of Human Development, which changed the scholar’s understanding of how a child develops. He described the interrelatedness of complex systems that impacted child growth and development determining that developmental processes were profoundly impacted by the context within which they occurred (Bronfenbrenner, 1979).

The interest in the effects of what Bronfenbrenner initially termed ecological systems during the course of living, and later called social ecological systems, continues. The Bronfenbrenner model views health behavior as affected by multiple levels of influence including micro, meso, exo and macro-system levels of influence (McLeroy et al., 1988). The microsystem refers to immediate influences such as family and work interactions,
informal social networks and work groups. The exosystem refers to forces within the larger social system, for example, the unemployment rate which impacts economic stability. The macrosystem refers to cultural beliefs and values that influence both the micro and macro systems. The mesosystem is the interrelations among the various settings in which the person is involved such as school, peer groups, work, and church (Bronfenbrenner, 1994; McLeroy et al., 1988).

**Overview and key components of the social ecology framework.**

McLeroy, et al. (1988) applied Bronfenbrenner’s model to health promotion to determine the factors that impact health. McLeory identified five factors and four principles relevant to health promotion from a social ecological perspective. The five interconnected factors that influence health can be understood as different types of influences, and they are: interpersonal, intrapersonal, institutional/organizational, community, and public policy.

Intrapersonal factors include the individual’s attitudes, self-concept and skills, in addition to physiological conditions, perceived health, self-efficacy and healthful behaviors; whereas interpersonal includes social networks and relationships such as family, co-workers, friends, etc. Institutional/organizational factors are both societal institutions as well as organizational characteristics such as safety programs, environmental health and safety, work conditions, ergonomics, strained interactions and communications, climate and culture. Community factors are the relationships and boundaries between institutions or organizations. Public policies include laws and policies that impact individuals as well as organizations. The mesosystem is also how each of these factors influences the others.
The four core principles of a systems perspective of health (McLeroy et al., 1988; J. F. Sallis, Owen, N., Fisher, E. B., 2008; Schneider & Stokols, 2009), providing the foundation for social ecological model for health promotion are:

- There are multiple influences on specific health behaviors: intrapersonal, interpersonal, organizational, community and public policy levels.
- Influences on behaviors interact across the different levels.
- Ecological models should be behavior-specific, identifying the most relevant potential influences at each level.
- Multi-level interventions are the most effective in changing behavior.

The descriptions demonstrate that an organization can be considered a microcosm from this ecological perspective, with workplace health education addressing not just intrapersonal issues of employees, but interpersonal issues between co-workers as well as between employees and managers, institutional issues such as the physical and social environment, the policies and procedures of the organization, and community characteristics within the organization. All of these factors are essential for, and contribute to, individual health behavior change.

**Organizational perspective.**

From the intrapersonal level, workplace health education initiatives incorporate physiological processes and therefore include health screenings and health promotion activities. A variety of strategies are utilized to foster healthy behavior change such as education strategies to influence knowledge, attitudes and skills, as well as intention.
On the interpersonal level the focus is on changing the norms or social interactions of work groups, in addition to developing individual social skills (Green et al., 1996). This level also includes soliciting the support of friends, co-workers and family members for the behavior change. However, it is not just relational support, but the actual interconnections of social interactions, the mesosystem, and other key components that need to be considered. Recall that it is the interconnectedness of the various social ecological factors that also need consideration and not any one factor alone. The outcome on health can actually be contradictory depending on these interconnections (Stokols, 1992). For example, crowded working conditions when the intergroup relationships are strained would increase discomfort and impact on health; however, in a socially supportive environment the physical constraints or drab surroundings would not necessarily have any negative outcomes (Stokols, 1992). This provides an example of how the organizational social context matters.

Organizational changes are therefore, inherent in an ecological approach to employee health promotion, and are necessary to support sustainable healthy lifestyle habits. “Because of the complex interdependencies of the elements making up an ecological web, interventions to promote health must be directed at several levels within an organizational structure.…” (Green et al., 1996, p. 273). Health promotion education activities must acknowledge and influence organizational elements such as work design, both the physical and social environment of the organization, and organizational policies & procedures necessary to support and encourage healthy behavior change.

Many health promotion interventions are now geared to influence the physical organizational environment through workplace policies, such as banning smoking at work,
and offering healthy food choices in the cafeteria. Other policy interventions include encouraging time off to participate in health education initiatives. All of these changes encourage or support individual behavior changes. On a deeper organization level, change would address tactical and strategic organizational decisions in order to include health related norms as integrated within the organizational culture. As stated at the beginning of this paper, educating people without addressing organizational issues are weak and short term at best (J. F. Sallis, Owen, N., Fisher, E. B., 2008). Social Ecology Theory provides the framework to consider needed organizational changes in addition to individual change. Weinstein and Shuck (2011) note that individual behavior in organizations is influenced, not only by individual knowledge, but by interactions across multiple levels of the environment. The authors introduce the social ecology framework to strengthen the instructional system design in HRD. The framework includes individual attributes to explain behavior as well the affect of multiple environmental factors has on behavior.

This section summarized the social ecological framework, including its history. Empirical studies are explored below related to the interpersonal factor of the model. A summary table of the authors and findings is included at the end of each section.

**Empirical studies on the interpersonal factor and health.**

As already noted, despite all of the focus and expenditures on health promotion there have not been many gains in reducing health risks (CDC, 2009). There is a growing call for an integrated approach to health promotion that incorporates the interrelations among people and among individuals and their environments (Allen et al., 2007; Best et al., 2003a; Golaszewski et al., 2008; Norman, 2009). Norman (2009) emphasizes that health promotion
is a comprehensive social and political process that embraces interventions directed at individuals as well as broader determinants of health. Health and health promotion are complex and interconnected issues that impact well-being. The programs should not be limited to strengthening the skills and capabilities of individuals but should include the social, environmental and economic conditions or determinants of health that impact individual health and health behaviors (Norman, 2009).

Although social ecology provides the framework to consider change on multiple levels, only the interpersonal factor of the framework is the focal point of this study because of the study’s focus on work relationships. Therefore, the empirical findings of the influence of social relationships on health and health behaviors are highlighted below. The review includes studies on participation in workplace health promotion programs, perceptions of the organizational context, a pilot study on factors influencing health behaviors, studies of models of healthy organizations, and studies focused on the social environment and social networks. In addition, Tables highlight the empirical studies that are summarized below.

**Influence of interpersonal factors and participation in onsite programs.**

Several researchers found that workplace environmental issues directly impacted participation in health promotion programs (Crump et al., 1996; L. Linnan et al., 2007; Lowe et al., 2003). In a randomized sample of more than 1,000 participants employed at 26 manufacturing sites in New England, Linnan, et al (2007) recommended that interventions that moved beyond an individual focus were more successful, especially interventions that consider the relationships between coworkers and supervisors. The authors emphasized that while management support was considered necessary, it was not sufficient.
Similarly, more than a decade ago results of a mixed methods study at federal facilities and a quantitative study conducted at a large technology facility concluded that organizational factors such as the social environment were influential in determining employee participation in workplace health promotion programs (Crump et al., 1996; Sloan & Gruman, 1988). Organizational factors included supportiveness of supervisor as well as relationships with co-workers. Of interest were findings from another study that the perceived supportiveness of supervisors had a stronger magnitude than intentions to participate in health promotion or make health changes (Sloan & Gruman, 1988). In fact, participation was based on organizational characteristics such as managerial style, performance goals, and company-wide norms. The authors recommended that health promotion professionals include interventions that target the organizational work climate in addition to individual health behaviors, such as manager training on relationships and employee decision making.
Table 2.2. Influence of interpersonal factors and participation in onsite programs

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<thead>
<tr>
<th>Author(s)</th>
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<tbody>
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<td>Linnan, et al (2007)</td>
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</tr>
<tr>
<td>Crump, et al., 1996</td>
<td>Mixed methods study at 10 federal facilities</td>
<td>Findings: Supportiveness of supervisor as well as relationships with co-workers influenced participation</td>
</tr>
<tr>
<td>Sloan and Gruman, 1988</td>
<td>Quantitative study conducted at a large technology facility 192 Participants</td>
<td>Findings: Perceived supportiveness of supervisors had a stronger magnitude than intentions to participate in health promotion or to make health changes</td>
</tr>
</tbody>
</table>

**Influence of perceptions of social context.**

The employee perceptions of the social and cultural aspects of work in affecting their overall health and quality of work life is apparent in the results of two recent studies (Lowe et al., 2003; MacDermid et al., 2008). MacDermid, et al. reported that employees perceived psychosocial issues as more of a concern than workplace physical and safety hazards. This is an important finding since it implies that more than just organizational support for health and safety are needed to make a difference. The researchers conducted four interviews and seven
focus groups with employees in different companies to understand experiences of how work organization impacted health, and behavior change. The research participants acknowledged that upper level policies and organizational culture had an impact, but reported that the micro-level work environment was directly influenced by supervisor work dynamics, such as respect and support for employees. Therefore, creating healthier workplaces necessitates a focus on creating healthy micro-work-environments by building on the potential positive aspects of social interactions within the work groups and mitigating negative interactions.

Lowe, et al. (2003) also found that the strongest correlations of a healthy work environment were good communication as well as social support, and that leadership and human resource managers were crucial in ensuring both. In addition, results of the telephone survey of 2,500 employed respondents who rated their work environment as healthier, had higher job satisfaction, commitment and morale, and lower absenteeism. The researchers concluded that findings supported a comprehensive model of workplace health promotion that targeted working conditions, work relationships and work organization should frame health promotion interventions. They admonished the fact that currently there was less focus on organizational contextual factors and emphasized the need to move the health promotion paradigm beyond individual workers’ health outcomes to examine the underlying workplace determinants. The findings support a previous study illustrating that policies, procedures, benefits, job design, communication, social relationships, management style, decision-making modalities, worker control and autonomy and the physical workplace were noted to maximize employee well-being and productivity (Peterson & Wilson, 1998).
Barriers to behavior change such as job stress, management and co-worker relations, as well as the overall social context go beyond individual initiatives to motivate and educate regarding healthier behaviors. For instance, findings from another study (Payne et al., 2002), also demonstrated that barriers impacted intentions regardless of self-efficacy. Results suggested that work demands were the crucial factor disrupting intentions to exercise, with employees in high-strain jobs reporting lower exercise regardless of strong intentions. The study involved 3,000 employees at a large company in the UK. The employees had flexible working hours yet regardless of flexibility, intentions to exercise, and self-efficacy, fewer succeeded in following through on their intentions. Job strain did not disrupt intention, but the employees’ ability to actually perform or carry through with the intended health behavior. The authors acknowledged that context including demands and stressors disrupted the strongest of intentions.

The repercussions of the continued narrow focus on individual health behavior change is that it is not only ineffective, but misses key elements that impact employee health, which also impacts organizational outcomes such as low employee morale, increased absenteeism and lower job satisfaction; the very outcomes that current health promotion programs target. The social context matters in health and practicing health behaviors. A respondent in a phenomenological study commented that comfort and a good atmosphere bring enjoyment to their work “… pleasant workmates do a lot for health, even if we nowadays do not have as much time for chat and fun” (Arwedson, Roos, & Bjarklund, 2007, p. 7).
Pilot study on influences of social interactions versus intentions.

The influence of interactions with co-workers is also apparent in results from a pilot study conducted by this researcher in the fall 2009 to fulfill partial requirements for a qualitative social research course. University IRB approval was attained and the guidelines strictly followed. The purpose of the pilot study was to explore influences during the work day that prevented the participants from practicing healthy behaviors, regardless of their intentions. Of the four in-depth, one and a half hour interviews conducted, all four discussed various disruptions to their normal routines; however, what was striking was that all expressed being drained at the end of the day, not from the physical or mental tasks of completing work, but from interactions. One participant described going home and looking forward to a glass of wine instead of exercising, “…it’s a sense of accomplishment. That when you have people working together, you know you’ve accomplished the task… But when there’s a lot of discontent … I decompress by drinking.”

The participants also expressed the impact of work relations on their personal lives. One acknowledged that, “There’s a lot of complaining…no one at the top cares…I just mash my teeth & complain to my boyfriend…I spend more time with co-workers than him and that’s how we spend our time.” Another expressed dread in going to work. She described going home and not having the energy to do anything but sit in front of the television. She discussed how this behavior was impacting the quality of time spent with her husband. Another employee voiced that working with one individual on a regular basis made him feel bad, and then he would behave badly with significant others, “… it’s never his fault… he’s
not very patient or very respectful. He has a kinda demeaning attitude… I find that I take it out on my kids.”

**Table 2.3. Influence of Perceptions of Social Context**

<table>
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<tr>
<th>Author(s)</th>
<th>Description</th>
<th>Findings Summary</th>
</tr>
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<tbody>
<tr>
<td>MacDermid, et al, 2008</td>
<td>Four interviews and seven focus groups with employees in different companies to understand experiences of how work organization impacted health, and behavior change.</td>
<td>Findings: Employees perceived psychosocial issues as more of a concern than workplace physical and safety hazards.</td>
</tr>
<tr>
<td>Lowe, et al. (2003)</td>
<td>Telephone survey of 2,500 employed respondents</td>
<td>Findings: Strongest correlations of a healthy work environment were good communication as well as social support. Leadership and human resource managers were crucial in ensuring both.</td>
</tr>
<tr>
<td>Payne, et al., 2002</td>
<td>3,000 employees at a large company in the UK</td>
<td>Findings: Barriers impacted intentions regardless of self-efficacy.</td>
</tr>
<tr>
<td>Mastroianni, 2009</td>
<td>Pilot study, four in-depth, one and a half hour interviews</td>
<td>Findings: Each expressed being drained at the end of the day, not from the physical or mental tasks of completing work, but from interactions.</td>
</tr>
</tbody>
</table>

Allen, et al. (2007), acknowledged that where individuals work and how they work have major influences on their lives. Organizations provide economic as well as social
resources for employees, and also opportunities for social support for behavior change. The authors’ review found that work satisfaction comes down to fulfillment, purpose and the social context of the workplace. Because of the known influence of the work environment on health and performance, several researchers have developed models of healthy workplaces in an attempt to address the broader organizational issues affecting employee health. These models include not only individual responsibility for reducing health risks and adopting healthier lifestyles, but other determining factors as well. Some of the popular model examples are summarized below.

**Empirical results from models of healthy organizations.**

Several healthy workplace models have been proposed in the literature and all begin to explore inclusion of the social context of the work environment (Chu & Dwyer, 2002; Danna & Griffin, 1999; DeJoy & Wilson, 2003; Drach-Zahavy, 2008; Kelloway & Day, 2005; Kriger & Hanson, 1999; Quick et al., 2007; Wilson et al., 2004). Three of the models were tested. Drach-Zahavy (2008) explored the influence of workplace health friendliness (WHF) on worker health. In the two part study, 69 nursing supervisors from five hospitals in Israel, regarding organizational means implemented to promote staff health. The second study surveyed staff from 49 nursing units at the same hospitals regarding the perception of those means on physical health and well-being. A total of 246 staff nurses’ and 45 supervisors’ returned the surveys. The interview and survey investigated organizational support such as offering, free medical procedures, health education, no smoking policies and smoking cessation, fitness breaks, availability of healthy meals, and workplace safety. WHF also included availability of social workers and psychologists. A positive association between
workers’ health and perceived social costs and stress was found. The model did not include the friendliness of the social work environment or other dimensions of health, except for the availability of a psychologist.

The model by Wilson, et al. (2004) was one of the three models tested in the field. Quantitative testing was performed using a sample of 1,130 employees from 9 retail stores in the south eastern US. Surveys were administered onsite during the work day and employees were given time to complete the surveys. Results were consistent with the proposed healthy organization model and supported the correlation of organizational characteristics on perceived employee health and well-being. The study reinforced the importance of interpersonal aspects of work such as coworker support, participation, and relationships with management.

Arwedson et al (2007) conducted a phenomenographic study to identify and characterize the components of a healthy workplace from the employees’ point of view (Arwedson et al., 2007). A purposeful sample of 27 respondents was conducted at four companies with documented low absenteeism. Participants included 4 department heads, 16 white collar and 7 blue collar employees. The health related factors that emerged were the overall work environment, employee support for practicing fitness behaviors, and leadership and individual responsibility. Once again, the work environment included not only the physical work, but also comments on the psychosocial environment.

In both Wilson’s and Arwedson’s studies, noted the work environment as an important factor in promoting health and that the need for improvements in the psychosocial environment was key. These findings also supported the findings that the social
organizational aspects impacted employee participation in health promotion programs. In fact, most models reviewed from the literature included the psychosocial environment as a key element, including two models that presented broad conceptual frames, the Workplace Health Management Model and the Health and Productivity Management Model (Chu & Dwyer, 2002; Goetzel, Ozminkowski et al., 2007). Based on their review, Chu and Dwyer (2002) promoted implementing an integrative holistic model of workplace health management (WHM) that emphasized employee involvement. This model included not only health promotion and disease prevention, but safety management and organizational development.

WHM also advocated for management to change the workplace to a healthier environment, both physically and socially including measures needed to address the environmental, organizational, ergonomic and social factors. Similarly, the Health and Productivity Management Model (HPM) also incorporated health promotion programs within organizational development (Goetzel, Ozminkowski et al., 2007). The authors emphasized the broader components of health promotion, and not merely focusing on individual behavior change. However, the best practices summarized were all aimed toward managing individual health risks in order to improve organizational performance, such as disease management and screening programs, insurance demand management, an organization commitment to employee health promotion initiatives linked to business objectives, employee involvement, and a supportive environment (Goetzel, Ozminkowski et al., 2007). Other organizational factors were largely ignored.
The conceptual models by Quick et al (2007) and Kriger & Hanson (2009) focused almost completely on the social environment.

The fact remains that the social environment has been identified as a key element in the models discussed and yet this component has not been fully explored or described. Wilson, et al. (2004) stated that the social domain of work is probably the most intriguing and the least understood of the constructs studied and yet also has a major influence on the efficiency and effectiveness of the organization. In addition, study results indicated that the social environment was strongly correlated to employee health issues and stress, as well as organization factors such as knowledge sharing, learning and growth. Research recommendations included the need to further describe the social characteristics which would begin to address the current literature gap. The fact that other studies demonstrated a physiological impact on health, summarized below, provides additional support for addressing this gap.
### Table 2.4. Empirical Results from Models of Healthy Organizations

<table>
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<tr>
<th>Author(s)</th>
<th>Description</th>
<th>Findings Summary</th>
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<tbody>
<tr>
<td>Chu and Dwyer (2002)</td>
<td>Health and Productivity Management Model</td>
<td>Model included not only health promotion and disease prevention, but safety management and organizational development.</td>
</tr>
<tr>
<td>Wilson, et al. (2004)</td>
<td>Quantitative testing</td>
<td>Findings: Supported the correlation of organizational characteristics on perceived employee health and well-being.</td>
</tr>
<tr>
<td>Arwedson, et al (2007)</td>
<td>Phenomenographic study</td>
<td>Findings: Health related factors that emerged were the overall work environment, employee support for practicing fitness behaviors, and leadership and individual responsibility.</td>
</tr>
<tr>
<td>Goetzel, et al, 2007</td>
<td>Health and Productivity Management Model</td>
<td>Incorporated health promotion programs within organizational development. Best practices aimed toward managing individual health risks in order to improve organizational performance, disease management and screening programs, insurance demand management</td>
</tr>
<tr>
<td><strong>Anat Drach-Zahavy, 2008</strong></td>
<td>Workplace Health Friendliness Model (WHF)</td>
<td>WHF includes: Free medical procedures, health education, no smoking policies, fitness breaks, availability of healthy meals, workplace safety. WHF also included availability of social workers and psychologists.</td>
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</table>
Research on the social environment and physiological health.

Findings from several studies underscore the implications that the social environment had on physiologic health (Rau, Georgiades, Fredrikson, Lemne, & de Faire, 2001; Steptoe, 2000; Unden, Orth-Gomar, & Elofsson, 1991; Wager, Fieldman, & Hussey, 2003). The studies were based on the fact that social contacts in the community can detract from or enhance well-being. Both Wager et al. (2003) and Steptoe (2000) monitored blood pressures during the day to determine physiologic response to work interactions. Wager et al. used quasi experimental research designs were used in the workplace to determine cardiovascular changes based on how participants viewed their interactions with their supervisor. The researchers measured blood pressure readings throughout two weeks and found the readings were significantly higher when participants were working with less favored supervisors. Steptoe (2000) measured blood pressure readings in 104 school teachers to look at the influence of stress on ambulatory blood pressure monitored over the work day. The participants were divided into high and low social support groups.

Social support was assessed using the Interpersonal Support Evaluation List survey consisting of 40 items on four different types of support, tangible support or the perceived availability of practical aid, appraisal support or the availability of people to talk to and provide advice, self-esteem support measuring self-confidence and positive social comparison, and belonging support or the perceived availability of social contacts with whom one can do things. Of interest was that the impact of stress was buffered by social support at work, with no significant increase in blood pressure or heart rate found even with reported high stress levels in the high support group.
Similarly, Unden et al. (1991) and Rau et al. (2001) found that participants reporting high social support at work had lower heart rates not only while at work, but also during leisure activities and at night. Unden et al. divided 148 participants in 2 groups. Participants were employed in a variety of fields including teachers, physicians, law enforcement officers, prison personnel, saw mail workers and engineers. The mean heart rates were significantly higher in those reporting low social support at work while controlling for smoking, alcohol consumption and body weight. The heart rates remained significantly higher during leisure time and sleep. Both Unden, et. al and Rau, et. al. used perceived job control - job demand survey measures as well as measurements for social support. Rau measured social support using 4 survey questions regarding the interactions with coworkers and habits of seeing colleagues outside work. Although different, Unden, et al. also used 4 survey questions to measure social support, which they defined as, “…good working environment, strong group cohesion, high quality of the relationship between co-workers—an essential dimension in any work setting” (p. 52).
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<tbody>
<tr>
<td>Wager et al. (2003)</td>
<td>Quasi experimental research designs to determine cardiovascular changes based on how participants viewed their interactions with their supervisor 28 participants (13 in experimental group and 15 in control group)</td>
<td>Findings: Blood pressure readings throughout two weeks; Readings were significantly higher when participants were working with less favored supervisors.</td>
</tr>
<tr>
<td>Steptoe (2000)</td>
<td>Measured blood pressure readings in 104 school teachers to look at the influence of stress on ambulatory blood pressure monitored over the work day. The participants were divided into high and low social support groups.</td>
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<td>Unden et al. (1991)</td>
<td>148 participants in 2 groups. Participants were employed in a variety of fields including teachers, physicians, law enforcement officers, prison personnel, saw mail workers and engineers.</td>
<td>Findings: The mean heart rates were significantly higher in those reporting low social support at work while controlling for smoking, alcohol consumption and body weight. The heart rates remained significantly higher during leisure time and sleep.</td>
</tr>
<tr>
<td>Rau et al. (2001)</td>
<td>149 participants. 75 Borderline hypertensive 74 Normotensive</td>
<td>Findings: Participants reporting high social support at work had lower heart rates not only while at work, but also during leisure activities and at night.</td>
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</table>
**Studies on social network analysis and health.**

Additional research on social support and health was conducted using social network analysis. Results from one study suggested that obesity may spread in social networks based merely on the nature of the social ties alone (Christakis & Fowler, 2007). Geographical distance did not appear to reduce the spread which seemed to be based on the social relationship regardless of distance. This was a large longitudinal research project spun from the Framingham Heart Study and included network evaluations and direct measures of 12,067 participants over 32 years. The authors recommended the use of social network phenomena to spread positive health behaviors.

Social networks had been successful for smoking cessation as well as alcohol abuse prevention compared with similar programs that did not include social networks (Christakis & Fowler, 2007). Another research project based on the same family sample from the Framingham Heart Study found that smoking behavior also spread through close and distant ties of interconnected groups (Christakis & Fowler, 2008). Conclusions indicated that the decline in smoking spread person to person and therefore decisions to quit reflected choices of groups that people were connected with.

Cohen & Janicki-Deverts (2009) argued that social integration, social support and negative interactions were all associated with health outcomes. On the health enhancing side, social networks provided emotional, informational and material support, regulated behavior, offered opportunities for social engagement and improved immunity. The authors exposed subjects to a common cold virus and found that those enduring social conflicts were twice as likely to develop a cold (Cohen & Janicki-Deverts, 2009). Recommendations included
interventions to increase available social support within existing social networks by improving individual social skills or building stronger ties to existing network members. There were also negative impacts, such as social contact provided modes of disease transmission, as well as opportunities for conflict, exploitation and stress. It is defining the characteristics of these social dynamics, both positive and negative, that is needed in order to develop HRD initiatives to build and foster these skills.

A recent study looked at the social influence that friends and family significant in the participants life had on diet and physical activity (Ashida, Wilkinson, & Koehly, 2012). The findings demonstrated that having at least one social network member who encouraged healthful behaviors was associated with motivation to improve the relevant behavior. Interestingly, the data indicated that the majority of network members did not provide encouragement to change healthful behaviors.
Table 2.6. Studies on Social Network Analysis and Health

<table>
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<td>Christakis &amp; Fowler, 2007</td>
<td>Framingham Heart Study and included network evaluations and direct measures of 12,067 participants over 32 years.</td>
<td>Findings: Obesity may spread in social networks based merely on the nature of the social ties alone</td>
</tr>
<tr>
<td>Christakis &amp; Fowler, 2008</td>
<td>Framingham Heart Study and included network evaluations and direct measures of 12,067 participants over 32 years.</td>
<td>Findings: Smoking behavior spread through close and distant ties of interconnected groups. Decline in smoking spread person to person and therefore decisions to quit reflected choices of groups that people were connected with.</td>
</tr>
<tr>
<td>Cohen &amp; Janicki-Deverts, 2009</td>
<td>Exposed subjects to a common cold virus after assessing psychosocial factors in healthy adults. 1/3rd became ill.</td>
<td>Findings: Those enduring social conflicts were twice as likely to develop a cold.</td>
</tr>
<tr>
<td>Ashida, S., Wilkinson, A. V., &amp; Koehly, L. M.</td>
<td>Looked at influence of significant friends and family on motivation to change dietary and exercise behaviors. Surveyed 162 participants of Mexican descent.</td>
<td>Findings: Having at least one network member who encouraged healthy behaviors was motivational; however, most social network members did not encourage healthy behaviors.</td>
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</table>

The empirical literature summarized indicated the potential influence that the social environment had on health and health behaviors. Few of these looked at the influence of
social relationships at work. In many organizations, work is evolving to a collaborative endeavor accomplished through informal networks of relationships rather than standardized processes and formal hierarchical structures. However, these informal networks are largely invisible, and efforts to harness and foster collaboration have been ineffective (Cross, Liedtka, & Weiss, 2005). The workplace communities of practice (CoP) is one way to view these networks. Workplace CoP are where these social interactions transpire, learning occurs and meanings and identities are formed. Jorgensen’s (2008) recommendations are to view HRD from a CoP approach in terms of seeing the organization as a network of activities co-created by different people. Through addressing practices and systems management, the HRD professional or health educator can cultivate and utilize the learning that occurs within CoP (Macpherson & Clark, 2009). Health and by implication health behaviors are socially constructed (Daley et al., 2006; C. D. Ryff & Singer, 1998; Springett, 2001). It is participating in and interacting with others in social contexts where learning occurs and behaviors are supported. From this perspective, workplace social interactions need to be considered and addressed in HRD and health promotion education.

This section provided an overview, history, and key components of the Social Ecology Model. The research literature specific to the interpersonal factor of the model and health was summarized. Empirical results from research studies were described that demonstrate the deep connections between health and social context. It is clear that the social ecology model is an appropriate framework for this study. However, this framework is limited in its ability to help understand why social relationships matter to health. The framework justifies including social relationships as an important determinant, but does not
provide the analytical tools to dig deeper into the meaning of the relationships. For this important piece of the study, the second framework, Communities of Practice, is needed. The next section provides an in-depth review of communities of practice and describes its relevance to this study. Table 2.7 highlights the empirical literature found on CoP.

**Communities of Practice**

Communities of practice (CoP) is a broad conceptual framework or theory of learning that starts with the assumption that the fundamental process for learning is through engaging in social practice. CoP is defined as engaged social networks where learning takes place, meaning is constructed, and identities evolve through participation. A community of practice is the social network context in which an individual develops learning through practice, including learned values, norms and relationships (Handley, Sturdy, Fincham, & Clark, 2006). In other words, the community is the social fabric of learning (Wenger, McDermott, & Snyder, 2002). It is the actual process of being active participants or engaging with others in practices within a social community, where meanings are co-constructed and identities are formed.

This section highlights the CoP model including a brief history, an overview and key components. Finally, the organizational perspective on the model is discussed and empirical studies presented.

**History of communities of practice.**

Social Learning Theory dates back to the 1970’s when a shift in learning began to focus from behavioral approaches alone to include cognitive approaches. According to Bandura (1977) all learning phenomena result from direct experience or through a vicarious
basis from observing and learning from other’s behavior and are influenced by norms or expectations. The role of social modeling is important, not just that people imitate each other, but that people learn and generate new behaviors vicariously through the actions and consequences observed in others. “Much social learning occurs on the basis of casual or directed observation of behavior…. in everyday situations (Bandura, 1977, p. 39). Learning is not just response mimicry; individuals generate new learning by going beyond what they observe (Luszczynska & Schwarzer, 2005).

Lave’s and Wenger’s (1991) situated learning theory goes a step further in framing this social learning process and is used in this study as a framework analyze how and why social relationships matter to employee wellness and health behaviors. Lave and Wenger (1991) argue that looking only at cognitive learning ignores the social domain, and starting with social practice and the social world as the core of the analysis ignores the person. “In reality, however, participation in social practice – subjective as well as objective – suggests a very explicit focus on the person, but as the person-in-the-world, as a member of a sociocultural community” (Lave & Wenger, 1991, p. 52). Learning involves the whole person and relates not to just the specific activities, but to a relation with the social communities. It implies becoming a participant and a member, as well as a kind of person. “…relations are created around activities, and activities take shape through the social relations and experiences of those who perform them so that knowledge and skills become part of individual identity and find their collocation in the community” (Gherardi, 2000, p. 10).
Lave and Wenger’s (1991) initial studies of learning were conducted on a diverse variety of professions including midwives, tailors, butchers, quartermasters and an alcoholic anonymous group. These groups of practitioners shared many common elements, which ultimately emerged as Lave and Wenger’s (1991) community of practice framework. Wenger (1998) later extended this work and researched how a group of insurance claim processors learned together. Wenger’s book was the first to supply the current definition of CoP: A group that coheres through mutual engagement on an enterprise and creating a common repertoire (Cox, 2005). Through his research with insurance claims processors, he found that the processors weave together their work and private lives and that in learning the job the processors learned about how to make sense of their jobs (Wenger, 1998).

In other words, the learning process cannot be separate from the situation in which the learning occurs (Merriam, 2007). According to Cox, (2005), Lave and Wenger’s approach to learning focuses on informal and situated social interaction rather than on a “planned mechanistic process of cognitive transmission” (Cox, 2005, p. 528). Learning is more than acquiring knowledge; it is about an identity change through social participation. A component of this learned identity is also the acceptable behaviors or norms of the group (Green, et al., 1996). Learning is not just a cognitive decontextualized process that occurs in isolation (Dirkx, Gilley, & Gilley, 2004). Understandings and learning do not exist in isolation but are part of the broader systems of relations in which they have meaning. Learning is viewed as an aspect of all activity and is located or situated within everyday practices, including work as, “an integral part of the generative social practice in the lived-in world” (Lave & Wenger, 1991, p. 35). “…learning, thinking and knowing are relations
among people engaged in activity *in, with, and arising from the socially and culturally structured world*” (Lave, 1991, p. 67emphasis in original). The legitimate peripheral participation is the core of where learning takes place and knowledge among peers spreads rapidly and effectively. According to the theory, situated learning occurs in communities of practice.

**Overview of the CoP model.**

The practice of CoP is a shared engagement that is negotiated with others; it’s the action, sense of belonging and participating in the CoP that not only shapes what individuals do, but who they are, how they interpret what they do, and who they become (Wenger, 1998). Through this social process it is not merely the community of practice, but the intersection of community, social practice, meaning and identity; the joint or interstitial space of relationships, where learning evolves.

There are several assumptions in the CoP framework including that a) humans are social beings, b) that knowledge is a matter of competence with respect to valued enterprises, c) that knowing is a matter of participating in the pursuit of those enterprises or active engagement in the world, and d) that meaning is ultimately what learning produces (Wenger, 1998, p. 4). The key components summarized below provide a comprehensive overview of the model.

**Key components.**

Communities of practice are ubiquitous and an integral part of people’s daily lives. Everyone belongs to at least one and they are everywhere, be it within families, churches, bowling groups, fitness centers, and workplaces (Wenger, 1998). According to Wenger &
Snyder (2002), CoP are a natural part of organizational work-life, and develop and flourish on their own. CoP are informal in that they evolve organically, separate from the organizational hierarchy. At work employees organize their days with their co-workers to accomplish the job tasks thus forming CoP. Through this social participation individuals learn through engaging in, and contributing to, their CoP.

Membership is voluntary and open to all interested in participating in the engagement; however, there may be intentional forms of participation, such as a supervisor or manager positioning him or herself on the periphery of the CoP (Wenger 1998). In addition, although ubiquitous, informal, organic and naturally developing, Wenger, Mcdermott and Snyder (2002) discuss a third wave of CoP, framing the social networks as tools to manage knowledge within organizations, and hence, CoP can be cultivated in order to benefit the organization, as well as the individual. The authors use the metaphor of a garden. As the plants need resources to grow, flourish and be healthy, so do CoP. Without intentional cultivation the CoP that develop on their own may not have space or time to meet, and therefore be less beneficial to the individuals as well as the organization.

According to Wenger (1998), four interconnected components are necessary for social participation to be a process of learning within CoP. The components are meaning, practice, community and identity. In addition, level of participation is also discussed since the level influences the social practice as well as learning. It is through participating that learning occurs. While Wenger found that four components exist within a CoP, this study will focus on three, meaning, learning in practice, and identity. This focus is justified because the purpose of the study, and the research questions guiding the study, are about the social
relationships at work and how they may influence employee health and wellness. Identifying the boundaries of communities, the level of participation and membership within other communities at the company are not definitional factors necessary in the study in order to answer the research questions. The social interactions may even be with CoP outside of the company, such as vendors or customers required to complete work activities. It is only the work relationships that are of interest. The key CoP components are described in more detail in order to provide a more in-depth understanding of the model.

**Meaning.**

Meaning is described as experiencing, both individually as well as collectively, life and the world as meaningful (Wenger, 1998). It is about negotiating meaning as an experience of everyday life and engagement in the world. Meaning is not pre-existent to be found, nor is it made up, but negotiated and created through interactions within specific context. “Meaning exists neither in us, nor in the world, but in the dynamic relation of living in the world.” (Wenger, 1998, p. 54). The meaning creation cannot be separated from the context in which it is created.

Through his research with insurance claims processors, Wenger found that the insurance claim processors weave together their work and private lives, and that through learning the job the processors also learned about how to make sense of their jobs. He concluded, “Whoever we are, understanding in practice is the art of choosing what to know and what to ignore in order to proceed with our lives” (Wenger, 1998, p. 41).

Wenger considers reification a useful tool as CoP members negotiate meaning. Reification means to treat an abstraction as substantially existing and providing a shortcut to
communication. People project their meaning onto the world and perceive the meaning as existing. It is the process of giving form to experience or shaping experience, of making, designing or naming as well as perceiving, interpreting and using information. Reification cannot denote the richness of the experience nor represent exactly what the experience is, but is only the tip of an iceberg. The meanings and experience are vaster beneath (Wenger, 1998). Yet reification is necessary for continuity of the practice and anchoring the procedures utilized within CoP.

**Practice.**

The concept of practice is not just performing the tasks, but includes the environmental, historical, and social context that gives the tasks performed meaning (Wenger, 1998). Practice is always social practice, including both explicit and tacit knowledge of performing the task. CoP provide the learning processes to share tacit knowledge, what is described as embodied expertise or deep understanding of complex, interdependent systems (Wenger & Snyder, 2000). Tacit knowledge can be shared through what is said as much as what is not said, what is represented and what is assumed. It is therefore all of the tools, symbols, documents roles, procedures and criteria necessary to perform the job, but it is also the relations and tacit understandings that designate a CoP (Wenger, 1998). Practice is a way of talking about the shared historical and social resources, frameworks, and perspectives that can sustain mutual engagement in action. The claims processors worked together to orchestrate their working and personal lives in order to cope with their job, ‘…it is collectively that they make claims processing what is in practice” (Wenger, 1998, p. 46).
Community.

Community is a way of framing the social configurations in which the practice or enterprise are defined as worth pursuing by the group. The practice is the source of coherence for the community and it is the passion for the practice that draws and engages members. Fixed membership is not required, as participants move in and out of the CoP. Newcomers join and are integrated within the community, bringing new ideas as well as perpetuating the community. The practice exists because people are engaged in actions whose meanings are negotiated with each other. Participation not only shapes the person’s experience and learning, but also shapes the CoP. There are however, three dimensions required which define a community: mutual engagement, a joint enterprise, and a shared repertoire (Wenger 1998).

Mutual engagement. Membership in a CoP is a matter of mutual engagement and the CoP actually unfolds as a product of the members’ engagement. The mutual engagement in and the passion for the practices are necessary to be considered a CoP. Passion drives the community and is essential for success (Wenger et al., 2002). Participants are invested through the relationships, passion and mutual engagement and so essentially are invested in learning. This positions CoP as not just an aggregate of people such as a group, or team, and more than a casual social network through which information flows. Members need the ability to establish relationships and engage with other members to be considered a community of practice.

Joint enterprise. CoP is also a joint enterprise defined by the participants in the process of pursuing the enterprise, which is negotiated between members and creates mutual
accountability that becomes integral to participation. Members need to take some responsibility for, and contribute to, the practice in the community as negotiated with other members.

*Shared repertoire.* Shared repertoire is the third dimension or characteristic of CoP. The joint pursuit of an enterprise creates resources developed over time for negotiating meaning such as routine words, tools, ways of doing things, stories, gestures, concepts or other reifications that members of the CoP know and use, and which have become part of the practice. Members need to participate enough to recognize, understand and use the repertoire of the CoP. However, these shared repertoires are not only used within the CoP, but also are shared with the larger organization. This introduces the practice elements to others and influences their practices, meaning making and identities (Wenger, 2004). Others often deal with artifacts connecting them to CoP they do not belong, thereby forming a bridge as well as learning opportunity for those within and outside of the CoP. An example provided is when employees adopt safe practices at home based on the safety requirements at work (Wenger, 1998).

There are also connections of the community to the larger organizational and social context through the periphery or boarders of the CoP. Others have peripheral experiences with the CoP even though the participants may not be interested in joining the trajectory to full membership (Wenger, 1998). Not unlike social network connections, the CoP node is tighter in the center with core members and looser on the periphery, with different members or social connections contributing and practicing differently than the core. These boundary connections help to ensure that the CoP does not become insulated, but remains connected
and learns from information shared in the larger context. It is through this exchange and interconnections that the CoP is both perturbable and resilient, as the CoP constantly relates to and adjusts its core and peripheral practices. This is a dynamic process with no true center or edge, and one that is different for each community of practice.

Identity.

Identity refers to the various meanings attached to a person by self and others, and has long been seen as constructed and negotiated in social interactions (Ibarra, 1999). Individuals develop an understanding of who they are through participating and learning. It is not denying individuality, but recognizing the mutual constitution of something that cannot be separated from context (Wenger 1998). Learning is always dependent on individuals, but it cannot be accomplished without the context it’s embedded within (Jorgensen & Keller, 2008). Learning and development are therefore inseparable from issues of practice, community and meaning. Identity formation is a process based on mutual constitution of the community and the person, and is integrated in the process of participating in community (Jorgensen & Keller, 2008). Not recognizing the interconnectedness of the individual and social relations misses a key aspect of identity (Wenger 1998).

Learning is an experience of identity, thereby transforming individuals (Wenger et al., 2002). Identity is not just an accumulation of skills, but a process of becoming. Although people often define self based on community membership, being a member in CoP does not determine identity. Instead, identity is a way of being in the world, which is negotiated through practice within the CoP. “As we encounter our effects on the world and develop our relations with others, these layers build upon each other to produce our identity as a very
complex interweaving of participative experience and reificative projections” (Wenger, 1998, p. 151). Jorgenson and Keller (2008) explore components of CoP in that learning is about negotiating identities. Identity is not static or stable, but evolves in day to day practices, especially as people move between communities (Handley et al., 2007). Individuals move between communities with different norms, repertoire and values, therefore potentially creating identity conflict (Handley et al., 2007). The authors suggest that individuals do not compartmentalize their identities and behavior traits according to any one community, but maintain a sense of agency through the adoption and adaptation of different forms of participation and identity construction within different communities. Identity is multiplicative, including all the various aspects for community memberships, family status, church membership, hobbies, etc., weaved together like puzzle pieces (Wenger, 1998).

From a social ecological perspective, the CoP model views the concept of identity as a pivotal point between the societal and the personal, thus dissolving the artificial separation between the individual and organizational levels (Jorgensen & Keller, 2008). Intrapersonal, interpersonal, organizational, and policies all influence CoP and identity formation.

**Levels of participation.**

In addition, to the key components, people have varying forms of participation within CoP as they enter the practice, moving from the periphery of the community to a more central or senior position. The term legitimate peripheral participation characterizes this process as newcomers enter CoP and gradually learn more of the practice. There is gradual achievement of meaning as well as identity development as meaning is constructed through the interactions and dynamic context of different levels of participation (Wenger, 1998). The
different levels of participation may result by choice of following the trajectory or remaining on the periphery, or through power struggles of being prevented from moving toward a more central position within the community (Lave and Wenger, 1991). Therefore, identity construction is also influenced by power relations (Contu & Willmott, 2003; Fuller & Unwin, 2005; Handley et al., 2006; Wenger, 1998), both within the CoP as part of legitimate peripheral participation, as well as within the broader context in which the CoP are situated. The participatory opportunities available impact the opportunities to observe, adapt and experiment with the behavior, and therefore identity construction (Fuller & Unwin, 2005). Also, Handley, et al. (2007) emphasize that individuals may adapt, transform, or reject practices within the communities thereby also impacting identity and meaning making.

In addition, the politics, power and control characteristics of the organization can diminish or enhance access to CoP, as well as the knowledge sharing within CoP (Lave, 1991). The CoP are part of the larger context that shapes and influences the community and therefore, are not isolated from other communities or the organization and society in which the CoP operates (Wenger, 1998). Wenger (1998) recommends recognizing CoP within organizations, encouraging modeling and mentoring between more senior CoP members, and facilitating the process of integrating new information within the CoP rather than adding or extending classroom training.

**Organizational perspective.**

Initially Wenger stated that CoP could not be established by management, but that management could facilitate spontaneous emergence and support those CoP that do develop. Management can also encourage and foster alignments between CoP for information sharing
(Wenger, 1998). However, increasingly CoP are viewed as strategies for knowledge management (Garavan, Ronan, & Eamonn, 2007; Handley et al., 2007; Roberts, 2006; Wenger, 2004), as well as for situating training (Gherardi, Nicolini, & Odella, 1998; Machles et al., 2010; Storberg-Walker, 2006; Wiessner, Hatcher, Chapman, & Storberg-Walker, 2008). Although fundamentally organic, spontaneous and informal structures, forward thinking companies are installing and nurturing CoP despite the fact the CoP, by their very nature, are resistant to management and interference (Wenger, et al., 2002). Recommendations are to identify CoP (Kerno & Mace, 2010; Machles et al., 2010) and provide enough infrastructure not to over manage, but just nurture the natural process (Wenger et al., 2002).

The concern expressed is the commodification of CoP into a management tool in order to control employees (Contu & Willmott, 2003; Cox, 2005; Fenwick, 2001). However, Garavan, Ronan & Eamonn (2007) found that intentionally created CoP, “have the potential to disrupt the status quo by questioning social, cultural and political systems found in organisations and they enable work across organisational boundaries” (Garavan et al., 2007, p. 46). This provides an example of the interconnectedness between the organization and CoP as well as between both and the individual.

Workplace CoP do not operate in a vacuum so the context matters as to their creation and success (Roberts, 2006). There is an interconnectedness and constant interaction with the surrounding environment. It is therefore important to consider the broader socio-cultural context in which CoP are embedded (Handley et al., 2006). For example, adversarial relations between workers and management with low levels of trust and strong hierarchical
control may fail to support effective CoP (Macpherson & Clark, 2009; Roberts, 2006). In addition, competition between employees is likely to discourage the collaborative efforts required in the establishment and maintenance of successful CoP. In fact, CoP are more suited to harmonious and trusting organizations (Roberts, 2006, p. 629). This issue is discussed further in the empirical findings section.

In addition to considering the influence of power and politics of the organization, as well as within CoP, there are other issues in the literature to consider, such as potential insulating effects, lack of theoretical research, the size of the CoP, and the very term community itself (Andrews & Delahaye, 2000; Contu & Willmott, 2003; Storberg-Walker, 2008; Wenger & Snyder, 2000). The following section summarizes the empirical literature including critiques of the CoP model.

**Empirical literature review.**

Several authors acknowledged the lack of empirical studies and methodology linking CoP concepts (Bozarth, 2008; Goel, Johnson, Junglas, & Ives, 2010; Handley et al., 2007; Storberg-Walker, 2008). Although studies provided insights into learning through practice, none recognized theory-building steps (Storberg-Walker, 2008). Therefore, Storberg-Walker reviewed the analytical components in order to submit CoP to applied theory building. Using the five component model of theory building developed by Dr. Storberg-Walker, the findings indicated that CoP could not be considered in the applied theory realm. Recommendations were to separate the four components of practice for future theory-building research from an HRD practitioner perspective in order to move CoP to a midrange or higher theory. Dr. Storberg-Walker noted that practitioners worked with and applied the various aspects of CoP,
and were therefore in a key position to lead practice and research partnerships in studying theory building to actual practice within organizational settings (Storberg-Walker, 2008).

Although CoP had been conceptually contested in the HRD profession, it was still widely recognized and used. In fact, it was used as one of the theoretical frames to explore new learning among attendants evaluating an HRD conference (Wiessner et al., 2008). CoP were found relevant, especially legitimate peripheral participation, as novice conference attendees became fully engaged AHRD members. Bozarth’s (2008) dissertation findings also supported the usefulness of the model; however, reinforced the need for research application of CoP model to understand the internal dynamics of a community of practice. The instrumental case study indicated that motivation mattered within a training CoP. Bozarth viewed the lack of consideration of CoP dynamics as a limitation of the original construct (Bozarth, 2008).

It is important to mention that research on social networks in general has tended to ignore the social dynamics of the network since the focus has been on connections rather than relationships (Kilduff & Tsai, 2003).

Although empirical studies on the CoP model are limited, several studies are summarized below as well as expert comments regarding the model components. The following sections include power dynamics, the internal processes, safety behaviors, and expert comments on the term community itself, size and location, 21st Century Business, and CoP as a management tool.
Studies related to influence of power on CoP.

Macpherson and Clark (2009) noted that the organizational systems and culture may contribute to creating, ‘islands of practice’ by inadvertently placing boundaries between communities. In their qualitative study, which included observations and interviews with 20 employees over 2 years, the authors found that the only time to socialize was at the start and end of the work day because of the geographic locations of work. The time was limited and of poor quality to develop relationships since management prevented the workers from socializing in the area instead of working (Macpherson & Clark, 2009). Management’s role in defining context plays an influential part in shaping situated learning trajectories. The findings indicated that organizational practices fragment social associations, create conflict and separate communities of practices; another example demonstrating the interconnectedness between the organization, CoP and individuals.

Findings from another study also illustrated the power dynamics and in addition, the relational dynamics within CoP. The purpose of this case study research was to explore individual level factors that influence organizational learning (Andrews & Delahaye, 2000). The case study was conducted at a Bio-medical partnership for research. Scientists employed by different organizations met to collaborate on studies, thus forming a community of practice. The unexpected finding was that psychosocial processes emerged as highly influencing knowledge sharing activities, thus knowledge circulation was identified as a mediating process for situated learning. Coined psychosocial filters, the participants’ perceptions of approachability, credibility, and trustworthiness mediated information sharing. The intention of the filter was not to intentionally block knowledge circulation, but to
deliberately ensure that thoughtful decisions were made regarding knowledge sharing. The term ‘social confidence’ was used when describing participants’ confidence or comfort in approaching someone as well as their perceived approachability as a source of information.

This is not only an example of the power to share information or not, but an example emphasizing the importance of the characteristics of relationships and interactions within CoP. It is also another example of the interconnectedness of individuals and the organizational processes. Practices of the organization influence CoP and CoP influence the organization as well as other organizational groups.

**Internal process dynamics.**

Bozarth’s (2008) research explored the internal dynamics of a community of practice. The instrumental case study indicated that motivation mattered within a training CoP, and viewed the lack of consideration of CoP dynamics as a limitation of the original construct (Bozarth, 2008). Much of the literature on situated learning within CoP discussed what was learned, but not what happened during the process of interactions (Goel et al., 2010). It was not just what the outcomes were that mattered, but the process or dynamics that impacted identity (Goel et al., 2010). Handley et al (2007) concurred noting that, there was little elaboration in the literature of how identities developed and were shaped by social and contextual influences, except to reject the idea that it is purely a process of imitation. A search of social dynamics within social networks in general also demonstrated a need to explore these characteristics. This topic will be discussed in a later section in this chapter.

A different perspective of internal dynamics was found in three studies that highlighted power dynamics from within and outside of the CoP. In their interpretation of a
study originally published by Orr on photocopier repairmen, Brown and Duguid’s (1991) described how informal work groups improvised to solve problems when written procedures proved inadequate. Story telling was used to teach noncanonical practices to new repairmen entering the photocopier repair community, acting as, “repositories of accumulated wisdom” (Brown & Duguid, 1991). The variance between classroom training and written procedures on how the work was actually accomplished created tension between management and the photocopier repairmen. Cox (2005) indicated that this community had a ‘counter-cultural feel’ (p. 530) with repairmen feeling that their skill was complex yet undervalued, and management viewing the repairmen as uncooperative and un-trainable (Brown & Duguid, 1991).

A second qualitative study explored how construction site managers passed their practical and tacit expertise to novices also demonstrated the power struggles that can occur, as well as the learned interpersonal patterns of engagement (Gherardi et al., 1998). The results of the extensive observations and semi structured interviews conducted indicated that gaining membership into the construction site manager community was neither easy nor always pleasant but often fraught with jealousy and custodianship of information. “Social relations in the workplace include not only coordination, support and friendship, but also rivalry, conflict between generations, jealousy, and competition among peers (Gherardi et al., 1998, p. 290). Some styles of communication may be supportive and conducive to learning where other styles were authoritarian and neglecting, keeping novices on the periphery with difficulty gaining needed expert knowledge.
Another perspective on power dynamics was findings implying situated learning within CoP as a power issue for who were given time to participate and who were able to participate (Fuller & Unwin, 2005). A limitation of learning within CoP was an inability to develop skills for positions outside of the work area, thereby purposefully preventing promotions and learning other than current job skills. Results found that 25% of respondents wanted to participate in more formal course offerings, especially those with aspirations for careers beyond their current position (Fuller & Unwin, 2005).

**Empirical research on CoP model for safe behaviors.**

Although studies using CoP as the conceptual framework within the field of health promotion had not yet been found, the model was used to explain workplace safety behaviors (Gherardi & Nicolini, 2000; Machles, 2004; Machles et al., 2010). For example, when researching safety training for a construction company, Gherardi & Nicolini (2000) concluded that the abstract classroom safety training was assimilated according to the culture of the community of practice and would thereby discount the training. Safety was a collective competence developed during work practices within the organization (Gherardi & Nicolini, 2000). “Learning safety means knowing how to behave as a competent member in a culture of safety practices” (Gherardi & Nicolini, 2000). The authors stated that an individual learning safety and the culture cannot be separated. Members learn safety culture and practice by participating in the practices within CoP.

Similarly, in his dissertation, Machles’ (2004) findings indicated that social learning was significant within workgroups and was recognized by the participants in his study as the most reliable and accurate information compared to other workplace training. The
participants learned safe practices through the interaction with co-workers. Another study illustrated that utilizing the knowledge within the CoP of field engineers resulted in better solutions, reduced injuries, lowered workers’ compensation costs, and improved communication (Machles et al., 2010). This case study was conducted for a large global software company with more than 4,500 employees worldwide trying to improve the safety record of field engineer technicians (Machles et al., 2010). In efforts to prevent injuries, management had purchased tools for the field technicians; however, the tools were impractical and so not used. The consultant convinced management of the need to involve the field engineers in the solution decision making process. The organization and the employees benefitted.

From this ecological perspective, learning safety and perception of safety are similar to perceptions of well-being and learning health behaviors. Safety is part of the reification of CoP practices, is socially constructed and passed on to new members. As such, commitment to organizational safety must be embedded in the CoP by involving members to make safety a part of their practice, just as the earlier claims of embedding health promotion in organizational CoP, instead of just in a classroom. In addition, the interpersonal or the relationships within the CoP, can be addressed to be healthier, positive and more supportive of health behaviors and well-being. It is this inner dynamics and social climate that presents a gap in the research regarding the characteristics of the interactions within CoP networks and is the focus of this study.
**Social networks and social dynamics.**

Research on social networks in general ignored the social dynamics, since the focus was on the actual connections rather than the relationships (Kilduff & Tsai, 2003), yet the dynamics and characteristics of social interactions may play a significant role in identity making, including health identity and behaviors. Although the focus of social network research had been on the structural relationships (who was connected to who) rather than the attributes of the actors or the relationships (reasons for the connections), several authors recently acknowledged the value of attributes of individuals, as well as of the organization, and of adopting an interactional perspective (Bakker & Schaufeli, 2008; Borgatti & Cross, 2003; Cross, Baker, & Parker, 2003; Mehra, Kilduff, & Brass, 2001; Zhou, Shin, Brass, Jaepil, & Zhang, 2009).

One such research that broke from the almost exclusive focus on the structure of the network ties and not the characteristics of the ties was conducted by Mehra, Kilduff, & Brass (2001). The authors explored how personality type created and benefited from social networks, specifically those individuals who were able to control responses based on what was appropriate in the context (high self-monitors) versus those who responded as he/she believed appropriate regardless of the context (low self-monitors). The study was conducted at a company with 116 employees responding to a survey questionnaire. Results indicated that high self-monitors occupied more central network positions indicating that personality predicted social structure, affected friendships made, and improved work performance. Therefore, social ties were not just based on position within the company, but influenced by personality and attitude.
Cross and Thomas (2009) noted that, “...emotions also play a substantial role in determining who people learn from” (p.62). In addition to noting social network connections, the authors mapped positive and negative interactions by asking employees to indicate who made them feel energized and who made them feel drained. Based on the Likert scale survey, employees who held central roles in the network were not only sought for their expertise, contacts and personal leadership skills, but also because they made others connecting with them feel energized. The authors noted that based on positive psychology, network interactions could be used to clarify the key benefits that employees obtained from others, and initiatives could be implemented to help de-energizers change simple behaviors. Suggested initiatives could impact energizing factors such as dependability, integrity, and realism; while eliminating obstacles by for example, being fully present & engaged in the conversation, being flexible, and when there was disagreement, to focus on the issue and not the person. Glanz (2008) also suggested that interventions could be implemented to enhance existing network linkages, which included training network members in skills for providing support to others. The researchers stated that there was increasing evidence that negative interpersonal interactions such as mistrust, criticism, and domination, correlated with negative mood, depression and risky behaviors, as well as susceptibility to infectious disease. These results were more significant than the lack of close network ties and social support (Glanz & Rimer, 2008). The dynamics of social interactions mattered.

Baker, Cross and Wooten (2003) further explored positive ties within networks by analyzing energizing relationships using a survey tool implemented in seven different organizations. Findings indicated that the source of power and influence within social
networks may be shifting from a central position in a stable network to “…an ability to attract, engage, and energize others in the network” (p. 338). The authors acknowledged that positive organizational scholarship can enrich network research. Dutton and Heaphy (2003) described these energizing relationships as high-quality versus low-quality connections. High quality connections (HQC) were described as having three subjective experiences: a sense of vitality and aliveness, heightened positive regard, and mutuality, or being a mutual connection (Dutton & Heaphy, 2003). “High-quality connections literally and figuratively enliven people” (p. 275) and focusing on these connections was recommended as critical in understanding how work affects human health and well-being (Dutton & Heaphy, 2003).

Another case study research mentioned earlier, explored individual level factors that influence organizational learning (Andrews & Delahaye, 2000). Psychosocial micro-processes unexpectedly emerged as highly influencing knowledge sharing activities. Coined psychosocial filters, the participants’ perceptions of approachability, credibility, and trustworthiness mediated information sharing. The intention of the filter was not to intentionally block knowledge circulation, but to deliberately ensure that thoughtful decisions were made regarding knowledge sharing. The case study was at a Bio-medical partnership for research. Scientists were employed at different organizations, but met to collaborate on studies. The term social confidence was used when describing participant’s social confidence or comfort in approaching someone as well as their perceived approachability as a source of information.

These findings indicated that employees chose who to interact with based not just on the work, but also on the characteristics of the interactions. Also of interest, recent research
indicated that characteristics of the relationship were learned and affected future interactions (Borgatti & Cross, 2003). The authors conducted a research study at 2 different pharmaceutical companies. Surveys were sent to a total of 72 scientists. Based on findings, the authors described a dynamic model of learning in employees’ intentional search for information. Asking for information was based on relational conditions which impacted the asking for information, as well as the success of the interaction. Results demonstrated that discovering that a person was not helpful reduced the probability of interacting with them, which meant that knowledge of their expertise and how best to access them was lost.

In contrast, “…having a positive interaction may reduce access barriers and lead to future interactions…” (Borgatti & Cross, 2003, p. 442). Barsades (2002) called this the ‘ripple effect,’ finding that positive association with work groups and employees were contagious and that individuals were attracted to these positive interactions. He conducted experimental design research using actors to enact positive or negative moods. Results indicated a significant influence of emotional contagion which influenced work-group dynamics. Both positive and negative emotions had the same degree of contagion (Barsade, 2002).
Table 2.7. CoP Empirical Findings

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<th>Author(s)</th>
<th>Description</th>
<th>Findings Summary</th>
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<tr>
<td>Lave and Wenger’s (1991)</td>
<td>Focused on informal and situated social interactions. Studied midwives, tailors, butchers, quartermasters and an alcoholic anonymous group.</td>
<td>Findings: These groups of practitioners shared many common elements, which ultimately emerged as Lave and Wenger’s (1991) community of practice framework.</td>
</tr>
<tr>
<td>Wenger (1998)</td>
<td>Studied a group of insurance claim processors</td>
<td>Findings: The processors weaved their work and private lives and that in learning the job, the processors learned about how to make sense of their jobs.</td>
</tr>
<tr>
<td>Storberg-Walker, 2008</td>
<td>Reviewed the analytical components in order to submit CoP to applied theory building</td>
<td>Findings: CoP could not be considered in the applied theory realm</td>
</tr>
<tr>
<td>Wiessner, et al., 2008</td>
<td>New learning among attendants evaluating an HRD conference</td>
<td>Findings: CoP were found relevant, especially legitimate peripheral participation, as novice conference attendees became fully engaged AHRD members.</td>
</tr>
<tr>
<td>Bozarth, 2008</td>
<td>Dissertation; Qualitative study on The Training Improvement Network Interviewed 14 TRAIN Members</td>
<td>Findings supported the usefulness of the model; however, reinforced the need for research application of CoP model to understand the internal dynamics of a community of practice.</td>
</tr>
<tr>
<td>Macphearson and Clark, 2009</td>
<td>Qualitative study, which included observations and interviews with 20 employees over 2 years,</td>
<td>Findings: Organizational systems and culture may contribute to creating, ‘islands of practice’ by inadvertently placing boundaries between communities.</td>
</tr>
<tr>
<td>Andrews &amp; Delahaye, 2000</td>
<td>Case study of a Bio-medical partnership Research was to explore individual level factors that influence</td>
<td>Findings: Unexpected finding was that psychosocial processes emerged as highly influencing knowledge sharing activities.</td>
</tr>
</tbody>
</table>
Table 2.7. Continued

| Organizational Learning                                                                 | Coined ‘psychosocial filters’: the participants’ perceptions of approachability, credibility, and trustworthiness mediated information sharing. ‘social confidence’ was used when describing participant’s confidence or comfort in approaching someone as well as their perceived approachability as a source of information |

Internal process dynamics

| Bozarth, 2008 | Instrumental case study (above) | Findings: Motivation mattered within a training CoP, and viewed the lack of consideration of CoP dynamics as a limitation of the original construct |
| Brown and Duguid’s, 1991 | Photocopier repairmen | Described how informal work groups improvised to solve problems when written procedures proved inadequate. |

Empirical research on CoP model for safe behaviors

<p>| Gherardi, et al, 1998 | Qualitative study - observations and interviews at a construction site | Explored how construction site managers passed their practical and tacit expertise to novices also demonstrated the power struggles that can occur, as well as the learned interpersonal patterns of engagement. |
| Gherardi &amp; Nicolini | | Findings: Abstract classroom safety training was assimilated according to the culture of the community of practice and would thereby discount the training. Safety was a collective competence developed during work practices within the organization |
| Machles, 2004 | Qualitative Study interviewing 12 participants regarding how safety was learned. | Findings: Social learning was significant within workgroups and was recognized by the |</p>
<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Participants</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machles, et al, 2010</td>
<td>Focus Groups for sharing knowledge. Unclear on number of focus groups and participants</td>
<td>Utilizing the knowledge within the CoP of field engineers resulted in better solutions, reduced injuries, lowered workers’ compensation costs, and improved communication</td>
<td></td>
</tr>
</tbody>
</table>

### Social networks and social dynamics

<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Participants</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mehra, Kilduff, &amp; Brass (2001)</td>
<td>116 employees responding to a survey questionnaire. Explored how personality type created and benefited from social networks.</td>
<td>Findings: High self-monitors occupied more central network positions indicating that personality predicted social structure, affected friendships made, and improved work performance. Social ties were not just based on position within the company, but influenced by personality and attitude.</td>
<td></td>
</tr>
<tr>
<td>Cross and Thomas (2009)</td>
<td>Likert scale survey. Authors mapped positive and negative interactions</td>
<td>Findings: Employees who held central roles in the network were not only sought for their expertise, contacts and personal leadership skills, but also because they made others connecting with them feel energized.</td>
<td></td>
</tr>
<tr>
<td>Baker, Cross and Wooten, 2003</td>
<td>Explored positive ties within networks by analyzing energizing relationships using a survey tool implemented in seven different organizations</td>
<td>Findings: Source of power and influence within social networks may be shifting from a central position to a person’s ability to attract and engage others</td>
<td></td>
</tr>
</tbody>
</table>
This section provided an in-depth overview of the second conceptual framework for this study, communities of practice. The history, key components, organizational perspective and empirical studies were highlighted. This model provides the lens to explore workplace social relationships and the framework will also provide one of the methods for data analysis.

**Summary Review**

The importance of characteristics of work interactions including brief interactions, are being acknowledged by experts, yet little is known regarding the characteristics of these interactions. In fact, Borgatti and Cross (2003) note that, “despite the importance of social interaction as a vehicle for knowledge acquisition, we know little about the learned relational characteristics that facilitate information seeking” (p. 440). Dutton and Heaphy (2003) stated that,

Human connections in organizations are vital. Whether they form as part of the long-term relationships or brief encounters, all connections leave indelible traces. Organizations depend on individuals to interact and form connections to accomplish the work of the organization. Connections formed in work
contexts, therefore, have a significant effect on people just by virtue of the
time spent there (p.263).

These connections can be a quick encounter or occur over a longer period of time, but
regardless, it means that two people have affected one another (Dutton & Heaphy, 2003) and
understanding the characteristics of the interaction may explain perceptions of how well-
being and health behaviors are influenced.

Therefore, the purpose of this qualitative study is to explore the meanings and
characteristics of interactions within workplace communities of practice, including how the
interactions are described by employees and managers. In addition, how the interactions are
categorized by participants as enhancing or detracting from perceptions of well-being will
be explored.

Chapter One identified the significance and framework of the study as well as the
research purpose. This chapter provided the literature review for the three pinnacles of the
study, health and health behaviors defined as social constructs, Social Ecology, and
Communities of Practice models. The first section of the literature review defined health and
health behaviors as social constructs. Next, the history of workplace health promotion was
discussed. The need for broadening the focus of workplace health promotion using a social
ecological model was presented. An overview of the conceptual models, Social Ecology and
Communities of Practice included a history, overview, key components, organizational
perspective and empirical studies. The review illustrated the gap in the literature regarding
the characteristics of workplace social relationships and perceptions of health and health
behaviors.
Through semi-structured interviews and journaling, perceptions of interactions that enhance perceptions of well-being and characteristics that detract from a perception of well-being were explored. Next, Chapter Three presents the research methodology and study design used.
CHAPTER THREE

As previously discussed, the purpose of this qualitative study was to understand how employees perceived their work relationships, analyzed through the lens of communities of practice (CoP, as helping or hindering their perception of well-being, and how these relationships influenced feelings of well-being and health behavior practices. The study explored two research questions: how do workplace relationships influence feelings of well-being; and how do workplace relationships influence health behaviors?

Answers to these questions may improve workplace health promotion, as well as human resource development (HRD) interventions, by including these important social influences in the design, development, and deployment of initiatives. Also, study findings may provide a new direction for future research on social relationships and how they may impact feelings of well being and health behaviors, as well as best practice initiatives for fostering both well-being and healthier behaviors.

This chapter presents the research methodology, and includes discussion of the rationale for the research design methods. Specifically, Chapter Three includes an overview of the research design and rationale; the methods, research setting, and participant selection; a summary of methods of data collection and analysis; and sections on trustworthiness and ethics, researcher bias, limitations, and significance.

The data was analyzed primarily using open-coding to allow the meaning to emerge from the data, as well as secondary analysis using the CoP components, specifically meaning, learning in practice, and identity. From a social constructivist perspective, meaning emerges from the data throughout the collection, analysis, and reporting phases of the process.
Although using a framework like the CoP framework for data analysis can limit full emergence of meaning, the two-step analysis process provides the flexibility to allow meaning to fully emerge. Using meaning, identity, and learning as guides for the second phase of analysis informed an understanding of participant perceptions of workplace social interactions from the CoP lens. This chapter begins with a discussion on the design rationale.

**Research Design**

A qualitative, exploratory instrumental case study design was used for this study. Qualitative research is a comprehensive approach to study social phenomenon and includes a choice of various approaches based on the intent of the study (Bloomberg & Volpe, 2008). Qualitative inquiry provides the methods to examine social phenomena and individual interactions within the work environment.

**Qualitative study rationale.**

Qualitative research methods lead to an in-depth understanding of a phenomenon different than empirical generalizations (Patton, 2002). Qualitative research follows an inductive approach designed to afford researchers the opportunity to explore and understand the phenomena (Bloomberg & Volpe, 2008; S. B. Merriam, 2002), which was the intention of this research study. According to Miles and Huberman (1994), a key feature of qualitative methodology was accessing the rich, holistic, and thick description of the participants’ lived experience. Bloomberg & Volpe (2008), noted that,

Qualitative research is suited to promoting a deep understanding of a social setting or activity as viewed from the perspective of the research participants.
This approach implies an emphasis on exploration, discovery, and description (Bloomberg & Volpe, 2008, p. 8).

Meaning is socially constructed through the mutual interaction of the person and the environment (S. B. Merriam, 2002), and so is understood within the context of the experience (Bloomberg & Volpe, 2008). The purpose of qualitative research is to extract and explore meaning, as opposed to testing hypothesis or correlations between variables (which are features of quantitative methods). Instead, qualitative researchers press for understanding the complex interrelationships among the phenomena (Stake, 1995).

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals (Mack, Woodsong, MacQueen, Guest, & Namey, 2005, p. 1).

For these reasons, qualitative research was selected to best answer the research questions since it afforded flexibility to probe and explore the phenomena of interest without the limitations of structure and distance. Although qualitative research methods have been used in health research, few qualitative studies were found regarding workplace health promotion. In addition, there was a lack of research addressing the characteristics of interaction within CoP (Bozarth, 2008), and none were found regarding whether or not interactions within CoP impact feelings of well-being and health behaviors. Participant descriptions would afford an understanding not only of the characteristics of the interactions,
but the descriptions may also expose perceptions of interactions that enhance or detract from well-being and health behaviors. It was this desire to explore the topic in-depth and provide rich descriptions that made the qualitative approach more appropriate for this study than quantitative research methodology. “Quantitative research…is applied to describe current conditions, investigate relationships and study cause-effect phenomena” (Bloomberg & Volpe, 2008, p. 8), which was not the intent or design of this research project.

**Instrumental case study rationale.**

An exploratory instrumental case study was selected in order to obtain in-depth descriptions of the experience of participants within the context of their workday setting (Stake, 2005). Case study is the study of particularity and complexity of a single case or multiple cases in order to understand the phenomenon within specific circumstances (Stake, 1995). In an instrumental case study, the purpose is to gain a general understanding of the phenomenon of interest, and not of the participant or specific case. In other words, “…each case study is instrumental to learning about the effects…” of the topic of inquiry (Stake, 1995, p. 3). Each individual research participant is considered a case for exploring the phenomena. In this study, the phenomena of interest were work relationships, specifically the characteristics that enhanced or detracted from well-being and health behaviors. This type of design allowed an intensive description and analysis of the social phenomenon bounded by time and context (Bloomberg & Volpe, 2008).

While somewhat similar in description, the instrumental case study was selected instead of a phenomenological study, based on the desired understanding of perceptions of different experiences. The rational being that the cases (participants) were to identify
characteristics of the work interactions, and which characteristics enhanced and which detracted from health and health practices. Although the interactions were defined as phenomenon, there was no one phenomena explored through different cases. In other words, what differentiates this instrumental case study from a phenomenological study was that although phenomena, the characteristics of interactions at work, were of interest, no one particular interaction was considered. In a phenomenological study, the researcher seeks the essential structure or underlying meaning of an experience, and describes the intentionality of consciousness, or in other words, “where experience contains both the outward appearance and inward consciousness based on memory, image, and meaning” (Creswell, 1998, p.52).

For example, in this study, the experience of reorganization was discussed by three participants at one company; however, this event was only considered in relation to the work interactions that occurred. How the participants experienced the reorganization was not analyzed. Likewise, there was an event at another company which all of the participants had similarly described, including their negative reaction to the event. Experiences from this event were analyzed only when considering how work interactions or relationships around the event influenced the participant, but not the event as the phenomena or how participants perceived the event. As Creswell (1998) stated, “a phenomenological study describes the meaning of the lived experiences for several individuals about a concept or the phenomenon. Phenomenologists explore the structures of consciousness in human experience” (Creswell, 1998, p. 51). Again, it was for these reasons that while similar to phenomenological research, this instrumental case study was not based on one particular experience, but the perceptions of the work relationships in general.
The instrumental case study design permitted exploration into the characteristics and perceptions of workplace interactions that enhance or detract from feelings of well-being and health behaviors. Merriam (2002) used the term “Interpretive Qualitative” study for this type of research, which was to understand how participants made meaning of a situation or phenomenon. No matter the label, the process was iterative with interpretations evolving over time. Instrumental case study design fit well with meeting the research purpose and answering the research questions, since an in-depth exploration of the perceptions interactions at work was desired. While the individuals in the study were important in their own right, this study looked at individual cases in order to understand more about the phenomena of interest - workplace interactions. In some sense, individuals were ‘instrumental’ to answering the research questions.

With this justification, the quantitative methods were selected to capture a rich description of the phenomena.

**Overview of the methods.**

The primary sources of data collection were in-depth, semi-structured interviews with research participants and journals kept by participants. Participants maintained journals on their observations and reflections of work relationships for two weeks following an initial interview. A follow-up in-depth interview was scheduled to discuss and explore journal entries. In addition, workplace observations by the researcher were intended, but were later found to be impractical. This is discussed in further detail below in the observations section. Still, the redundancy of data collection helped limit misinterpretation and clarified meaning (Bloomberg & Volpe, 2008). Triangulation or using multiple methods to collect data also
limited the potential impact of the researcher on data collection and helped to ensure internal validity (Stake, 2005; Yin, 2009).

**Semi-structured interviews.**

Interviews are usually the primary method of data collection in qualitative research (Bloomberg & Volpe, 2008). Semi-structured interviews using open-ended questions provided guidance and at the same time afforded flexibility to probe emerging data, which a more structured interview protocol would not provide. The goal was to explore the topic with the participants, offering participants the opportunity to express their own opinions and ideas (Esterberg, 2002) in order to capture descriptions of the dynamics of the interactions and characteristics that enhanced or detracted from perceptions of well-being and health behaviors. While the guide provided cross-case consistency and ensured focus on the research questions, the researcher made every attempt to mindfully listen and probe emerging topics in order to fully understand the descriptions and perceptions. Thoughtful concern and awareness went into the interview guide and the interview process to ensure that leading questions were minimized. Refer to Appendices H and I for a copy of the interview guide.

**Journals.**

The journals provided data to be explored during the second interview. Journals allowed real-time perceptions and insights. Diaries or journals refer to any daily event-recording procedure that tracks information over time (Fu, 2007). The term journal was used and preferred by this researcher; however, there were less research articles found with this term. This tool, whether called a journal or a diary, assisted participants in describing
interactions and obtain real-time incidents of relationship dynamics and perceptions of impact on well-being and health practices.

Although tedious, journals are a source of rich data (Fu, 2007; Furness & Garrud, 2010). Journals also minimize distortion caused by bias in recollection. The advantage of using journals is that they provide a method to capture behavior in a natural setting and therefore have high social validity (Furness & Garrud, 2010). The disadvantage of journals is that journals require more effort from both the researcher and the participant, and therefore require a greater commitment from participants (Fu, 2007). As a result, using journals is not a common research method (Fu, 2007; Hawkes, Houghton, & Rowe, 2009). “Diaries are more commonly associated with historical, personal documents, and rarely have been used in wider social research” (Hawkes et al., 2009). Although an under-utilized tool, diaries (journals) provide a tool to capture longitudinal insight into individual lives (Hawkes et al., 2009). The key is communicating what is desired and how to maintain the journal (Fu, 2007), in this case the necessary interactions to perform job tasks. Clear guidelines need to be provided with the most comprehensive guidelines being to include all one-on-one interactions during the workday (Fu, 2007). This eliminates ambiguity, and the chance that a significant interaction might be overlooked. Fu also advised that recordings should be made with the shortest time-lapse between contact and documentation.

Journals have been used in health research (Furness & Garrud, 2010; Hawkes et al., 2009; Jacelon & Imperio, 2005; Mackrill, 2007; Nicholl; Sonnentag, 2001), education research (Hourigan, 2009; Ishii, Gilbride, & Stensrud, 2009), and as recommendations in mixed method studies (Furness & Garrud, 2010). Diaries were used as a research tool to
monitor daily activities, mood, and pain levels, as well as sexual behaviors, substance abuse, and social activities (Furness & Garrud, 2010; Carol D. Ryff & Singer, 2000). Mackrill (2007) used diaries to obtain data on client activities and experiences in other contexts outside of psychotherapy. Ryff and Singer (2000) noted that diaries provide a powerful tool for capturing moments of human connections, and mentioned that other researchers used them to study relationships and emotions. “As science becomes ever more precise in probing the physiological substrates of social relationships, it is equally imperative to ever refine our abilities to capture the subjective essence of relational flourishing” (Ryff and Singer, 2000, p. 40). Similarly, when discussing evaluative research, Springett (2001) emphasized the need to “rehabilitate observational methods” in health promotion research by considering other strategies such as digital archiving, diaries, and scrapbooks (p. 146).

Recently, Kirk, Schutte, and Hine (2011) looked at the influence of expressive writing on emotional intelligence. A total of 46 participants completed the study in either the control or intervention group. Pre- and post-measures of emotional intelligence and emotional self-efficacy criteria, as well as workplace incivility were taken. All participants were asked to write for 20 minutes at the end of the three workdays. Those in the intervention group were asked to include reflections on their feelings and thoughts that occurred during the day. The journals were not reviewed by researchers or collected. Post analysis indicated that the intervention group scored significantly higher on emotional intelligence and significantly lower on workplace incivility.

Diaries or journals can be free-flowing or structured logs. The structured logs are a more quantitative approach while more informal or free-flowing diaries are used in
qualitative research, allowing participants to express their own meanings and importance on
the phenomena (Hawkes et al., 2009). In one study, contact diaries were used as self-
recorded entries of every contact, with a log used for convenience in describing the relational
aspects of the contact (Fu, 2007). While interviews provided in-depth recollection of
experiences, journals (diaries), reviewed real life interactions (Fu, 2007).

**Observations.**

The third source of planned data collection was observations. In the research proposal
it was initially outlined that conducting observations would provide added insight, which not
only would have provided rich fodder for interviews, but also would have provided
additional data on the context in which the phenomena occurred. However, after beginning
this research it became clear that observing the context in which the phenomena occurred
was not possible based on participant work circumstances. In addition, consideration was
given to the relationship dynamics being influenced by the researcher presence, thereby
negating any meaningful observations anyhow.

According to Stake (1995), observations provide greater understanding of the case by
the situational context telling some of the story. The context descriptions provide additional
vicarious experiences for the reader (Stake, 1995), and provide additional data on the
phenomena being observed. While both authors made valid points, and observations were
initially intended, they were found to be impractical and not easily coordinated. First of all,
the contacts who gave permission and access to recruit participants were not the contacts who
would give permission for conducting observations. All of the contacts stated that permission
would be difficult and delay the study. Second, early attempts to gain access for permission
were not successful. Third, the participants voiced discomfort regarding observations and perceived these would be difficult to schedule and of little value. They all made statements similar to the fact that their daily activities varied and frequently changed. Last, the futility of conducting observations was recognized by this researcher as she interacted with participants and visited the organization. It was determined that the observations would not have provided further value for this study since the research questions were to learn participant perceptions of the characteristics of interactions, not the researchers perception of such phenomena.

**Overview of methods summary.**

As a result, the data collection methods consisted of two in-depth interviews and the journals kept by participants. In addition to this overview, a more detailed description of the research method is provided under the data collection section. The first step, however, before beginning the research, was obtaining all required approval and permissions.

**Institutional Review Board**

Institutional Review Board (IRB) approval was obtained to ensure that the highest standard of research ethics was upheld. Data collection did not begin until the project was approved by the student’s Dissertation Committee and NC State University IRB approval was obtained. A copy of the IRB approval letter is provided in Appendix A. All participants were provided an opportunity to review the approval letter and letter of consent. The consent was also read with each participant before beginning the first interview. Once participant and researcher signatures were completed, a copy of the consent document was given to the participant. The original informed consent forms, with the interviewee’s real names on them, were kept and stored in locked file cabinet at the researcher’s office. These folders are
separate from the transcripts of interviews and other documentation records collected during the research process.

There was no foreseeable harm to subjects as a result of their participation. It was thought that some might feel discomfort or potentially become upset when discussing relationships that detracted from health. This happened twice during the interview process and both participants were quickly comforted. This researcher’s experience as a nurse and health counselor prepared her to comfort the participants, and to make referrals to employee assistance programs (EAP) when necessary. EAP was not necessary in either case.

Another concern was assurance of confidentiality. Confidentiality of participants was maintained through the use of neutral and unidentifiable pseudonyms that had no similarity to the participants’ names or personal characteristics. In addition, any specifics such as employing organization, familiar work descriptions, and workplace location were omitted from this paper and will be omitted in any writings. The participants were informed of this, and it is without question that necessary steps were taken to ensure that the participants were treated with respect and dignity. The interview setting and conversations were established so that each participant realized the value of the descriptions provided, and knew that the information would be handled confidentially and with the best of intentions, including when the data would be disseminated. The research settings were peripherally part of this environment and only necessary for participant selection.

**Research Setting**

The study setting was a convenience sample from companies located in a tri-county and surrounding area in a southeastern state. The location areas selected provided access to a
diverse range of businesses including several corporate research parks. According to the 2011 Book of Lists (2010), companies in the areas ranged in size from small startup firms to large global corporations. The types of businesses varied, and included biotechnology, manufacturing, pharmaceutical, and technology companies, as well as medical facilities, real estate agencies, and many others. For purposes of this study, the type of business did not matter. However, the company size, having adequate employee benefits, and established health and safety programs, and whether or not frequent interactions occurred within and between work groups did matter. For example, the criteria eliminated line production industries and/or job positions which required limited co-worker interactions to accomplish the tasks. Also, only companies with 150 or more employees were considered for several reasons. One was to ensure a larger potential pool of research participants. The others were the potential of greater social interactions and to help ensure greater confidentiality by reducing the chance of identification based on characteristic descriptions.

In addition, criteria from several healthy organizational models were considered when determining potential selection. These included collaborative efforts between management and employees, well-designed and meaningful jobs, adequate compensation and benefits, employee assistance programs, and safe and healthy work environment. Additional model criteria were health promotion programs, safety initiatives, a supportive social-organizational environment including supportive leadership and co-workers, and accessible and equitable opportunities for career and work-life enhancement (Chu & Dwyer, 2002; Danna & Griffin, 1999; DeJoy & Wilson, 2003; Kelloway & Day, 2005; Quick et al., 2007; Wilson et al.,
2004). Only components that could be easily and objectively assessed were included in the research criteria. These are discussed below.

**Eligibility criteria.**

Using the above discussed components as a guide, those that were objectively and easily determined were used as selection criteria for eligibility for companies selected to participate in this study. The criteria included providing employee benefit plans, having an established safety program, offering an employee assistance program, and offering onsite health promotion/wellness initiatives. Onsite wellness programs, such as periodically scheduled health education sessions, availability of healthy food options, an employee assistance program, and healthcare benefits, were considered as meeting the onsite health promotion criteria. Safety program criteria for eligibility included regularly scheduled safety meetings and initiatives to identify and correct hazards were necessary to meet the minimum criteria for an established safety program.

Meeting most of the specified criteria ensured availability and convenient opportunities for participants to practice safe and healthy behaviors. It also indicated at least some level of management support for employee health and safety. This support and a safe environment eliminated participants concerns for their immediate welfare, which were considered to be beneficial for increasing focus on work relationships during this study (rather than focusing on concern for the physical work environment).

**Determining eligibility.**

Potentially eligible companies in the selected tri-county and surrounding area that met the criteria were determined through several channels. The area was primarily selected based
on convenience; however, as mentioned, was also expediently home to a large sample of businesses. One channel used to identify eligible companies was records from area listings of businesses recognized as healthy places to work. Another was via professional contacts this researcher had at several companies and associations in the area, including the local American Association of Occupational Health Nurses, Society of Human Resource Management, the American Society of Safety Engineers, and health promotion professional networks. These professionals were contacted if the company they worked for was on one of the lists of healthy places to work, or if this researcher knew through business contacts the company met the research criteria even though the company was not listed.

Following IRB approval, a total of seven companies were contacted regarding interest in participating in this research study. Six of the companies were listed as receiving an area healthy company award between 2009 – 2011 with Triangle Business Leader (http://triangle.businessleader.com/index.aspx?page=UI.haregistration), Piedmont Parent (http://www.piedmontparent.com/articlemain.php?Is-work-good-for-your-health-1055), or BusinessNC (http://www.businessnc.com/index.php?src=directory&view=articles&srctype=detail&refno=835&category=2008-05). An additional company was approached based on their safety record, employee benefits, and recent hiring of a nurse to implement wellness programs. Meeting the required criteria was determined through a telephone survey (Appendix B), completed with contacts at all companies willing to participate.

**Company recruitment and selection.**

Company recruitment began on April 16, 2011, and consisted of several e-mails and phone calls over a six week period to the wellness coordinators, human resource managers,
safety managers, occupational health nurses, and/or plant managers. This researcher personally knew the initial contacts at each company from professional work or involvement with the mentioned associations. The contacts were informed of the research study and criteria, as well as questioned about who within the company would need to give approval for the company to participate. The study purpose and participant requirements were explained.

The types of businesses contacted from the list included pharmaceutical, biotechnology, agriculture, personal care manufacturing, and medical services. The companies had facilities in several industrial areas in a southeast state. The company sizes ranged from 250 – 850 employees. Two of the companies had multiple locations and research volunteers were from both of the company facilities. Refer to Table 3.1 for the company highlights.

Of the seven companies contacted, one pharmaceutical company immediately declined since they were opening a new division and were just starting that operation. Most of the employees there were newly hired for this new phase and so would not have met eligibility criteria anyhow. Two other companies contacted decided not to participate due to organizational changes, including the medical service company and one of the agriculture companies. Interestingly, all of the participating companies were going through organizational changes, including two merging with new corporate owners, and two were involved in reorganizing departmental as well as corporate structures.

Summary information highlighting the four participating companies is outlined below in Table 3.1. In addition, a more in-depth overview of each participating company is provided in Appendix C for your information. The company information is peripheral to this
study and data collection methods, and provided only for anecdotal purposes. Initial observation data on the companies was gathered informally through initial visits to the organization, websites, brochures, and conversations while getting acquainted with participants.

Table 3.1 Participating Company Highlights

<table>
<thead>
<tr>
<th>Type</th>
<th>Size</th>
<th>Program Components</th>
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<tbody>
<tr>
<td>Agriculture</td>
<td>25,000+ Worldwide</td>
<td>Wellness Committee</td>
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<tr>
<td></td>
<td>500+ in the Southeast</td>
<td>Occupational Health Nurse Clinic</td>
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<td></td>
<td></td>
<td>EHS Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2010 Wellness Leader Recognition</td>
</tr>
<tr>
<td>Pharmaceutical/Biotechnology</td>
<td>800 + employees in the Southeast</td>
<td>Wellness Coordinator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Occupational Health Nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EHS Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2010 Wellness Leader Recognition</td>
</tr>
<tr>
<td>Cosmetics/Personal Care</td>
<td>450 employees in the Southeast</td>
<td>Occupational Health Nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EHS Manager</td>
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<tr>
<td></td>
<td></td>
<td>2010 Wellness Leader Recognition</td>
</tr>
<tr>
<td>Biotechnology</td>
<td>450+ employees in the Southeast</td>
<td>Occupational Health Nurse</td>
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<td></td>
<td></td>
<td>EHS Manager</td>
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<tr>
<td></td>
<td></td>
<td>Starting a wellness program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Safety Recognition Awards</td>
</tr>
</tbody>
</table>
Participant Recruiting and Selection

As previously discussed, the participant pool consisted of employees identified by their manager, the EHS manager, OHN, wellness coordinator or human resource manager as meeting the research participant criteria. Participants were recruited through a variety of measures. Two of the participating companies promoted the research project through their established wellness committee. The committee chairs presented the recruitment information similar to Appendix D. For one of the participating companies, the EHS Manager met with the organization’s senior leadership team to discuss the research project and recruitment. The team members distributed a copy of the recruitment message to employees working in their areas.

At the other participating company, the HR Manager asked that recruitment only be done via phone messages to members on various company committees. In all cases, the contacts were provided additional information on the research study from the summary from the IRB application, including participant criteria.

Participant criteria.

Participant criteria included that their job required frequent interactions, employment for one year at the company, job position lower than a manager level, and that the participants spoke English. Frequent interactions were defined as having to interact with others to accomplish at least 40% of job requirements, since this would ensure interactions on a daily basis. Employment at the company for one year helped ensure that the participants were familiar with the organization and interactions needed to complete tasks. The language requirement was due to the fact that English is the only language that this researcher
understands. The requirement for a position below the management level resulted from the study purpose of exploring employee perceptions, with the assumption that employees below a management status did not have the control or power to structurally influence relationships that were required to accomplish job tasks. This would not however exclude someone at a supervisor or group lead level.

Recruitment began as soon as access was gained.

Recruitment.

The potential participants were recruited from the identified pool through their managers, committee chair, e-mails sent with the company’s permission, and/or a personal invitation by phone if necessary. The communication outlined participation requirements including an initial one-hour interview, maintaining a two-week journal reflecting on work relationships and perceptions of well-being, and a final one-to one-and-a-half-hour interview after the journaling period. A copy of the recruitment message is found in Appendix D.

Between 12-20 participants were sought to answer the research questions. The specific number was to be determined when data saturation was reached. Volunteers responding to the recruitment communication, and those who met the criteria were admitted to the study in the order they contacted the researcher. Interested volunteers were asked to contact this researcher via phone or e-mail. An initial phone conversation or e-mail communication was conducted to confirm eligibility and availability to participate. Refer to Appendix F for the screening tool used. Of the respondents, 19 research participants met the criteria and were accepted. Since it was difficult to determine when data saturation would be reached, all 19 were interviewed.
Volunteers not meeting the criteria were informed by e-mail or phone as summarized on the screening tool. Although data saturation was reached before the 19 initial interviews were completed, all participants were included since all of the stories further illuminated the identified themes and provided additional descriptions of the characteristics.

The participants’ backgrounds and work experiences varied. The summary of participant demographics, including their position, type of company, and years of experience is included below.

**Participant Summary**

A total of 23 volunteers responded to the recruitment efforts at the four participating companies (six separate facilities). Respondents were asked to complete a brief eligibility survey based on their position at the company, length of employment, and percentage of time spent interacting with others in order to complete their job tasks (Appendix F). The survey was sent via e-mail with a letter thanking the individual for volunteering and informing the person that he/she would be notified in the near future regarding eligibility to participate in the research project.

Several respondents did not meet the participation criteria, and two did not respond after the initial recruitment. One of the respondents spent less than 20% of her work time interacting with others and was therefore not eligible. One of the volunteers communicated that his job was changing and he would participate if needed, but based on his current workload preferred not to participate. A thank you e-mail was sent to both acknowledging and appreciating their willingness to participate. An e-mail was sent, similar to the sample at the bottom of Appendix F. Two volunteers did not respond to several follow-up invitations.
Therefore, a total of 19 volunteers were selected and accepted the invitation to participate.

The breakdown by company is summarized in Table 3.2.

**Table 3.2. Company Type, Size and Number of Participants**

<table>
<thead>
<tr>
<th>Companies</th>
<th>Industry Type</th>
<th>Number of Employees</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company 1- A</td>
<td>Agriculture</td>
<td>400+</td>
<td>4</td>
</tr>
<tr>
<td>Company 1-B</td>
<td>Agriculture</td>
<td>250</td>
<td>2</td>
</tr>
<tr>
<td>Company 2</td>
<td>Pharmaceutical/Biotechnology</td>
<td>800+</td>
<td>3</td>
</tr>
<tr>
<td>Company 3</td>
<td>Cosmetics/Personal Care</td>
<td>400+</td>
<td>1</td>
</tr>
<tr>
<td>Company 4 - A</td>
<td>Biotechnology</td>
<td>300+</td>
<td>7</td>
</tr>
<tr>
<td>Company 4 - B</td>
<td>Biotechnology</td>
<td>100</td>
<td>2</td>
</tr>
</tbody>
</table>

**Demographic summary.**

Of the 19 participants, 14 were females and 5 were males. The age range was from 34-57 years old with one young male amicably declining to share his age. The reason given was that he did not feel it was relevant and so graciously declined to provide any information that he perceived as not applicable. The average age, not including his, was 43.8 years.

Participants were ethnically diverse with 12 self-identifying as Caucasian, two as Asian, one person as Sri Lankan, one as Indian American (his parents were originally citizens of India),
one as African American, one as Black, and one as American (one parent was Italian and one African American). Refer to Table 3.3 for a complete summary.

**Table 3.3. Participant Demographics**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
<th>Country of Origin</th>
<th>Relationship Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midge</td>
<td>F</td>
<td>39</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Ginger</td>
<td>F</td>
<td>33</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Mitch</td>
<td>M</td>
<td>52</td>
<td>Asian</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>Madison</td>
<td>F</td>
<td>34</td>
<td>African American</td>
<td>USA</td>
</tr>
<tr>
<td>Simon</td>
<td>M</td>
<td>34</td>
<td>Asian</td>
<td>India</td>
</tr>
<tr>
<td>Chelsea</td>
<td>F</td>
<td>43</td>
<td>American Indian/Sicilian/Black</td>
<td>USA</td>
</tr>
<tr>
<td>Bridgett</td>
<td>F</td>
<td>57</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Sienna</td>
<td>F</td>
<td>36</td>
<td>Black</td>
<td>USA</td>
</tr>
<tr>
<td>Lindsey</td>
<td>F</td>
<td>56</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Louis</td>
<td>F</td>
<td>40</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Cybil</td>
<td>F</td>
<td>55</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Noel</td>
<td>F</td>
<td>44</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Murray</td>
<td>M</td>
<td>35</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Madeline</td>
<td>F</td>
<td>46</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Thelma</td>
<td>F</td>
<td>54</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Monique</td>
<td>F</td>
<td>47</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Spock</td>
<td>M</td>
<td>(declined)</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Scarlett</td>
<td>F</td>
<td>44</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
<tr>
<td>Kirk</td>
<td>M</td>
<td>39</td>
<td>Caucasian</td>
<td>USA</td>
</tr>
</tbody>
</table>
Employment summary.

Three of the participants were hourly employees and the other employees were salaried. The participants were employed by their current company from 1 year and 9 months up to 23 years. The average length of employment at the current company was 8.8 years. The participants’ current company was the only place of employment for 5 of the participants.

Table 3.4 summarizes the employment history and job position.

Table 3.4. Employment History at Company

<table>
<thead>
<tr>
<th>Name</th>
<th>Length/Position</th>
<th>Length/Company</th>
<th>Length/Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midge</td>
<td>1 yr</td>
<td>14 yrs</td>
<td>14 yrs</td>
</tr>
<tr>
<td>Ginger</td>
<td>1 yr</td>
<td>5 yrs</td>
<td>11 yrs</td>
</tr>
<tr>
<td>Mitch</td>
<td>1 yr /9 months</td>
<td>1.9 yrs</td>
<td>10 yrs</td>
</tr>
<tr>
<td>Madison</td>
<td>5 yrs</td>
<td>10 yrs</td>
<td>10 yrs</td>
</tr>
<tr>
<td>Simon</td>
<td>2 yrs</td>
<td>2 yrs</td>
<td>10+ yrs</td>
</tr>
<tr>
<td>Chelsea</td>
<td>20 yrs</td>
<td>4 yrs</td>
<td>4 yrs</td>
</tr>
<tr>
<td>Bridgett</td>
<td>4.5 yrs</td>
<td>4.5 yrs</td>
<td>16.5 yrs</td>
</tr>
<tr>
<td>Sienna</td>
<td>4.5 yrs</td>
<td>4.5 yrs</td>
<td>11 yrs</td>
</tr>
<tr>
<td>Lindsey</td>
<td>5.5 yrs</td>
<td>5.5 yrs</td>
<td>32 yrs</td>
</tr>
<tr>
<td>Louis</td>
<td>2 yrs</td>
<td>14 yrs</td>
<td>17 yrs</td>
</tr>
<tr>
<td>Cybil</td>
<td>9 yrs</td>
<td>23 yrs</td>
<td>(not disclosed)</td>
</tr>
<tr>
<td>Noel</td>
<td>4 yrs</td>
<td>4 yrs</td>
<td>24 yrs</td>
</tr>
<tr>
<td>Murray</td>
<td>10 months</td>
<td>4 yrs</td>
<td>10 yrs</td>
</tr>
<tr>
<td>Madeline</td>
<td>10 yrs</td>
<td>11.5 yrs</td>
<td>20 yrs</td>
</tr>
<tr>
<td>Thelma</td>
<td>9 yrs</td>
<td>9 yrs</td>
<td>20 yrs</td>
</tr>
<tr>
<td>Monique</td>
<td>15 yrs</td>
<td>15 yrs</td>
<td>15 yrs</td>
</tr>
<tr>
<td>Spock</td>
<td>8 yrs</td>
<td>11 yrs</td>
<td>11 yrs</td>
</tr>
<tr>
<td>Scarlett</td>
<td>4 yrs</td>
<td>14.5 yrs</td>
<td>22 yrs</td>
</tr>
<tr>
<td>Kirk</td>
<td>6 yrs</td>
<td>9 yrs</td>
<td>16 yrs</td>
</tr>
</tbody>
</table>
The participant positions within the companies were also varied, as were their levels of education. Although several held management titles it was determined that they met the participant eligibility based on the organizational hierarchical structure. For example, although Ginger and Thelma were managers, the reporting structure was such that their positions were more on a supervisory level. Both reported to a manager on another level, who reported to a director, who reported to a member of the senior leadership team (SLT). Another manager, Cybil, was a project manager, but no employees reported to her. Refer to Table 3.5 below for summary information of occupation, education, and estimate of interaction time required to fulfill the job.

Also, one participant (Cybil) was included who listed less frequent work interactions than the 40% minimum criteria. In talking with her, the participant insisted that her work relations, though less than the criteria, were significant examples of influences on well-being and health behaviors.
Table 3.5. Job Position, Education Level, & Percent Interacting

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Education</th>
<th>% Interactive at Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midge Account Rep</td>
<td>HS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Ginger Analytical Chemist - QC Manager</td>
<td>BS</td>
<td>51-60%</td>
</tr>
<tr>
<td>Mitch Scientist</td>
<td>PhD</td>
<td>51-60%</td>
</tr>
<tr>
<td>Madison Resource Rep III</td>
<td>BS</td>
<td>41-50%</td>
</tr>
<tr>
<td>Simon Chemist</td>
<td>PhD</td>
<td>41-50%</td>
</tr>
<tr>
<td>Chelsea Admin Assistant</td>
<td>BS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Bridgett Customer Service</td>
<td>HS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Sienna Manufacturing Associate</td>
<td>BS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Lindsey Quality Assurance</td>
<td>MS</td>
<td>51-60%</td>
</tr>
<tr>
<td>Louis Scientist</td>
<td>BS</td>
<td>51-60%</td>
</tr>
<tr>
<td>Cybil Technical Brand Manager</td>
<td>PhD</td>
<td>21-30%</td>
</tr>
<tr>
<td>Noel Sr. Admin Assistant</td>
<td>AD</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Murray Technical Trainer</td>
<td>BS</td>
<td>51-60%</td>
</tr>
<tr>
<td>Madeline Biochemist/scientist I</td>
<td>BS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Thelma Manager Site Services</td>
<td>HS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Monique Human Resource Generalist</td>
<td>HS</td>
<td>&gt;60%</td>
</tr>
<tr>
<td>Spock Validation Engineer</td>
<td>BS</td>
<td>41-50%</td>
</tr>
<tr>
<td>Scarlett Sr. Technical Trainer</td>
<td>BS</td>
<td>41-50%</td>
</tr>
<tr>
<td>Kirk Scientist</td>
<td>BS</td>
<td>&gt;60%</td>
</tr>
</tbody>
</table>

This section provided detailed highlights of participant demographics and employment information. The rest of this Chapter is dedicated to a discussion of the data collection methods.
Data-Collection Methods

As previously described, the research data was collected through two semi-structured, open-ended interviews and participant journaling. From the initial contact until the last interview was completed, three of the participants celebrated marriage, several took extended vacations, two went on honeymoon vacations, one had surgery, two had family emergencies, one became pregnant with her first child, two traveled abroad for extended times, one was promoted, and one quit his/her position. In addition, all had busy work schedules. Scheduling interviews and picking up journals were arranged around all of the events.

That being said, data collection progressed over a five month period, the first of which were the initial interviews.

Semi-structured interviews.

The semi-structured interview was selected to allow the participants’ perspectives on work interactions to unfold. As previously noted, two interviews were conducted, an initial interview that included instructions on the journal, and a follow-up interview that explored journal entries. During the second interview, probing questions were used to elicit the participants’ views on the interactions recorded in the journal, as well as perceptions of well-being and health behaviors. Probes provided the flexibility to delve deeper into the meaning and characteristics that emerged during the interview conversation. Continual thoughtful concern when probing and following the guide, were used to ensure that questions and probes were not leading. During the interviews participants also had an opportunity to discuss their questions, concerns, or additional perceptions, as well as to clarify meaning.
In order to answer the research questions, the semi-structured interviews focused on the meanings and descriptions of work interactions as well as descriptions of the characteristics of the interactions that enhanced or detracted from well-being and health behaviors. The semi-structured interview guide is included in Appendices H and I.

**Interview activity summary.**

The two interviews and journal pick-up in-between were arranged between 19 busy employees working a variety of different schedules. While challenging, a convenient arrangement was scheduled, although several appointments had to be rescheduled multiple times due to participant conflicts. Twice this researcher drove to a location only to learn that the participant was no longer available for the scheduled time; Lindsey and Spock both had urgent conflicts and were unable to notify the researcher in time. Once the interviewer and participant (Chelsea) were at the designated location at the designated time, but did not recognize each other and so the initial interview had to be rescheduled. One of the participants, Madeline, did not respond to e-mails regarding the journal status and scheduling the second interview. A brief meeting was scheduled with her ten weeks after the initial interview. Madeline voiced that she had no concerns, but that during the time frame she did not have work relations that she felt merited writing in her journal or participating in a second interview. She also stated that her workload had increased and she no longer had time to devote to the research study. Stories and quotes from her first interview were included in the research data since they illuminated the characteristics that emerged from analysis.
All participants were cognizant of the confidential nature of their discussions; however they were comfortable that measures were taken to protect their identity. None of the participants objected to recording the interviews.

*Recording and ensuring confidentiality.*

Audio recordings of the interviews were made with the participants’ permission. Occasional notes were also made during the interviews that included verbal as well as nonverbal information. Additional notes were documented immediately following the interview to capture any feelings, ambiance, and initial thoughts. The recordings were reviewed as soon as possible after the interview, and each was reviewed at least two more times during the research process.

Measures were taken to ensure confidentiality as well as a quiet environment for the interviews. No one at the participating companies, including the company contacts, was informed of who actually volunteered to participate in the research study, and no one, including participants, knew what other companies were participating. All of the interviews were held either in a private office (6), a private meeting room (11), a restaurant (1) or a coffee shop (1). Three of the interviews were scheduled offsite of the company: at a coffee shop; dining location; and one was held at this researcher’s office. The other interviews were held either in the participant’s office or a conference room at the participant’s company.

Confidential measures were also taken for participant journals. Additionally, gender, title changes and other potentially identifying information—either related to participants, co-workers, or companies—were disguised to ensure confidentiality. These changes are explained below.
Title and word changes to ensure confidentiality.

It is important to note that several terms were stated during the interviews or noted in journals that were applicable to all of the participating sites and so used interchangeably. Some terms were changed to ensure that none of the participants or companies could be identified by differences in titles or certain word descriptors used by participants that might be recognized. For example, CEO (Chief Executive Officer) was used for the CEO as well as in place of, President, General Manager or Plant Manager. Other terms changed were SLT (Senior Leadership Team) for Senior Managers and Directors, and the title of Environmental Health & Safety (EHS) for all of the safety managers.

In addition, Quality Assurance (QA); Quality Control (QC); and Good Manufacturing Practices (GMP) pertained to most of the participating companies. Any other terms used for similar positions and departments were changed to these in order to ensure confidentiality. Also, other descriptions and wordings were changed for any terms that could potentially identify a company, research participant, or employee at any of the companies. Brackets (Bloomberg & Volpe, 2008) were used to identify when a term or wording was changed from a participant’s discussion or journal.

This section highlighted interview activities. The next method of data collection, journal notation, is discussed in more detail next.

Participant journals.

Journal entries informed the probing for the second in-depth interview. Participants were asked to maintain a journal for two weeks, noting characteristics or descriptions of work interactions or other insights that occurred during the period. In addition to capturing
real-time interactions, the journals also allowed an opportunity to consider interactions that may not have been easy to remember or recall spontaneously during the initial interview. Participants were also instructed to reflect on the experience, including their feelings about the interaction, recording whether they perceived the interaction as enhancing or deterring from feelings of well-being and health behaviors. They were advised to not use names, but enough information to help them recall the interaction during the second interview.

Attempts were made to make journaling as convenient and unobtrusive as possible. The participants were provided options for journaling to accommodate preference and convenience. One option was an electronic, keyed link to a fire-walled website at the researcher’s company. Another was a pocket-sized notebook to document reflective comments, or lastly, a log that was provided to those interested (Appendix J). In addition, participants were instructed on when and how to record their data.

**Journal notations.**

Participants were asked to document or record data as soon as possible after each workplace interaction, even if just making short notations for reminders to fill in later. This event-contingent approach offered the shortest time lag, thus minimizing recall bias; however, this could be interruptive, obtrusive, and therefore not always possible. Jotting down brief notes on interactions several times during the day was also advised to help recall those interactions at the end of the day, when more extensive notes could be made (Fu, 2007). Instructions included describing the interaction and general feeling of the characteristics. The participants were instructed to reflect on their feelings about the relationship and well-being, then to describe their sense of well-being during and following
the interaction. They were also instructed to note whether the interaction or several interactions combined during the day influenced health practices.

The literature indicated that maintaining a diary lasting less than two weeks had been the shortest length of a time period in social network research, with the span increasing up to 100 days or more. However, in a study on well-being comparing work and leisure times, 100 participants maintained diaries for five days, generating sufficient data (Sonnentag, 2001). In another study researching health risk perception, participants maintained a diary for 1 week as part of a 10-month research project, again with adequate data collected (Hawkes et al., 2009). An example of a longer journal time commitment was from a qualitative research study following facial surgery where participants were asked to maintain a diary of feelings for one year post surgery (Furness & Garrud, 2010). (Furness). The diaries were used to capture the intricacies of life after disfiguring surgery that the previous cross-sectional designs limited.

The longer periods obviously required a greater commitment and greater challenge for recruitment and retention (Furness & Garrud, 2010). Conversely, Jacelon and Imperio (2005) found that one to two weeks was an optimal length of time for maintaining a diary. The time frame was based on the authors being able to analyze patterns as well as the comprehensiveness of the diary entries. The authors looked at how 10 elderly participants adjusted to assisted living arrangements (Jacelon & Imperio, 2005). Methods included conducting initial interviews, having participants maintain a diary for two weeks, and completing follow-up interviews to explore the diaries. The researchers found that at first the
notes were sparse but then became more reflective. Towards the end of the two weeks, participants reported running out of things to write.

Based on the findings, this research followed the two-week design methodology. It was also noteworthy that the Occupational Safety & Health Administration’s guideline for record-keeping defines primary job functions as those performed at least weekly. Hence, a two-week time frame helped ensure that most of the primary functions would be performed at least twice. This would also ensure that interactions occurred to complete the job tasks without the journal time frame being overly burdensome.

**Journal activity summary.**

The participants had flexibility in their choice of journaling, how much they wrote, and whether they journalled on consecutive days or not depending on their work schedule. None of the journals were completed in the two-week period following the interview, with 16 participants needing four to six weeks and two participants taking eight to ten weeks to complete the journal assignment. The journaling styles were very different; however, all of the 18 participants who kept a journal found it beneficial. At least four stated that they planned to continue journaling.

E-mail reminders were sent regularly, one was sent immediately following the interview and then one every three to four days unless the person was out of the office for an extended period of time (which actually was the case for most of the participants). A reminder e-mail was sent within days of their planned return to work. Since the intention of the journal activity was to capture real-time data, none of these issues were a concern for the research project, and none impacted the accuracy of the data collected.
As previously mentioned, one participant, Madeline, did not keep a journal and did not feel that a second interview would add value. She perceived that the workplace relationships that occurred since the first interview were similar and that she had already discussed past relationships. Even though the research participant requirements were not met, Madeline’s first interview was included in data analysis since the discussion during the first interview added rich descriptions even though the ‘real time’ interactions were not collected.

One person (Chelsea) lost her original journal and recreated the interactions remembered. Another lost a few pages of her journal during a trip (Sienna) and had to recreate those interactions, which she said she did while the discussions were fresh on her mind.

The majority of the participants preferred to use the log option provided (nine) and (seven) kept a small notebook provided to them. One of the nine used the log on the secure computer link. Many of the participants made short notes, sometimes single words for their journal entries. Others wrote lengthy paragraphs to describe the situation and the impact. Two of the journals read more like a diary (Midge and Lindsey) and the second interview was used to tease out other aspects of the interactions.

A detailed database of each journal entry was maintained. The journals were reviewed twice before the second interview, once before transcription, and once before the final participant interview. During the final interview, the participant was asked to reflect and further explore her or his journal entries. The final interview process is presented below.
Post journal interview.

As already discussed, a second interview was scheduled following the two-week journal period. The primary purpose of this interview was to explore real time perceptions that the relationships occurring during the period had on health and health behavior. In addition, this interview was essential to elicit the actual experience of the interactions on meaning, learning, and identity. The interview questions probed the journal entries and reflections in order for participants to make retrospective sense making on their social interactions. Examples of probes used were similar to, “why do you think that meeting made you feel bad?” Or, “what was it about that interaction that made you feel good?”

In addition, topics discussed during the first interview were explored for clarification when necessary. As a result, the second interview supplemented the richness of the data collected. The discussion not only ensured a greater understanding of the phenomena identified from the first interview and journal notations, but also provided an opportunity for participants to clarify their meanings and perceptions. Although the actual interview activity process was described earlier in this section of the Chapter, the post journal interview was an essential element of data analysis, adding strength to the findings presented in Chapter Four.

A tremendous amount of data was collected requiring an organized system for managing and analyzing the findings. The large quantity of data generated was typical of qualitative research (Bloomberg and Volpe, 2008), and a framework summarized by Marshall & Rossman (2006) was used as a guide.
Methods for Data Analysis and Presentation of Findings

A system of data analysis is necessary to bring order and structure as well as ease to the process of interpretation (Marshall & Rossman, 2006). This system is a nonlinear and iterative process that begins during initial data collection and continues through the research process, including during data analysis. Direct interpretation of each instance and the aggregation of instances until themes emerged are the primary strategies of initial analysis (Stake, 1995). Since the case serves to explore an understanding of the phenomena-in this research the phenomena being perceptions of work relationships that enhanced or detracted from well-being and health behaviors-categorical data and measurements were needed (Stake, 1995). To reiterate for the readers’ convenience, a two-phase analysis was planned: open coding, and coding using the CoP framework. An open coding process was used initially to identify significant patterns and themes that emerged from the data on the relationship characteristics that enhanced and detracted from well-being and health behaviors. The CoP elements, specifically meaning, learning in practice, and identity, were used to frame the second phase of data analysis.

Marshall and Rossman’s (2006) data analysis framework was used to organize the data. The framework phases included: a) organizing the data; b) immersion in the data; c) generating categories and themes; d) coding the data; e) offering interpretations through analytic memos; f) searching for alternative understandings; and g) writing the report (p. 156). A brief description of this framework is summarized below.
Organizing and immersion in the data.

Microsoft Word tables and Excel spreadsheets were used to organize the data collected. This researcher was well versed in both. Tables and columns were developed to label, code, and sort the data transcribed. The researcher treated the data collection and analysis phases of the study as an iterative process of seeking out overarching ideas, patterns and themes, and generating categories and codes (Bloomberg & Volpe, 2008; Merriam, 1998; Stake, 1995).

The interviews, as well as any observations were transcribed as soon as possible following each event. Initially the researcher planned to do her own transcription; however, a transcriptionist was hired based on the time involved and the sheer volume of interview data. An addendum was submitted to the IRB and approval obtained (Appendix K). The transcriptionist signed a confidentiality agreement (Appendix L). That being the case, the transcriptionist was never informed of the participating companies or the participants’ real names. The only identifiers were the assigned number for the company and the assigned number for the participant, for example #1 #3. Hiring a transcriptionist afforded time to increase familiarity with the data and capture initial categories and themes. In order to become intimately familiar with and immersed in the data, each transcription was read and listened to several times after each was transcribed.

After transcription to a Microsoft word document, every sentence was formatted in a table with one column labeled as the interviewee’s discussion and the other column labeled with initial patterns and characteristics for the coding process.
The journals were reviewed, transcribed by the researcher into the table document below the participant’s initial interview transcription, and analyzed. According to Stake (1995), the distinctive characteristic of qualitative inquiry is its emphasis on interpretation. The process requires attention and openness to identify the salient themes (Marshall & Rossman, 2006). This process is discussed below.

**Categorization and themes.**

Initially, categories were generated through theme emergence and pattern identification from data, and reflection on the study questions and conceptual framework (Marshall & Rossman, 2006). The authors noted that, “Identifying salient themes, recurring ideas or language, and patterns of belief that link people and settings together is the most intellectually challenging phase of data analysis…” (Marshall & Rossman, 2006, p. 158).

Patterns were gleaned from the interviews and led to the initial characteristic themes. Secondly, the patterns were viewed specific to participatory relationship descriptions and perceptions of enhancing or detracting from well-being and health behavior. Finally, the transcriptions were analyzed using the CoP lens to identify how identities, meaning making, and learning occurred relating to health and health behaviors. The patterns and themes were combined using a separate word table. The interview number and location number within the original document were included before rearranging the data into the tables. Some of the data were copied into more than one table or column during the analysis process, especially as similar themes and patterns were combined and coded.

Interpretation begins during research design through when the data are collected, analyzed, and written (Stake, 1995). Stake argued that interpretation was necessary in all
research methodology; however, in qualitative research there was vigorous interpretation that began during data collection and continued through the process. Interpretation was not restricted to final analysis. It was during the data collection process that the researcher made initial analysis. This ongoing analysis informed the research process, highlighting the iterative and deductive nature of qualitative research.

The original patterns and themes of characteristics of work relationships that influenced well-being and health behaviors are outlined in Tables 3.6 and 3.7. The first column identifies the initial themes that enhanced or detracted from well-being. The second column identifies how the themes were combined. The data coding process from the themes is presented next after the Tables.
Table 3.6. Initial Themes and Patterns: 
Patterns of work relations that enhanced well-being and health behaviors

<table>
<thead>
<tr>
<th>Initial Theme Enhancing Well-Being</th>
<th>Theme Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration</td>
<td>Combined with Team work</td>
</tr>
<tr>
<td>Mutual respect</td>
<td>Same; Peer Coders agreed that respect is different than not being listened to</td>
</tr>
<tr>
<td>“Jiving”</td>
<td>Changed to Social Atmosphere; Socializing or Team work</td>
</tr>
<tr>
<td>Team work - Have each other’s back?</td>
<td>Combined with Collaboration</td>
</tr>
<tr>
<td>Use Strengths</td>
<td>Other; Value</td>
</tr>
<tr>
<td>Knows purpose/why</td>
<td>Included with Transparency and Open Communication</td>
</tr>
<tr>
<td>Communication</td>
<td>Combined with Transparency</td>
</tr>
<tr>
<td>Cordial/joking</td>
<td>Changed to Socializing and Personal Connection</td>
</tr>
<tr>
<td>Trusting</td>
<td>Combined with Integrity and Empathy</td>
</tr>
<tr>
<td>Helps someone</td>
<td>Combined with Valued and Recognition</td>
</tr>
<tr>
<td>New/Exciting</td>
<td>Other</td>
</tr>
<tr>
<td>Positive</td>
<td>Included with Socializing and Personal Connection</td>
</tr>
<tr>
<td>Value</td>
<td>Combined with Recognition and Listened to</td>
</tr>
<tr>
<td>Flexibility</td>
<td>Changed to Want to Work and Combined with Fair; Category deleted</td>
</tr>
<tr>
<td>Recognition</td>
<td>Combined with Value and Listened to</td>
</tr>
<tr>
<td>Integrity</td>
<td>Combined with Trust and have each other’s back</td>
</tr>
<tr>
<td>Empathy</td>
<td>Combined with Fairness, Justice, Empathy, kept separate; made an emerging theme separate from enhancing</td>
</tr>
<tr>
<td>Listened to</td>
<td>Combined with Recognition and Valued</td>
</tr>
</tbody>
</table>
Table 3.7. Initial Themes and Patterns: Patterns of work relations that detracted from well-being and health behaviors

<table>
<thead>
<tr>
<th>Initial Themes Detracting Well-Being</th>
<th>Theme Combinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disrespect</td>
<td>Combined with condescending and Parenting</td>
</tr>
<tr>
<td>Lack of Collaboration; difficult</td>
<td>Kept; Lack of Team Work Added. Difficult moved to own category</td>
</tr>
<tr>
<td>Lack of Transparency</td>
<td>Combined with lack of communication</td>
</tr>
<tr>
<td>Distrust</td>
<td>Combined with Lack of Integrity and Not having your back</td>
</tr>
<tr>
<td>Control/Micromanage</td>
<td>Hear say and not actual interaction. Deleted; However control example under condescending</td>
</tr>
<tr>
<td>Lack of Integrity/don’t have back</td>
<td>Combined with Distrust</td>
</tr>
<tr>
<td>Not Listened to</td>
<td>Combined with not valued and difficult</td>
</tr>
<tr>
<td>Self Promoter</td>
<td>Talked, but don’t listen; combined with difficult interactions</td>
</tr>
<tr>
<td>Not Valued</td>
<td>Combined with not listened to</td>
</tr>
<tr>
<td>Mean; Temper; Outburst/ yelling</td>
<td>Difficult Interactions used to capture negative interactions, meanness, tempers, outbursts, etc.</td>
</tr>
<tr>
<td>Lack of empathy/flexibility</td>
<td>Combined with Injustice; separated to own</td>
</tr>
<tr>
<td>Question Integrity</td>
<td>Moved under lack of integrity question</td>
</tr>
<tr>
<td>Injustice</td>
<td>Combined with lack of accountability and empathy</td>
</tr>
<tr>
<td>Patriarchic</td>
<td>Combined with lack of respect; Reviewers agreed that the two characteristics are similar</td>
</tr>
<tr>
<td>Condescending</td>
<td>Combined with ‘parenting’ then Patriarchic and lack of respect</td>
</tr>
<tr>
<td>‘Kept in Place’</td>
<td>Included under condescending</td>
</tr>
<tr>
<td>Timewasters</td>
<td>Included under difficult interactions</td>
</tr>
<tr>
<td>Negativity</td>
<td>Combined under difficult</td>
</tr>
<tr>
<td>Rude</td>
<td>Combined with difficult</td>
</tr>
<tr>
<td>Racial Slurs</td>
<td>Difficult</td>
</tr>
</tbody>
</table>
The next step was to code the combined themes and patterns.

**Coding the data.**

During open-coding, an inductive process was used to discover patterns and characterizations analyzed during interviews and review of journal entries. Codes were applied to the categories and themes, similar to what Miles and Huberman described as ‘chunking’ since codes were applied to chunks of phrases, words, sentences or paragraphs. Codes were tags or labels for assigning units of meaning to the descriptive information (Miles & Huberman, 1994) and were the formal representation of analytic thinking (Marshall & Rossman, 2006). Bloomberg & Volpe (2008) defined coding as a classification and labeling system of significant data. The codes enabled the researcher to find clusters pertaining to a theme or particular research question. The coding classifications were discussed and verified with participants during the second interview to ensure that they were in agreement with the initial interpretations. In addition, both the open codes and CoP codes were verified through a peer review process to ensure trustworthiness and validity, which are discussed later in this chapter.

The codes extrapolated from the themes or original ‘chunks’ identifying characteristics of work relationships that influence well-being and health behaviors are presented in Tables 3.8 and 3.9.
Table 3.8. Characteristics of Work Relationships that Enhanced Well-Being and Health Behaviors

<table>
<thead>
<tr>
<th>Characteristics That Enhanced Well-Being and Health Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration/Teamwork</td>
</tr>
<tr>
<td>Mutual Respect</td>
</tr>
<tr>
<td>Trust</td>
</tr>
<tr>
<td>Open Communication</td>
</tr>
<tr>
<td>Valued/Recognition</td>
</tr>
<tr>
<td>Social/Positive/Personal Connection</td>
</tr>
</tbody>
</table>

Table 3.9. Characteristics of Work Relationships that Detracted from Well-Being and Health Behaviors

<table>
<thead>
<tr>
<th>Characteristics That Detracted from Well-Being and Health Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Collaboration/Teamwork</td>
</tr>
<tr>
<td>Lack of Integrity/Distrust</td>
</tr>
<tr>
<td>Injustice/Lack of Accountability</td>
</tr>
<tr>
<td>Not Valued/Not Recognized</td>
</tr>
<tr>
<td>Disrespect/Condescending</td>
</tr>
<tr>
<td>Open Communication</td>
</tr>
<tr>
<td>Difficult Interactions</td>
</tr>
<tr>
<td>Lack of Empathy</td>
</tr>
</tbody>
</table>
Miles and Huberman (1994) noted that coding was analysis as notes were reviewed, transcribed and synthesized meaningfully. The critical piece of coding was that it was not the words that were important, but it was the meaning of the word that mattered (Miles & Huberman, 1994). Analytic memos helped to extract this meaning.

**Analytic memos.**

Analytic memos were used throughout the research process to record thoughts and insights, as well as document initial analysis. These assisted the iterative process that was an essential characteristic of qualitative case studies. “By recording what you think is going on, you can capture new descriptors as they emerge through your reading and coding…your notes serve to inform your coding scheme…” (Bloomberg & Volpe, 2008, p. 105). The memos were transcribed into a column on the document tables, and the initial analysis was further considered during the coding and interpretation process.

**Offering interpretations.**

Integrative interpretations of meanings and linkages of patterns and themes were used as the analysis of data progressed. The interpretations were used to consider meanings and explanations of data in comparison to the conceptual framework. Patterns and themes emerged as the data was analyzed and examples were highlighted to explain the interpretation. The findings and interpretations are explored in Chapters Four and Five. These interpretations answered the research questions; however, as Bloomberg & Volpe (2008) noted, alternative explanations always exist and therefore must be considered. The literature was used during this process.
Search for alternative understandings.

During analysis, the plausibility of the developing interpretation of the data was considered and challenged. The literature was relied on as interpretations emerged and shaped how they are presented in Chapter Five. The student’s advisor was consulted for plausible different understandings, and peer reviewers were also consulted to review and code data before summarizing information for writing the findings.

Writing reports.

Analysis of the data continued during the actual writing process, and the writing was an interpretive act as the meanings of the data are reported (Marshall & Rossman, 2006). The research questions and conceptual frameworks organized the findings presented in Chapter Four. A balance of description, analysis, and interpretation was attempted when writing the opulent findings. The description included authentic quotes and stories from the participant interviews and journals.

It is this rich description that is a unique feature of qualitative research (Marshall & Rossman, 2006), and as such is critical to convey to readers. This affords readers an opportunity to experience the phenomena and consider whether the results are applicable to their own setting.

Although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other
geographical areas or populations. In this sense, qualitative research differs slightly from scientific research in general (Mack et al., 2005, p. 2). According to Bloomberg & Volpe (2008), “…it is likely that the lessons learned in one setting might be useful to others…” (p. 78).

In other words, the findings may be transferable and useful to another context. To this point, the participant descriptions and perceptions highlighted in Chapter Four were drawn on to present the data (Marshall & Rossman, 2006). Vignettes that illustrated aspects of the phenomena (Stake, 1995) were also included.

In addition to the transferability of findings, it is necessary to ensure the trustworthiness and validity of the findings. There are several ways to do so including transparency of the process (as already presented) as well as other measures included next.

**Trustworthiness and Validity**

Validity and trustworthiness for qualitative research differs from quantitative research since the focus is on whether the researcher’s descriptions and analysis represents the reality of the situation and participants (Bloomberg & Volpe, 2008). Quantitative research, on the other hand, focuses on validity of the world described, and reliability that another researcher will find similar results. Validity is considered a strength of qualitative research, but only from the aspect of the researcher, participant, or readers (Creswell, 2003), since there may be varied and contradictory data as to what really exists (Stake, 1995). The terminology is debated and includes, for example, credibility, dependability, authenticity, trustworthiness and validity (Bloomberg & Volpe, 2008; Creswell, 2003). Regardless of the terms used, there
are several measures to ensure trustworthiness and validity of the study results. Measures included triangulation of data, participant confirmation, peer review of both open and CoP coding, and transparency.

**Triangulation.**

Triangulation of data collection corroborates and contributes to validation of the findings (Bloomberg & Volpe, 2008; Creswell, 2003). Triangulation helps clarify meaning and verify repeatability of an observation or interpretation (Stake, 2005); however, since social construction is not static but ever-evolving, triangulation is not for reliability of data (S. B. Merriam, 2002). The journals provided information on the phenomena as they occurred, reducing recall bias of interviews and therefore also provided higher face validity (Fu, 2007; Furness & Garrud, 2010). Recall bias is not only a concern when interviewing participants, but also in answering surveys used in quantitative research. However, it could be argued that recall bias is not a concern in this study because the study is focusing on perception rather than ‘reality’ in terms of influences on well-being and health behaviors. If a participant remembered something differently than it really happened she/he will still ‘feel’ the perception, which is the focus of the study.

In addition to clarification and reducing misinterpretations, triangulation also addresses consistency of results (Stake, 1995). Verification and consistency were also confirmed by participant review of emerging themes.

**Participant confirmation.**

The data collected from interviews and journal analyses were coded to support or question the emergent and conceptual themes. In addition, during the second interview, the
participants were provided an opportunity to review the emerging interpretations for accuracy. No discrepancies were voiced. Peer review was also solicited to ensure trustworthiness and validity.

**Peer review for coding.**

Checking on validity of interpretations through peer reviewers was another way to ensure credibility (Creswell, 2003). Peer review of the data and initial findings was enlisted to ensure appropriateness of the interpretations. A total of four colleagues and the Dissertation Chair were asked to code large portions of the transcripts to establish inter-rater reliability (Bloomberg & Volpe, 2008). Two graduates from the NC State University Doctorate of Education (EdD) program and the Dissertation Chair coded portions of the interviews using the CoP elements. All three were experts in the CoP model. Any discrepancies were noted and discussed. Most of the variances were based on the codes for meaning and learning since the two were noted as interconnected and interactive with the other. Only one interview segment was deleted from the initial analysis. The reviews are outlined in a table included in Appendix M.

A doctoral candidate, recent graduate from the EdD program and the Dissertation Chair were asked to code interview segments from the open coding process. The reviewers were instructed to use the identified emergent themes or their own characteristic themes. One of the reviewers did not return her coding; however, this should not influence trustworthiness since the reviewer was the Dissertation Chair who had been deeply involved in the process during the entire research journey. Again, only one difference was noted by the two responding coders and was re-coded based on the ensuing discussions. Much of the
discussion on differences was again based on the interconnectedness of the characteristics. In addition, the reviewers were asked three questions regarding the emerging data and the responses used to combine themes. The review summaries are outlined in a table included in Appendix N.

Also, providing the rich, thick descriptions of findings that included the participant’s voice provides readers with an element of shared experience, thereby strengthening validity (Creswell, 2003). Lastly, clarifying researcher bias establishes transparency for readers, creating an open and honest attitude’ (Bloomberg & Volpe, 2008, p. 79). Since the nature of qualitative research involved personal contact with participants there were several dimensions to consider, including not just an ethical research design, but also the protection of participants.

**Other ethical concerns.**

Ethical issues can occur in any and all phases of the research process (Bloomberg & Volpe, 2008). IRB standards and protocols were adhered to at all times. Every effort was made to protect the rights of participants and to ensure confidentiality as well as comfort to minimize potential harm of participants and participating companies. Steps were maintained to ensure that participant identities were protected. Pseudonyms were used in all written documentation in place of participant names, and numbers used instead of company names. All identifying information was excluded from the interview transcripts and any other transcribed notes. An electronic document with the participant’s real and assigned name was maintained on a separate, secured hard drive in the researcher’s home.
To ensure integrity, only the researcher had access to the interview files on her personal computer. The interviews and transcripts were saved using the assigned number codes for participants and companies. Only assigned pseudonyms were used in the transcribed information. Hard copies of information completed by the participants were maintained in a locked office and file storage only accessible to the researcher. Any printed transcript copies were secured in the researcher’s office or home and then shredded on completion. No other documents from the companies or the participants were ascertained.

As previously mentioned, no one but the researcher knew the participating companies and the participants. Both the researcher and the HR manager at one company (where the researcher had a working relationship with management and several of the employees) were concerned about the voluntary nature of participation. The uneasiness was that the employees would volunteer as a favor to this researcher and so it would not be truly volunteer participation. Therefore, although the voluntary nature of participating was communicated to all companies and participants, it was more strongly emphasized at this company. Communication clearly stated that this project had nothing to do with any work completed or in process at the company. Further, there were numerous additional conversations during recruitment regarding the voluntary nature of participating and participants at this company were offered several opportunities to decline.

Part of communication with participants included complete transparency of the research process and purpose. This included reflection on and acknowledgement of the researcher positionality during the process.
**Researcher positionality statement.**

This researcher has been in the field of occupational health and safety since 1984 and has been in a consulting role since 1991. As the founder and one of the principals of Dimensions in Occupational Health and Safety since 1993, I worked with a variety of organizations to implement effective health and safety strategies. During the past 25 plus years my philosophy and methods of implementing health and safety services evolved and changed in an effort to improve outcomes as well as services. My experience in the field was both a blessing and a curse: a blessing because of the many contacts that afforded access and recognition thereby facilitating recruitment; a curse for potentially the same reasons, too much familiarity, which might influence judgment.

Before entering the doctoral program—actually the very reason for entering the doctoral program—was my desire to change the focus and implementation of how I was addressing health and safety services. It began to feel as though the services were not dealing with the issues and that deeper issues existed; in fact, perhaps because the deeper issues existed. The realization that health and health behaviors were complex and could not be addressed with simplistic behavior change methods directed at individuals alone was becoming more and more apparent.

My hope with this study was that by learning more about the characteristics of work relationships and how they may influence well-being as well as health behavior would lead to human resource development initiatives that improve employee well-being. My experience and doctoral study endeavors lead me to believe that the social context in organizations
matters to employee well-being and health behaviors, perhaps more so than the physical environmental aspects.

These assumptions had to be guarded to prevent researcher bias. I remained mindful and vigilant so not to read findings into the data in order to substantiate my beliefs. I took necessary steps to prevent this as much as possible, especially when interpreting the data. A reflective journal and memo-ing was kept available throughout the process in order to bracket biases. These were only utilized when some participants resorted to gossiping during the interview, and twice when I began to judge two participant discussions regarding their interactions with direct reports. I tried hard not to let my views cloud the discussion or become known.

Also, careful documentation of the research process and data interpretation was maintained to ensure transparency. Enough direct information from the participant vignettes and journals were included in Chapter Four so that readers can draw their own conclusions. However, Marshall and Rossman (2008) noted that even, “…one’s positionality, ethics and political stance affect report writing. One may choose to present many truths or multiple perspectives or claim to identify a single truth” (p. 164). Triangulation of methods by completing two interviews and the journal activity, verification by participants, and peer review results helped to limit misunderstanding and misrepresentations, including my own biases and positionality.

Another bias potential was that at one participating company the participants knew the researcher, and this may have influenced their participation and responses. This did not seem to be the case and was previously verified during a pilot study conducted for a course
during Fall Semester 2009. In both situations, participants knew me, but seemed comfortable and honest in their discussions. No difference was noted when the interviews were compared with other participant interviews. However, that being the case, my position did influence all of the participant conversations. For example, during the pilot and the current study there were many comments such as, “I know I should,” or “I’m supposed to”, or “I know I shouldn’t” that occurred repeatedly during all of the interviews when it came to health behaviors.

Several measures were taken to limit and address the biases and assumptions. As already stated, full disclosure regarding the reasons for this research were discussed at the beginning of the initial interviews. Every attempt was made to ensure that the environment was comfortable and confidential so that the participants were assured that their discussions would not be divulged. All steps helped participants regardless of whether they knew the researcher or not. Either way, the very position as a researcher as well as a health and safety professional could also influence the context as well as the participant responses. Every attempt was made to be mindful of this and to probe responses as appropriate to ensure the participants’ perceptions were privileged.

Triangulation, peer review, memo-ing, transparency, and participant verification strengthened trustworthiness and validity. Regardless, part of the transparency also means embracing other limitations.

**Research Limitations**

Qualitative research provides the flexibility and opportunity to explore phenomena in-depth while allowing the researcher to make decisions throughout the research process from
data collection through writing the findings. This very flexibility and opportunity could lead to-or at least cause a perception of-possible researcher bias. The methodology itself is potential for bias related to participant selection and researcher interviewing skills (Bloomberg & Volpe, 2008). Also, the in-depth exploration relied on the participants’ perceptions and was limited to only 19 participants; both of which are common to qualitative research. These reasons are the strength and value of qualitative research, and yet are also potential limitations (Bloomberg & Volpe, 2008). Each limitation is considered below.

**Researcher bias.**

As already alluded, a potential limitation is regarding researcher bias. The potential includes the researcher’s positionality. The researcher is a co-owner of a consulting firm dedicated to making the workplace a better place through safety, health and organizational development initiatives. The company may potentially benefit from results of this study by justifying the need for HRD initiatives. Several strategies to limit risks have already been presented and include maintaining a reflection journal and memo-ing to bracket the researcher’s perceptions and assumption. In addition, participants confirmed initial interpretations and peer review was solicited to verify coding. These measures helped control for potential biases early in order to prevent or cloud interpretations, as well as to ensure transparency. Any questions regarding my role, position, perception of distrust, or perception of unfair advantage as a professional in the field of health and safety was addressed openly and honestly. This did not appear to be an issue for any of the participants.

In addition to possible researcher bias, there is also an issue with potential participant biases.
**Participant perceptions.**

From a social constructivist approach, meaning is constantly made and changing through individual interactions with others and the environment. For this researcher, this ontological approach also includes that there is no one reality or truth. Truth is based on the perceptions of how those involved make meaning. Understanding how these perceptions influenced well-being and health behaviors was the very purpose of this research. The perceptions are therefore limited to the 19 participants; however, by sharing their perceptions or the participant voices, quotes, and stories, others may also find meaning and applicability.

It is these very methods that can lead to the potential limitation regarding the method design.

**Methodology biases.**

Another potential bias was the fact that participants self-selected for this study. Participants willing to participate and journal may be different than those not willing to participate. Another methodology limitation was that although the interview guide was well planned, reviewed by others, and portions of it pilot tested, it still may not have elicited the desired participants’ perceptions. It is also possible that opportunities for more probing questions to delve deeper were missed, or participant responses were not followed up in a way that prompted further discussion or examples of work interaction characteristics.

In addition, interviews and observations are intrusive and may change the dynamics by the researcher being present. The data collected from the journals may help in this regard, especially since clarified during the final interview. Fu (2007) notes that maintaining a journal is more familiar, natural, and less obtrusive for participants than are interviews.
Combining the journal with other approaches enhanced the findings potential, but self-selection of those willing to maintain a journal is still an issue to consider; however, none of the participants had ever kept a journal or diary and were not keen on doing so now.

Lastly, another limitation is the small sample size

**Small sample size.**

In addition to the potential biases with participant selection, the sample size may be viewed by some as lacking robustness. This researcher acknowledges that a sample size of 19, while not large, provided volumes of data that would not have been possible to obtain with a larger sample size. Moreover, saturation was reached well before the end of completing the second interview for 18 participants. New themes were not identified, yet the characteristics became similar—although the stories shared were different and added to the robustness of the findings.

Consequently, the potential limits of biases, sample size, sample characteristics, and methodology were recognized, accepted, and steps were taken to mitigate the potential limitations of the transferability of the findings. It should be noted, however, that these limitations are primarily from the post-positivist paradigm and are quite appropriate for quantitative research studies. Some scholars argue that applying these criteria onto qualitative research studies is meaningless, due to the purpose of qualitative research as well as the ontological and epistemological foundations of the research.

This concludes the chapter on the study’s research design.
Summary

In summary, Chapter Three provided a detailed description of the research design and methodology using qualitative instrumental case study to explore how employees perceived characteristics of workplace interactions as influencing well-being and health behaviors. A justification for using this type of methodology was presented, and a summary of the research process was outlined that included the sample population and recruitment procedures, and data collection methods and analysis. The methods for data analysis were outlined based on Marshall and Rossman’s (2006) framework. The initial and final characteristic themes or categories were presented. Trustworthiness, researcher positionality and potential biases, and study limitations were also summarized.

The research findings are presented next in Chapter Four and include participant vignettes.
CHAPTER FOUR

A multiple case, instrumental qualitative study was conducted to explore how work relationships enhanced or detracted from perceptions of well-being and health behaviors. As a reminder, the research questions were,

1. How do employees perceive workplace relationships as relating to feelings of well-being?
2. How do employees perceive workplace relationships relating to health promoting behaviors?

To answer the research questions, this study used Wenger’s communities of practice model as the lens to explore workplace relationships, and the social ecology framework which includes determining factors of health. Social ecology provides the broader understanding of factors influencing health and health behaviors. These determining factors include social aspects, intrapersonal (individual characteristics, skills, behaviors and health risks); interpersonal (social influences at home and work); organizational/institutional factors (physical and social environment, policies and procedures, and work processes); community factors (relationship and boundary between organizations); and public policy (local, state and national laws and policies). The focus of this research is the social aspect of health, specifically, the characteristics of work relationships that influence employee well-being and health behaviors.

For example, after this researcher shut off the tape for Lindsey’s first interview we began talking about initial s. Lindsey briefly looked over the notes. She spoke softly,
“It’s your values, your core values that get compromised. What you believe in.” She clarified, “I took a class years ago for new supervisors. The instructor said something that I never forgot. She said there was a difference between self confidence and self assurance. She said that self confidence is being comfortable with what you know; your expertise on a subject. And that self assurance is who you are.” Lindsey went on to exclaim that interactions that blame or accuse, and lack respect and trust, target self assurance. She slowly and with emphasis said that, “…who I am, is being questioned and attacked and that’s what is so bad to deal with.”

**Overview**

The sources of data supporting these findings were two interviews with 18 volunteer participants, as well as narrative data from a two-week journal assignment of real-time interactions. Data analysis included open coding to identify themes of the interaction characteristics, followed by a second phase of analysis to code communities of practice (CoP) key elements of meaning, learning, and identity. One additional participant completed the first interview, but did not complete the journal assignment or the second interview. Her data were included in the analysis since her stories added rich examples of the finding. She expressed that she had no concerns, saying only that she felt maintaining a journal and participating in a second interview would not add any value or additional information.
As previously presented in Chapter Three, the participating companies were located within several industrial areas in a southeastern state. The company sizes ranged from 250 – 850 employees. Two of the companies had multiple locations and volunteers worked at two of the facilities. All of the companies were different businesses and cultures, but all had health and safety programs. A summary description is available in Appendices C and E. Detailed participant demographics are available in Chapter Three. Of the 19 participants, 14 were females and 5 were males. The age range was from 34 – 57 years old with the average age, not including one participant who declined to provide his, was 43.8 years. Participants were also ethnically and professionally diverse.

As described in detail in the next sections of this chapter, the data analysis generated answers to both research questions. In answer to research question one, how do workplace relationships influence feelings of well-being, the findings suggest that feelings of well-being are enhanced by perceptions of work relationships that are trusting, collaborative, open, positive/social, as well as where participants felt valued and respected. The work relationships that detract from well-being lack the aforementioned characteristics and in addition include when the characteristics are perceived as lacking justice and empathy.

Participants described how these relationships manifested different impacts on feelings of well-being, including physical symptoms and increased or decreased energy levels. Participants noted that family relationships, career, and emotional health issues were also impacted by the feelings of well-being generated through work interactions. These in turn influenced health behaviors. The findings suggest that detracting relationship
characteristics such as rudeness, meanness, or dishonesty detracts the most from perceptions of well-being when the participants’ core values are challenged or called into question.

In answer to research question two, how do workplace relationships influence health promoting behaviors, the findings suggest that the influence on health behaviors include sleep patterns, eating patterns, and exercise habits. Additional behaviors include personal relations, career activities, and energy levels—which also are connected to perceptions of well-being as described in research question one above. This duplication of behaviors for generating feelings of well-being and taking action to promote health (e.g., behavior) illustrates the iterative or reinforcing nature of feeling/perception and taking action/doing in regards to health.

The second priori coding was using the communities of practice (CoP) elements, meaning, learning, and identity. Analysis of data suggests that the CoP elements helped participants mitigate detracting influences to well-being through sense-making of detracting workplace relationships. For this reason the CoP data findings are presented at following the discussion of findings answering research question two.

Other findings that emerged are that,

1) Regardless of how broadly health and well-being were defined, only the physical aspect of health was discussed when rating their own health;

2) The ripple effect that both enhancing and detracting workplace relationships had on the contagiousness of the types of interactions, the influence on well-being, and the ripple to relationships outside of work;

3) Both nonverbal, as well as verbal workplace relationships influenced health;
4) A sense of compassion developed for those causing difficult interactions;

5) The perceived benefits from the interviews and journals.

The next sections of this chapter provide thick, rich descriptions to fully answer research questions. The sections are organized by the two research questions, emerging considerations and a chapter summary. However, a precursor to the research questions is included to illuminate participant definitions of health and well-being. Before interviewing participants regarding the research questions, it was first necessary to understand how participants defined health and well-being, and how each rated their own health. This understanding would assist participants as they began to reflect on the influence work relationships had on their perceptions of health behaviors and well-being.

Following the precursor, the next section presents the findings for research question one. The section is divided by characteristics of workplace relationships that enhance well-being, the characteristics that detract from well-being, and provides examples of the influences of both on participants’ perceptions of well-being. In addition, a final division summarizes findings on influences to well-being and health behaviors. The section ends with a brief summary. Findings regarding research question two are then addressed, which includes influences on health and health behaviors, compartmentalizing detracting workplace interactions, and understanding the data from the CoP lens of meaning, learning and identity. The last section is a chapter summary and highlight of findings.

It was also important to this researcher to honor participants and capture their spirit, in addition to the quotes and stories used in this chapter to answer the research questions. In order to add a deeper sense of understanding, brief story descriptions—what this researcher
labeled vignettes were created from the participants’ discussions and life journeys during this research process. These vignettes are shared as part of Appendix O. The length of the vignettes varies, not as an indication of significance, but merely to capture the essence of each person’s story.

**Precursor to RQ1: Participant definitions of well-being and perceptions of health**

As mentioned, in the beginning of the first interview, participants were asked to reflect on and define health and well-being. They were also asked to consider the differences between the two concepts. In addition, they were requested to rate their health as excellent, good, fair or poor. This discussion was conducted so that participants would begin to consider these concepts in relation to their perceptions of how work interactions influenced well-being and health behaviors.

Data analysis of these portions of the conversation - focused on defining and rating - suggest that the participants had diverse beliefs and understanding about what well-being was. The definition categories and ratings are summarized in Table 4.1.

The majority of participants (13) defined health holistically and aligned with well-being; however the definitions included varying categories within their holistic ideas. Their comments contained aspects of physical, mental, and emotional health. Three of the 13 participants included additional aspects of well-being as being happy, productive, and/or right state of mind in addition to physical health. For example, Lindsey defined health as absence of illness, being able to do the things you want to do without constraint, plus “…being happy; being productive.”

At first Murray described health as physical, but as he kept talking he added,
“...mentally peace of mind; moral and ethical at work. Able to cope, deal with different personalities, but keep a level head.” Bridgett noted that health was, “Well-being of both mind and body. A reason to get out of bed, sleep well, and do it again.” She went on to add that negativity affected well-being. “I think the negativity, in any way as far as in your mind or in your body, if you have the negativity, then it's going to affect you. However, the negativity may also lead you to do positive things.” She gave examples such as seeking a new job or moving.

Kirk defined health as “three components: physical, mental, spiritual – a connection – mutually inclusive. One affects, obviously, always the other. They can't be separated I don't think.” Ginger included holistic aspects as well, “…physically aligned with emotional and spiritual. It’s holistic. One can be out of sync, or when out of sync can reconcile with the other.” Like Noel she noted that there was a visual cue or aspect adding, “You can see it in their interactions.” Simon’s definition was also holistic and included the term well-being, “overall well-being. What you eat, the energy you have, your life span. The physical and the social and mental health.”

The remaining six participants defined health as physical, such as free of disease or being physically fit. They differentiated health as separate from well-being. For example, Monique defined health as her physical well-being and her examples included weight, and blood pressure. Lois stated, “Health is when you're feeling good. No major issues.” Lois also differentiated health from ‘being healthy’, stating:

…now I would define that differently than healthy (emphasized the word healthy). Because if you're healthy I think there's
more to it. I think it's the social aspect. I think it's your family life. I think it's the choices that you make. So I would separate the two.

Noel also said that health was physical, explaining:

…being fit like when I look at my mother who's seventy five and can't; in pain daily because of arthritis and all that. She's not healthy. You can tell by looking; you can almost tell, you know, look at a person even if they're seventy five and you know, they just look fit, you know?

Like Lois, she too differentiated that healthy was broader than health, noting that healthy included “how healthy your life is, your home life, your work.” For them ‘healthy’ was aligned with well-being.

Chelsea defined health as “Physically able to do what want and need to and having the right state of mind.” For her well-being was also different. Well-being was “having tools to keep you healthy; shoes, access to gym, attitude.” Similarly, Cybil defined well-being as different from health. For her it was attitude “Well-being is attitude. The way you look at the world; being optimistic.” Like Bridgett, she went on to discuss that “Pessimism is contagious...optimism is too and I think it's helpful. And sometimes if I get in a situation where people are pessimistic, you almost say, ‘OK, no more,’ because you can get pulled into it.”

Midge defined health as “being able to function. Being able to get up in the morning and having energy. Feeling good.” For her well-being was viewed “as more positive,” and as
a “zest for life.” Her vignette shared in Appendix O (#1, P. 398) provides a summary example of how this zest was influenced by work relations.

**Health ratings.**

No matter how holistically or encompassing they defined health, every participant rated their health based on aspects of their physical health. The participant ratings were included with the definition summaries in Table 4.1.

Participants mentioned physical aspects of why they rated themselves, such as needing to lose weight, not eating right, that they should exercise more, not being sick, or that they had past injuries. Scarlett defined health holistically, but rated her health lower explaining that she was not a runner and had never completed a triathlon. This lower rating was despite the fact that she went to the gym regularly. The fact that she rated her health based only on physical aspects surprised Ginger. She exclaimed:

> But you know, interestingly enough when I answered that question I answered it only from a physical standpoint. Huh, and I didn't even realize that I had done that, but I guess I think maybe I did that because it's a formal question? Usually when somebody is asking you about your health they are asking you about your physical health you know?

However, when asked to define health she defined it holistically, using other dimensions besides physical health. Ginger lowered her rating from ‘very good’ to ‘good’ when asked if her rating would change when considering the holistic definition. She stated that, when she considered the rating,
I think your mental and emotional well-being are something that fluctuates depending on what's going on in your life or whatever...there's lots of things that go into emotional health.

Well-being I think is an ongoing effort; (pause) I guess as well as physical, you know your physical health takes that too. Huh, hmmm.

As she considered this she remarked that like emotional health and well-being many things in one's life influences physical health, and that mental health needed personal attention like physical health did.

Similarly, most discussed what they were doing to improve their physical health such as taking medicines or trying to exercise more and eat better. None of the participants mentioned efforts to improve their mental, emotional or social health; including those who discussed these concepts in their definition of health.

Most of the participants also mentioned that they had not considered these meanings before. The ratings and discussion on health and well-being helped to lay the groundwork for the rest of the interview discussion regarding how workplace relationships influenced perceptions of well-being and health behaviors.
Table 4.1 Health Rating and Explanation

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Overall Health Rating (Scale 1-5)</th>
<th>Rating Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midge</td>
<td>F</td>
<td>39</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Ginger</td>
<td>F</td>
<td>33</td>
<td>(5) Excellent</td>
</tr>
<tr>
<td>Mitch</td>
<td>M</td>
<td>52</td>
<td>(5) Excellent</td>
</tr>
<tr>
<td>Madison</td>
<td>F</td>
<td>34</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Simon</td>
<td>M</td>
<td>34</td>
<td>(3) Good</td>
</tr>
<tr>
<td>Bridgett</td>
<td>F</td>
<td>57</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Sienna</td>
<td>F</td>
<td>36</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Lindsey</td>
<td>F</td>
<td>56</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Lois</td>
<td>F</td>
<td>40</td>
<td>(3) Good</td>
</tr>
<tr>
<td>Cybil</td>
<td>F</td>
<td>55</td>
<td>(5) Excellent</td>
</tr>
<tr>
<td>Noel</td>
<td>F</td>
<td>44</td>
<td>(3) Good</td>
</tr>
<tr>
<td>Murray</td>
<td>M</td>
<td>35</td>
<td>(5) Excellent</td>
</tr>
<tr>
<td>Madeline</td>
<td>F</td>
<td>46</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Thelma</td>
<td>F</td>
<td>54</td>
<td>(5) Excellent</td>
</tr>
<tr>
<td>Monique</td>
<td>F</td>
<td>47</td>
<td>(3) Good</td>
</tr>
<tr>
<td>Spock</td>
<td>M</td>
<td>(declined)</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Scarlett</td>
<td>F</td>
<td>44</td>
<td>(4) Very Good</td>
</tr>
<tr>
<td>Kirk</td>
<td>M</td>
<td>39</td>
<td>(3) Good</td>
</tr>
</tbody>
</table>

Findings Question 1: Workplace Relationships Influencing Feelings of Well-Being

There were three components generated to answer the first research question. The first was how participants described characteristics that enhanced perceptions of well-being,
secondly, how participants perceived work relationships as detracting from their feelings of well-being, and lastly, a summary of the characteristics of health and well-being.

**Workplace relationships that enhanced well-being.**

Data analysis revealed six categories that illuminated the characteristics of workplace relationships that enhanced feelings of well-being. With each interview the patterns of themes became more apparent, and although the circumstances discussed were certainly different, the characteristics were similar. As discussed in Chapter Three, open coding was used at first to identify these categories. As patterns emerged from the data, the themes were categorized and then similar categories combined. For example, the category of ‘knows purpose or why’ was combined with open communication/ transparency, and collaboration, having each other’s back, and teamwork were combined. Trust and integrity were also combined. In addition, ‘being of service or helping’ and being listened to, were combined with feeling valued and recognition. As a way to highlight the thick stories about well-being, please review Chelsea’s and Bridgett’s vignettes, found in Appendix O (#2 and #3 respectively, p. 398). These vignettes provide rich examples from the perspective of the participants regarding how they understand their work relationships to enhance and/or detract from their health.

The results of the final characteristics that emerged from the data, as well as the definitions of each used for this research are summarized and presented in Table 4.2. Each characteristic is summarized and discussed briefly below the Table, using rich examples and quotes from participants.
Table 4.2. Findings: Characteristics of Work Relationships Enhancing Well-Being

<table>
<thead>
<tr>
<th>Characteristics That Enhanced Well-Being</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration and Teamwork</td>
<td>Individuals working together to achieve something.</td>
</tr>
<tr>
<td>Mutual Respect</td>
<td>Showing admiration or deference. To esteem someone else.</td>
</tr>
<tr>
<td>Trust</td>
<td>Having confidence or reliance on someone having these moral principles such as fairness, honor, truth or ability.</td>
</tr>
<tr>
<td>Open Communication</td>
<td>Free sharing and exchange of information.</td>
</tr>
<tr>
<td>Value/Recognition</td>
<td>Regarding someone as important, significant, or useful. Appreciation of that value.</td>
</tr>
<tr>
<td>Social/Positive/Personal Connection</td>
<td>Relating to components of co-worker’s private lives and interacting with others in a friendly non-work related way.</td>
</tr>
</tbody>
</table>

Participant quotes and stories are shared to highlight each of the emerging findings.

**Collaboration/Teamwork.**

The findings of this study suggest that collaboration and teamwork is deeply connected to generating feelings of well being at work. All nineteen participants shared that what made them feel good, what enhanced their feelings of well-being, was related to working together, having each other’s back, feeling part of a team, or collaborating to address an issue. Several participants explicitly stated that unanimous agreement was not
necessary for feelings of well being to be generated—it seems to be that engaging with others at work to accomplish some shared goal—even if they did not agree with you-- is a universal way to generate feelings of well-being for the participants in this study. Findings suggest that collaboration/ team work generated positive feelings of well-being that included: increased energy, feeling valued, feeling respected, feeling safe, and feeling cared about. Participants also reported eating healthier, more positive interactions outside of work, and sleeping better.

The following quote was one of many comments that were coded as collaboration. Collaboration, as defined in the above table, is individuals working together to achieve something. This cooperative group effort involved an alliance and partnership.

    It's the social-slash-collaborating yeah. And working on a common purpose. I think, [it’s the] creative spark…I’ll bring different people together, having these conversations and having this interaction and we can kind of learn from each other and I like to do that… I get the people together and so we can have these sort of interactions…I mean, we don't always agree, sometimes we have a little bit of friction but it's okay, it's because of respect and trust.” (Cybil)

In her interview, Cybil added that she noticed a difference in her energy and well-being when she collaborated and discussed topics with others. She purposefully sought opportunities to talk with people, to network, and to be creative. Cybil indicated that collaboration did not necessarily mean agreement. Simon’s discussion was similar,
When people get excited there's an exchange of ideas. Now they don't have to be, you know, completely in agreement with you but there's that thought process that, ‘Ah, we're doing something together about it.’ And you see that there's a change for the better. It doesn't have to be the way you want it to be, but you see there’s a want to change rather than a want for stagnation.

For Lindsey, she described how collaborating with others was like a stop in time - an opportunity for the employees to pause and get off the treadmill of continual doing without necessarily considering what was correct. She valued these opportunities:

It is when we do take the rare decision to do the right thing. To, let’s stop, let’s solve this problem, let’s get to the root cause, and let’s do the right thing. Now, is there more than one {way to} do things; of course. But let’s talk about them and lets go through the pros and cons and say, “Here's three options, this one cost money, this one cost time, but this one we can do quick and we can do it cheap and its still, it hits, what needs to be done. There doesn't have to be only {ONE}(emphasis) way. And when it does work well, it’s very energizing and then it’s like, okay, this 50 hour week was worth it.
This resulted in Lindsey eating better and being more present for her husband and son. She also mentioned noticing a difference in her sleep by being able to fall asleep easier and remain asleep through the night.

Kirk described his previous company as being collaborative, but his focus was on the relaxed feelings generated from a culture where all levels of employees were treated similarly. He described the atmosphere was open and comfortable and did not have a rigid hierarchical reporting structure. Kirk explained:

So I could be somebody from a junior associate and I can, I felt comfortable coming up to a director and saying, “Hey, I noticed this and this is an idea I have, or a concern I have,” and they would say, ‘Oh, really? OK,’ you know, and it was no problem. And there was a lot more truly open door policy…Very open, everybody was treated as peers, very, very, very, very collaborative.

Like Kirk, Lois described how collaboration was enhanced by a culture where people were not afraid to offer new ideas. Kirk described this as being non-hierarchical; Lois seemed to suggest that this was a result of a ‘non threatening’ environment. Lois went on to describe the fun when her group got together and brainstormed ideas during a meeting.

We finally got everybody in our department in a room for a brainstorming session. …There wasn’t one person that didn’t put an idea in. It was fun; it was not a threatening environment at all. Everyone kind of shared ideas and got along. Things got
done. That was awesome!

Lois described that she felt good and energized afterward, especially since she said that the group did not get together often. This was one more example of collaborating to find the best solution. Like Lindsey, both Kirk and Lois discussed being more present at home for their spouses, and for Lois, her children as well. Lois also talked about sleeping better.

There was also a similar characteristic that was expressed, a sense of each person assuming responsibility for completing one of the tasks and working as a team to complete the process. The team watched out for each other and there was a sense of caring and safety. Some participants used the term, ‘had each other’s backs’. Sienna described it as,

I like when I'm feeling like I'm getting things done. People joking and working together, talking, laughing, but getting work done. I like the whole; we're watching each others' backs.

It’s a safety net. OK, this person has my back because they care about me doing well, I care about them doing well, and we want to make sure that nobody gets any errors. And it's almost like your little family.

Scarlett provided another example of ‘having each other’s back’ when she talked with another co-worker regarding concerns that someone might access information about private meetings. He looked into it for her and informed her that management had to request the records. He told Scarlett, “… It’d be a big deal and IT would probably be like, “Hey, by the way, I’m going through your stuff.”’ In her words she said, “IT would have my back.”

Other participants described teamwork as using each other’s strength. Co-workers had
a different approach to address the work, but the participants expressed an appreciation for this. One component was that the work performed was better, and another was that well-being was enhanced. Madison discussed looking for creative outlets at work in order to capitalize on her strengths. Both Cybil and Scarlett discussed mentoring programs at work so that they could use their strengths. Teamwork provided this opportunity. The perspectives that Cybil and Ginger gave summarized this characteristic of teamwork. Cybil said:

The one guy I work with that we're really close, we're about as opposite as they come you know? He doesn't talk a lot, but he thinks. I always say I'm the mouth piece, he's the brains. But you know, I like to do spreadsheets, he doesn't want to do spreadsheets. He lets me do it. You know, I rely on him for certain information, feedback, and so we're like this team that works really well together and we're so opposite…

Ginger discussed that she had good writing skills and was creative, yet worked in a profession that required scientific analytical skills. She mentioned how teamwork bridged the gap between both approaches to accomplish work.

I do a pretty good job especially in my technical writing. I have a good fundamental basis of what needs to be included and what doesn't need to be included and still you can see differences. And one of our other management team members is very analytical [and] we make a good team because we can balance each other out, you know?
Collaboration and teamwork enhanced well-being and energy levels. As Thelma said regarding a supervisor who came to her with a problem, “Look, you're no pain to me. I'm glad you brought it up. We're all in this together, we're a team; we'll figure it out.” She said she felt good that he came to her and that they could partner to find a solution.

To summarize, collaboration was universally recognized by all participants in the study as one way they felt a sense of well-being at work. Specifically, collaboration/teamwork provided energy, fun, and a sense of being valued and part of a team. Participants described the characteristics of collaboration/teamwork that generated these feelings as non-hierarchical, non-threatening, having a shared purpose/goal, watching out for and caring for each other, using each other’s strengths, and ‘doing the right thing.’ This also rippled into home life as participants mentioned being more present for their partners and children. In addition, health behaviors mentioned included sleeping better.

Mutual respect is discussed next. This characteristic of workplace relationships also enhanced well-being for participants.

*Mutual respect.*

Mutual respect was a necessary condition for feelings of well-being to be generated from collaboration/teamwork. Like collaboration/teamwork, mutual respect was mentioned or implied by all 19 participants. If mutual respect was not felt by the participants, the collaboration/teamwork described above would not have unfolded nor generated feelings of well-being. Respect emerged in Kirk’s discussion of collaboration when he said that everyone from the janitor up were treated as peers, “…Very open, everybody was treated as peers, very, very, very, very collaborative. Likewise, when Cybil discussed collaboration she
exclaimed,

…I get the people together and so we can have these sort of interactions…I mean, we don't always agree, sometimes we have a little bit of friction but it's okay, it's because of respect and trust.”

As described earlier, the definition of respect for this study is to esteem someone else, to show admiration or deference toward them. Participants talked about the mutual respect they felt working with others, and about how important it was to their sense of well-being.

Mutual respect generated feelings of well-being because it positively influenced participants’ energy level at work and at home. For example, when Kirk discussed the open, collaborative relationships at his previous company he said, “…you felt respected just for what you were doing.” He described a noticeable difference in his energy level, using the phrase, “like night and day.” Simon summed it up as, “…situations where, it's a jovial atmosphere, there's good exchange of ideas, there's, it's a respect, a mutual respect of each.” Both he and Kirk said that they noticed a difference in energy levels which influenced their relationships with their wives.

Chelsea described feeling energized and having a sense of ‘worth’ when, “people listen and help… they’re patient and clarify questions.” She shared that a member of the SLT (senior leadership team) stopped once when she and members of the housekeeping team were talking in a hallway. She stated that he was engaging and “made me feel like I have a worth”; actually she felt that they all were respected and that their roles contributed to the company. Chelsea described feeling “awesome.”
For Lois, the fact that this mutual respect enhanced well-being seemed apparent when she said, “…just when everyone kind of shares ideas and gets along. Things got done. That’s awesome.” Lois also mentioned that because of the respect between her and her manager as well as others in her department that she perceives the authorization to just do needs to be done. “I will say in my position, a lot of times, (pause) I didn't seek approval first. Just things needed to be done…At home it's great because, you know, I'm in a good mood”. Similarly, Bridgett described, “…being able to come together, everyone putting in their ideas and then they bring on a game plan and going forward with it.” Each person felt respected and that their ideas were considered. These examples suggest that mutual respect is a condition that encourages and supports collaboration.

Murray mentioned that he was interested in being involved in a new project because he respected the manager and felt the manager respected him. He was excited and energized to be a member. Murray’s priority was his family and he discussed the importance this energy had on activities with them after work. Like Lois’s and Kirk’s quote above, when participants feel respected there is a positive influence on home life.

Spock had a journal notation that a protocol was returned to him late from a review process. He mentioned that it felt good even though it was late and left in his chair with no explanation. For Spock the respect was the fact that the person cared enough about Spock to give a thoughtful review of the work. “I was more impressed that they took the time to actually review it. Someone cared. Someone cared enough to read the document and someone cared enough to want it to be good instead of just signing off on it to get it out of the way.” This caring for Spock was an indication of respect for him. Similarly, respect
emerged when Madison shared connecting with others on a basic human level, “…I'm talking to a kindred spirit, when everybody's all jolly and everybody's appreciating each other and recognizing that we're all humans.”

Thelma mentioned that she enjoyed her job and coming to work. It was attributed to the fact that “I have a lot of respect for {my manager} and I feel like he has a lot of respect for me too, I think it's a mutual respect. I feel good about that.”

In summary, respect was an essential ingredient for well-being at work and for collaborative working relationships. Participants discussed feeling good, energized, excited, feeling awesome, and that they had a sense of worth. Feelings of well-being from mutual respect rippled into their home lives as well. As with collaboration, participants indicated the sense of enhanced performance and feeling good about work accomplished.

Level of trust was also a characteristic of workplace relationships that enhanced well-being.

*Trust.*

In this study, the characteristic of trust is having confidence or reliance on someone having the moral principles of fairness, honor, truth or ability. The enhancing impact that trust had was apparent, regardless of whether or not the work itself enhanced well-being or whether or not the participants were in agreement. For example, Cybil mentioned, “I mean, we don't always agree, sometimes we have a little bit of friction, but it’s okay; it's because of respect and trust.” Thelma expounded on one of her journal notations:

That really felt good after talking to {a co-worker}. He’s just real honest and I trust him and that he’s going to tell me the
truth. When I talk to {him} it gives me a happy feeling. It doesn’t matter what I talk to him about.

Similar to Thelma, Scarlett had a journal notation that she touched basis with another employee and it was “uplifting, I mean, really positive.” At the time she rated her well-being as a ten on a scale of one to ten. She explained in the second interview that it was because of trust, and the well-being rating had nothing to do with the topic of the conversation. She mentioned that she actually could not remember what the two had discussed.

Mitch said that in the conversations with his current managers that they “Don’t guard; it’s comfortable.” There was a level of comfort in trusting a manager or co-worker that not every word had to be carefully constructed for fear it would be taken wrong; there was not a concern regarding whether the person ‘had his back’ or not. Likewise, Bridgett said that when she was having a bad day, or needed advice to get the work done, that she was careful who she went to stating that, “The difference is trust. I can tell people something and trust that won’t go to anyone else.” Noel shared a similar story,

So, if you go to the positive person, even if it's just to vent, you know, you always have that one person, hopefully you have one at work, that you can talk to just to vent, you know? Just listen and don't judge me, you know what I mean?”

Again, the person did not need to agree with her, but there was trust that the shared information would not be judged or the information disclosed. Noel shared that the rest of her day went better. Ginger also shared that trusting relationships increased her energy and made
her more likely to want to cook healthier and engage in physical activities with her family after work.

Similar to Bridgett, Noel, and Mitch, Kirk mentioned a manager coming to ask the status of a project. There was a sense of trust and integrity. Kirk felt the manager was giving “…honest feedback. I mean, I trust this individual. I mean, he's not a push-over. But, you know, when he says something, I don't believe he has any ulterior motives. And I trust him. I trust that when I tell him something that he doesn't perceive it as complaining.”

Kirk perceived the manager as having integrity, whereas Monique described feeling good that others felt that she had integrity; that they trusted enough to come to her with issues. She exclaimed, “…they'll run something by me before they do something…They came to me and asked me!” They sought her advice in confidential matters, and Monique beamed that they knew she could be trusted not to tell anyone else. She also discussed how bad she felt when someone questioned her integrity, a story shared later in this chapter under characteristics that detract from health.

Like respect, trust emerged as a characteristic when participants discussed collaboration. For example, Cybil’s statement, “I mean, we don't always agree, sometimes we have a little bit of friction but it's okay, it's because of respect and trust.” Similarly, trust emerged in discussions shared about teamwork. Ginger trusted her co-worker to provide the needed analytical skills and Cybil trusted her co-worker to supply information for their project. Trust was also a component during the collaborative discussions of “having each other’s back.” As Sienna said,
...I like the whole; we're watching each others' backs. It's a safety net. OK, this person has my back because they care about me doing well, I care about them doing well, and we want to make sure that nobody gets any {errors}…

Trust, respect and collaboration were components of that sense of caring mentioned by Spock, Scarlett, Thelma, Sienna and others.

In summary, the characteristic of trust enhanced well-being regardless of whether or not there was agreement, or if the work performed was liked. The characteristic was strong enough that two participants could not recall the conversation mentioned in their journals, but only the characteristic and how they felt after the conversation. As a result of trusting workplace relationships participants rated their well-being higher, and described feeling happy, uplifted, positive, and valued. When there was trust, they knew that they ‘had each other’s back.’

**Open communication.**

Several (12) participants discussed the enhancing impact that clear, open communication had. In this research the characteristic of open communication is defined as a free sharing and exchange of information among employees and throughout all levels of the organization. For participants, open communication created trust, improved work competency, decreased worry, and enhanced well-being.

For example, Midge mentioned that not only was open communication more efficient since she did not have to search for someone to obtain the answers, but she was more confident and secure in answering questions and providing advice when she had all the
necessary information. She said she felt not only more capable, but that it was more collaborative instead of working in a silo with others withholding information. Midge stated that she felt better personally because she felt better about the work she provided.

Similarly, Mitch shared that providing an explanation or reason for something helped people be involved, as well as feel good about the project.

I'll tell you what made the other one good was with the analytical group; again, it was the sharing of information. I shared information with them about the project and they were actually happy that they, instead of just doing the work for us and not knowing what we were doing, when we informed them. (He explained why so they could be involved and get excited.) So, when we had that discussion there was involvement and they were interested; they wanted to be part of a project.

Mitch felt better since conflicts regarding how to do the work were prevented. He felt his well-being was enhanced based on an increase in energy and excitement about the work instead of dealing with resentment.

Mitch also discussed that he could meet with his manager informally on a frequent basis. He shared that this made the work environment for him more pleasant. For him, the open communication kept his sense of well-being intact, whereas lack of communication at a previous company detracted from his well-being. He used the term, “keeping my health.” He had a greater appreciation for the impact that worrying about ulterior motives and closed
communications had on his health. Simon and Kirk associated communication with transparency and honesty. Simon stated,

My major concern is honesty. One thing that I don't like is when people play politics around statements. We'd rather get honesty rather than people just trying to appease us. And so, as long as you're honest with us, we're more willing to accept, and it could be positive or negative, but we just need that knowledge.

Chelsea expressed that open communication with her manager helped her feel better when she went to him regarding a situation with other co-workers. Being able to go to him was important to her and to her well-being. Cybil also said that being able to talk to her manager about a difficult co-worker helps her “get it out.” She said that then she is over it and feels better because of the communication with him. This enhanced well-being was despite the fact that her manager did not take action to prevent the co-worker’s behaviors. She described the relationship with her manager as open and transparent. Cybil said, “Thank goodness, because it would be intolerable.” There was benefit in being able to be transparent.

Likewise, Simon discussed looking forward to lunchtime so that he could have open and honest communication with a group of co-workers. It was being able to openly communicate and have others understand his situation that enhanced his well-being. He described this being a highlight of his day and helped to “ground him” and make him feel “okay” about his other work relationship concerns.
Kirk, Noel, Bridgett, Monique, Scarlett and Madison also expressed the benefit of being able to openly communicate with other managers and employees about work relationship concerns. The open communication included similar feelings already mentioned such as the well-being benefit in not being guarded, not worrying about misinterpretation, and knowing that others had their best interest. Kirk also mentioned that he felt that communication lead to trust and respect. When talking about management decisions, Kirk discussed,

If you're transparent and you treat us, you know, with respect,
I'm not, not every job can tell every decision, but there are so many cases on a daily basis where there is very little transparency in decision making that impacts our daily lives that we feel like there is a level of distrust and there is certainly a level of disrespect. It's like, a) we're adults; b) we're professionals; and c) we're, most of us are scientists. And when we don't know, that sort of thing causes the most frustration.

The characteristic of open communication emerged from the data as influencing well-being. The open communication was beneficial between the participants and their managers, as well as when communicating when other managers. There was also enhanced well-being when being able to openly communicate with their co-workers. It helped participants make meaning of the work relationships, benefit their work identities, and enhance well-being.

There was a sense of trust and respect in open communications. The participants also
described that they felt valued when they perceived that their message was heard. It was not just communicating, but knowing that someone listened, also improved well-being. This aspect is included in the category of value – which also includes a sense of recognition – presented next.

**Valued/Recognition.**

For this research, the characteristic ‘value’ is defined as to regard somebody as important, significant, or useful. Recognition is demonstrating an appreciation of that value. There were five types of different ways participants described being valued. The ways were: 1) felt listened to; 2) felt recognized for work task 3) felt appreciated/recognized by co-workers or customers for work performed; 4) thanked for making a contribution; and 5) helping others. Each of these ways of feeling valued or recognized is briefly discussed below. The result on well-being when participants felt valued included being relaxed, centered, whole, as well as slower respirations and being energized.

**Listened to.**

Kirk discussed being listened to by management as feeling valued:

They listen... it's somewhat of a vaguer thing---like they're approachable… you can tell when people are willing to listen. And not just willing to listen, but actually sometimes come to you first and engage you and say, ‘Hey, I really want to hear your thoughts on...’ Even if in the end it didn't get implemented or whatever, but that it was at least listened to and acknowledged. When it’s at least acknowledged, that gives
people a little bit more feeling that at least, you know, there's always give and take, you can't get everything you want, but at least your views, your experience, or what not are being acknowledged instead of being put down, frowned upon, or ignored.

Kirk described the influence on health as a sense of relaxation. He exclaimed, “You notice even your breathing pattern changes. You can just relax and you can feel your whole, you feel much more centered. And when you're relaxed, I can think in a lot more coherent fashion.”

Chelsea exclaimed that she felt “awesome and energized” when “…people listen and help with requests; when they are patient, clarify questions.” Noel and Lindsey also expressed feeling valued and the benefit of having co-workers or managers listen to them. Lindsey said that she felt valued “when listened to … And knew you were respected.” Likewise, Monique also discussed the benefit of being listened to, but additionally she gave the perspective from the person doing the listening. She expressed the resulting value that brought to her, as well as to the person.

Someone had a complaint, and I said, “What is it you would like me to do?” And sometimes people just want to vent.

[Like,] “I really don't want you to do anything about it; I just want you to listen to me”. And that’s what makes them feel good. Someone heard them.
She described feeling good that she was trusted and she felt good that she could help someone. She said that she ‘without a doubt’ noticed a difference in her well-being. This sense of feeling valued by others, and the participants feeling that they were able to help another co-worker came up several times throughout the interviews.

Participants also discussed a sense of value when their work was recognized. 

*Being recognized for my work.*

All 19 participants mentioned wanting their work to mean something, and the need to feel valued that they made a contribution to the greater purpose. This characteristic of value describes feeling that their work was recognized. Monique excitedly described her experience:

> I get more of the {SLT} coming to me. And I guess I really feel more of a connection with the {supervisors} when bouncing ideas. And that's rewarding, that they value what I think and my opinion. You know, they'll run something by me before they do something … They actually care what I think!

On another occasion she wrote a journal notation about a meeting with a supervisor on a difficult or negative subject that, “... although the meeting was about warning employees, it was positive and enhanced well-being.” When asked about this Monique said that what enhanced her well-being was that:

> He really valued [my opinion], and I'm like, ‘I don't know why you value my opinion on this so much,’ but you really felt like he did…. not the fact that the {employees} are getting written up.
Lois’ vignette in Appendix O (#4, p. 400) describes her sense of value for a project she developed and received recognition by the CEO. As mentioned in the vignette, Lois often looked for extra projects to implement. She did not do the extra work for recognition, but she described how good it felt when what she did was beneficial and appreciated. One example was when Lois developed a system to help with a special project.

Somehow the CEO got a hold of it. And he actually came up after a meeting he was in and said, you know, that's great. So that made me feel good when the CEO said; he comes up and says, ‘I could’ve hugged you!’ I liked that! Just stuff like that, that makes you feel good when your work gets recognized.

*Sense of value/appreciation from co-workers and customers.*

Feelings of value also resulted when co-workers or customers expressed appreciation. Madison described experiences with a vendor she worked with frequently. She said the vendor was always willing to help make a result happen. She complimented Madison even when Madison did not want to be in the role she was assigned.

She's (vendor) been doing this for a long time and with me having the {other} responsibility I talk to her on, like, a daily basis when I'm full force into {it}. And to get a complement from her, she's like, “Look,” she's like, “I'm being selfish,” she said, ‘but I would like to see you stay in this role,’ you know? So just to hear her say that, I took a moment to reflect, I was like, 'Wow!' [Here's] something you really didn't want to do
and you're still, like, going at it, just drilling it and drilling it,
getting things done!" 
She said it felt really good to be recognized and knowing that her contribution was valued despite not wanting to be in that role.

Bridgett also discussed feeling good-having a high feeling of well-being-when a customer expressed appreciation, even though she admitted that she did not hear it expressed by her supervisor.

I would say that I get a sense of accomplishment because I
know that I'm doing a good job for the company and for {big box}. Not that my boss tells me, not that her boss tells me, not
that this company tell me. [PAUSE] People at {big box} tell
me. [PAUSE] My sales people tell me, so I [emphasized] know
that I'm doing a good job for them. But I don't get that
internally.

Bridgett discussed having more energy to go home and walk her dog when feeling valued and having positive relations at work. She also said that she made wiser food choices “instead of reaching for the carbs.” Lois said that she sometimes heard co-workers thanking and complimenting each other though acknowledged that it did not happen as much as it should. Thelma talked about making sure that she considered what others in her department wanted when she planned an event, and how she knew that was appreciated, which resulted in a high level of well-being and sense of being valued, especially when they expressed this to her manager.
I don’t remember when it was, but one time {a co-worker} wrote me and copied or wrote, I can’t remember if he wrote my manager and copied me or copied me and wrote my manager or whatever, but he really appreciated it. He knew it wasn’t part of my regular job description but he appreciated me doing it. So I know there’s that…Yeah, a sense of appreciation out there. Not all of them express it, but I know they enjoy it.

Kirk also discussed receiving peer recognition, despite not feeling valued by managers.

You get the feeling that what you're working on and what you're doing, you're thoughts and you're work is being accepted and that you're actually making progress…They're taking the interest in what I'm doing, they care. And yes, it makes you feel better, it makes you feel a bit more valued, it gives you a sense of validation and you feel like, 'Okay, my work, at least somebody's noticing my work, and is appreciating what I'm, you know.”

He further commented that,

When you see something come to fruition and somebody finally goes ‘oh yeah, you were right; you did something’. Not just you were right, but this work was done, they thank you for this work: just some acknowledgment that what you did really
had an impact. And I think everybody, deep down, whatever they do, they want their work to mean something.

Perceptions of being valued came from special recognition, as well as a thoughtful thank you. Spock had a journal notation that he was thanked for accepting a challenge. He said it felt good, and discussed the benefit of receiving genuine appreciation more often.

And it's just, you can challenge someone and say this is not where it should be, but thanks for working on it. And thanks for continuing to work on that. That's huge. Yeah. And [if] there's just more of that; No, you never get thanks. You get lengthy discussions when you do something wrong. ‘This is wrong, this is wrong.’ You know, you don't put a band-aid on a, you know, hit someone in the face with a hammer, put a band-aid on it and everything's fine. That's not how it works. But its better, I mean, no one does it, so I recognized it and I appreciated it.”

*The value of being told thank you.*

Scarlett, Lindsey, Bridgett and Sienna also mentioned that receiving thanks did not occur often, and yet was beneficial. They also said that others were quick to say what was wrong, but rarely acknowledged what was right. Sienna described it as:

I don't have to get pats on the back all the time but just every now and then let me know, ‘You're doing a good job. I appreciate you.’ That makes me feel good and, yeah, just that
…some type of recognition for things that you're doing and if you're doing a good job because I want to know. So if I'm not doing a good job [for that]. I mean people will tell you when you're not doing something right, but if I am doing something right let me know.

Like Bridgett, Lindsey, and Ginger, Sienna reported having the energy to eat better.

Also, similar to Spock and Sienna, Scarlett and Lois said that thanks did not occur often, but were appreciated when genuine. Scarlett shared:

It feels really good when people, like {the other supervisor} came up and he was like, “It's really good that you're doing all this training, thank you,” and he said thank you…It just feels very rewarding to be able to, that I can create these trainings and I give these trainings, you know, and it means something.

And I think it's not just me thinking that. It's really helping.”

Scarlett’s quote provides another example of being thanked provided a sense of appreciation and feeling valued.

*Being of help and appreciated.*

The value of helping others was an enhancing characteristic in the interview conversations and journals. Scarlett wanted to be of help and to know that what she did made a difference. As with Monique, Lois, and Spock, it was more than being thanked. There was a sense of value and recognition. There was appreciation from those they were helping and a
sense that their contribution mattered. Spock described it as “caring about his work and the job he did,” and wanting others to care.

Several participants rated their well-being higher in journal notations when perceiving that they were helping others. Noel said, “I like being busy, as long as it's helping someone.” Cybil discussed her involvement in a mentoring group at work. She said, “It's not a matter of just feeling better, it's a matter of just you know, helping other people with their life experiences and just sharing. It makes me feel good.” Bridgett shared that, “…what really gets me going is knowing that I've done something good for somebody, whether it's for the account, the company, or somebody personally.”

Likewise, Scarlett consistently rated her well-being higher – a 10 on a scale of 1 to 10 in journal notations about helping others. She explained, “Well, I guess especially when they're appreciative, probably every time it was good. I don't know; it makes me feel like I'm doing something.” She went on to say that:

And so that feels good. Even if it was a long day…Trying to help them, being able to, well I didn't get it done but you know, I was able to help them and just getting back there and talking to people and finding out what they need and trying to help.

Feeling valued and appreciated manifested in a number of ways and contributed to the participants’ perception of well-being. Participants felt valued when their work was recognized, they felt listened to, they were of help to others, they were recognized by coworkers, they were thanked, and they were appreciated by customers. Perceiving that they
were valued resulted in descriptions of being relaxed, centered, whole, as well as slower respirations and being having more energy.

**Socializing/personal connection.**

Personal and social connection at work was another common characteristic that influenced well-being. The characteristic generated from this research is relating to components of co-workers’ private lives, and interacting with others in a friendly, non-work related way. The benefit was not just personal, but also made the work more pleasant, and actually improved both the quality and quantity of the work accomplished. Scarlett stated she noticed a difference in how she felt at the end of the day; that she felt calmer and more relaxed. This rippled into her interactions with her sons. As Midge exclaimed:

A personal interaction makes all the difference. And I don’t understand why management is so, you know, you’re not here for blah, blah, blah. I get that, but there should be some allowances for getting to know each other and talking to each other. Is the day different? Definitely; without a doubt. When you can go do your job and just crack a joke at somebody. Or something silly and just get back to work. Like someone trips over their feet and you cut up and they say yeh, I know. That bantering makes it pleasant work environment.

Like Scarlett, Midge also said she felt better at the end of the day. She also said that she was more productive, and because she felt better, she felt her work performance was better.
Similarly, Mitch said that he liked to joke at work and get others to laugh. Joking made his day go better, but also, knowing that he helped others also helped him. Again, that characteristic of helping others was apparent, even in socializing. For him it was not just joking, or as he said, “clowning around,” but also being pleasant and socializing with others. He said that he knew his co-workers’ children’s histories and the names of their pets. Mitch said the personal connection and joking atmosphere matters, “It makes a difference, it makes a difference”.

I say hi to everybody in the group. So that's one of my routines that I do, I go into the {area} and then I just go talk to everybody and then say, “Hi, how are you doing today?” Crack a joke or something like that…. I know how many dogs they have, what they do, how many children everybody has, where they go, I mean, you know? … So it's me being friendly I guess.

This joking, having fun, and making personal connections was the ambiance described in Sienna’s story of teamwork that was shared earlier under collaboration. Kirk’s story also shares many of the same characteristics of the benefit of this social atmosphere. He discussed the positive feelings when his current manager made personal or more social connections with the work group.

And another important thing, he'll just come out and talk. He'll come up, “Hey guys,” you know, “What's going on?” “Hey,” you know. He might ask you a question, “Where are you on,”
such and such? “Oh, okay.” “Hey, did you notice the lightning bolt that just struck that tree?” And, you know, just trying to, you know, you could talk to him about not necessarily work related stressful things, but he can kind of, trying to connect with people.

The socializing led to more open communications, relaxation, and collaboration. Madison noticed the difference when a customer said her name and asked about her. She felt it should not be all business, and that personal connections made the difference in how she acted as well as the quality of the work she completed. “We’re all people; show concern in your voice. I'm talking to a kindred spirit, when everybody's all jolly and everybody's appreciating each other and recognizing that we're all humans.” Likewise, Simon used the term ‘jovial’ and that a jovial atmosphere led to more collaboration and sharing of information. He noticed that he had more energy at the end of the day. Chelsea also mentioned the quality of the work when she described that friendliness was needed to make the day go smoothly.

Spock went a step further in summarizing what enhanced or energized him the most. The answer for him was the resounding fact that it was personal connections at work, and that those conversations were what accomplished the work. He exclaimed that the positive aspects of his work day were,

Um, they're almost entirely non-work related. It's the personal, getting to know an individual, cracking jokes with them, exchanging stories about, ‘This happened to me in the back,’
or, ‘I...,’ exchanging stories and interactions that they've had and interactions that I've had...But in doing that we establish personal relationships. They get the work done very quickly.

He recognized that knowing something about others led to more empathy and understanding leading to helping each other complete work tasks. Scarlett also recognized that personal connections enhanced her well-being, plus helped employees work better together.

This characteristic was apparent in Scarlett’s journal notation about socializing with co-workers in the breakroom one morning. She wrote that the experience was “calming, as well as energizing, and a great morning with friends.” She clarified having a relaxing morning with co-workers led to setting the tone and feeling energized for the rest of the day. However, as she thought about this, she said her day was actually also more stressful. She described a sense of guilt for “wasting time.” On the other hand she acknowledged how well the group she was socializing with worked together stating, “So, it was actually with the group that gets along so well. You know, there are certain ones that kind of sit around the coffee pot and do stuff together, and they all kind of always group together and help each other. It’s fun” She acknowledged that:

So yeah, I guess it did (make the day better), it probably did make my day, although I do remember I was like, ‘Ah, I just wasted time.’ Because I actually work through my lunch when I take half an hour, because I know I go and I talk to people, you know, chatting and stuff like that. ...while you're here you need to keep up your relationships with people because... If I
go and I talk to people all the time, if I ask them for a favor
they will drop everything and do it for me.

There was worry in ‘wasting time,’ yet like Spock, Mitch, Sienna and Midge, Scarlett knew
that was how work was accomplished. However, when discussing the importance of personal
interactions Scarlett’s stress from guilt resembled Midge’s sense of management disapproval
in that management would not appreciate the value of these personal conversations. Yet
findings suggest that work performance improved, more work was accomplished, and
participants were energized by socializing with others.

Section summary.

As described in the beginning of this section, six characteristics emerged from the
qualitative data analysis focused in identifying work interactions that contributed to feelings
of well-being. The characteristics were listed and defined on Table 4.2, and included:

- Collaboration and Teamwork
- Mutual Respect
- Trust
- Value and Recognition
- Open Communication
- Social/Personal Connections

The specific feelings of well-being generated from interactions that contained one or
more of these characteristics ranged from physical to emotional. Specifically, participants
noted these specific feelings in rank order:
Feeling energized: this was the most common feeling of well-being associated with interactions at work. Participants discussed having more energy during the day, which also rippled into their home life. Several quotes shared in this section also mentioned being energized – a jolt of energy that lasted following an interaction when any of the characteristics of collaboration, trust, mutual respect, value, and personal connections were perceived.

Feeling valued: This was the second most frequently mentioned feeling from positive interactions at work. When participants felt valued, listened to, recognized for their contributions, and appreciated, as well as being of help to others they reported,

- Feeling relaxed
- Feeling calm
- Slower breathing
- Feeling better during the work day
- Positive influence on home interactions

These feelings of well-being also resulted in perceptions of improved work performance, as well as enjoying aspects of their job that they did not view as enjoyable or positive, such as the stories shared by Madison and Monique. In addition, participants reported healthier behaviors practiced when the characteristics of collaboration, mutual respect, trust, value/recognition, and positive social connections were present. These behaviors included healthier food choices, sleeping better, and being more physically active.

The findings of the study, therefore, illustrate both the type of workplace interactions that generate feelings of well-being, and the specific types of feelings associated with those
interactions. The next chapter will discuss the implications for HRD research and practice in light of these provocative findings.

Interestingly, what clearly emerged from the data were the detracting influences that occurred when these characteristics were lacking. Story after story unfolded regarding the negative consequences to well-being and health behaviors when participants perceived that these characteristics were expected, but not felt. The next section continues with data emerging in answering research question one, how do workplace relationships influencing feelings of well-being by illuminating the characteristics that detract from well-being.

**Workplace relationships that detracted from well-being.**

Characteristics of the interactions that detracted from well-being seemed more apparent for participants, were plentiful, and were almost verbatim the exact opposite of the characteristics that enhanced health and well-being. The eight detracting characteristics that emerged from the data are listed in Table 4.3. Difficult interactions included those that were considered harsh, mean, adversarial, negative, as well as when the participants were not listened to.

For example, Spock shared that what was draining for him was,

“…lack of collaboration. People who want to be heard, but aren't that interested in hearing what you have to say. And in that sense I will absolutely receive what they have to say because that's what they want. They're not interested in receiving what I have to say. And that is draining.”
In addition to the influence on his energy level, the result also was difficulty working together on a project, and therefore productivity was influenced.

Table 4.3. Findings: Characteristics of Work Relationships Detracting Well-Being

<table>
<thead>
<tr>
<th>Characteristics that Detract from Well-Being</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Collaboration/Teamwork</td>
<td>Complete absence of individuals being able to work together.</td>
</tr>
<tr>
<td>Disrespect/Condescending</td>
<td>Disregard or contempt for another; behavior showing you consider someone inferior; patronizing.</td>
</tr>
<tr>
<td>Lack of Integrity/Distrust</td>
<td>A feeling that someone is dishonest; lacking moral or professional principles.</td>
</tr>
<tr>
<td>Injustice/Lack of Accountability</td>
<td>Unfair or unjust treatment; lack of responsibility to someone.</td>
</tr>
<tr>
<td>Not Valued/Not Recognized</td>
<td>Disregard someone as important, significant, or useful. Lack of appreciation and recognition of contribution.</td>
</tr>
<tr>
<td>Open Communication</td>
<td>Lack of sharing and exchange of information.</td>
</tr>
<tr>
<td>Difficult Interactions</td>
<td>Challenging and problematic relationships</td>
</tr>
<tr>
<td>Lack of Empathy</td>
<td>Lack of compassion or understanding of someone’s feelings</td>
</tr>
</tbody>
</table>
Lack of collaboration/teamwork.

The lack of collaboration or teamwork is described for this research as a complete absence of individuals being able to work together. Scarlett’s journal notation and story contributes to the influence a lack of collaboration had. She noted that the interaction was between co-workers and clarified:

They, it’s not like a team, you know? Like, {two others outside the department} and I may have different ideas, but we work it out. They end up using theirs, they end up using mine, they end up using a combination. But with these [other] co-workers it’s not collaborative. .. to me they tend to both be like, ‘I disagree. No, it should be this way.’ [definitive voice]. One co-worker she wants it her way and she won’t see any other ways.

She described the lack of collaboration as “completely de-energizing,” similar to Spock’s comments on being draining.

Sienna, Scarlett, Bridgett, Lindsey, and Chelsea described a lack of teamwork as ‘not having each other’s backs’,

Midge’s discussion presented earlier regarding the sales rep not providing her with all of the needed information to fully assist a customer is similar to Spock’s outcome of not being as productive. Midge perceived that she could not fully complete her work due to withholding of information. She viewed this as “working in silos,” which is an example of a
lack of collaboration. There is a sense of powerlessness and lack of control in her story, which left her vulnerable.

So if you're in a position where you're supposed to help people, if somebody's not giving you that information you're not really, essentially you feel like you're not doing your job. I don't feel the confidence in my work and because I had issues where I didn't know why, what was needed. …He had me going back to him over and over instead of giving me what I needed.

Similar to Midge, for Simon the lack of collaboration involved the withholding of information which was observed during a meeting. Another co-worker never shared important information with Simon’s colleague. Instead the co-worker waited until they were both in front of the entire group to present that the work was “completely unnecessary.”

A colleague was working on this project and this project required a safety analysis so the person who was doing the safety analysis knew everything about the project, knew everything that was happening. Well, he went into a meeting to talk about this project and what they were going to do, and some of the managers were in the meeting. Well, when he (Simon’s colleague) was talking about his project, the other co-worker said, “Well, I've already done this work.” You know, “We don't need to do this. I don't see the reason for you to do this. I've already done this work.”
Instead of collaborating the co-worker withheld valuable information about the project.
Simon perceived that his colleague was purposefully discredited and described being “totally dejected.”

The situation reinforced for him the confrontational aspects a lack of teamwork can have, yet he also discussed it reduced his motivation to be a team player. Simon continued:

And, you know, a lot of times the people that are hostile to each other are the ones that are in the these two separate groups because one of them feels as though we're not taking their advice on anything and the other one thinks, well you know, you're not willing to look at our ideas. And so, there's a division that's maintained.

This division led to a lack of teamwork that rippled into other collaborative efforts. He perceived that his well-being was influenced by the lack of collaboration, and that it influenced how he interacted with his family. He decided to take action by finding another job.

Although a different situation, Midge disclosed a story that provided another example of how interactions influenced the desire to collaborate. Midge shared that her manager told her that her opinion did not matter at the end of the day, a degrading and condescending statement. Midge commented how it influenced teamwork:

And if you want somebody to be a team player and come up to you and feel like they can open up to you and trust you, for us to work well we have to trust each other. If you're making
statements like that how can you trust that person because that person's just kind of slapped you in the face. And you know, making you feel like a peon.

Spock’s story shares some of the same characteristics of how a lack of collaboration reduces the ability to work together productively. He discussed a perception of blame and finger pointing instead of teamwork:

And there would not be a blame so much, or a passing the book and pointing the fingers, if we're all in this together as we're supposed to be if anything goes wrong no one should be pointing the finger and saying, “It's your fault. You messed up.” It [should be], “We did not meeting our goals. How can we meet our goal? ” If it was an individual it's not like, “It's your fault. You did it. You're the problem.” It's like, “Okay, what can we do to help you get this done,” if it didn't get done, for example.

His discussion contributed to the concept discussed by Midge and Simon, and provided an example of more collaborative language that could increase camaraderie and teamwork. Spock also mentioned that:

…it's like abusive parenting, you know? It just gets transferred down and down and down. You know, “my dad beat me so I beat my kids. It's what I know, it's what I understand, that seems to make dad happy, so...what the heck”…Like, they get
yelled at so they yell at someone else. And to me, that's ridiculous. Especially if you know you don't like being yelled at, what makes you think that yelling at someone else is going to work? But I guess in their defense they get yelled at so they go yell at someone else, so yelling at them worked right? I mean, it got them to go yell at someone else.

Murray also pointed out that blame and finger pointing did not improve the situation or lead to collaborative solutions. His discussion added the concept of “self accountability” which he perceived resulted in a willingness to work collaboratively. What enhanced health and well-being for him, was “…a work force that was self-assured, self-reliant, but also willing to work with others…And so there would not be a blame so much, but working together to fix things.”

Scarlett, Midge, Lois, Lindsey, Madison and Sienna described similar situations in stories of co-workers, as well as managers, ‘not having each other’s backs.’ This lack of teamwork emerged from Madison’s discussion on how she felt after being yelled at by a manager. Some of her concern about the situation resulted from the perception that others might not be doing “right by her” and did not have her “best interests at heart,” in other words, they ‘did not have her back.’ Similar concerns were mentioned by Murray, Simon, Noel, Monique, Sienna and Scarlett. Scarlett used stronger language when discussing these same concepts. She exclaimed:

I just seem to recall enjoying to come to work with people.

Even, like way back people were nice to each other. They had
your back. But there's people here now that are just, if there
was somebody that came in and started shooting they would
not blink before they would grab you and use you as a shield to
block the bullets… just throw you under the bus.

Instead of working collaboratively there was a sense of blame and self preservation. This resulted in a sense of isolation and lack of support. However, participants also pointed out that collaboration did not mean agreement, but disagreeing respectfully. Cybil, Murray, Spock, Simon, Lois and several others discussed that working collaboratively required respect and trust, but did not mean that everyone had to get along. Scarlett and Murray liked the term ‘collaborative disagreement’, which this researcher used to capture the meaning of their discussions. Murray emphasized “…collaborative disagreement; absolutely because that's how you work things out.” Both discussed working through issues collaboratively, but not necessarily agreeing with everyone. As Lois acknowledged,

…it wouldn't be realistic to say a healthy work place would be
somewhere where everyone got along because that's not gonna
happen. But I think that if everyone, um, had a respect for each
other and understood each other’s working styles because
that's, everybody works differently.

The concept of blame rather than disagreement was different. Lindsey’s quote at the beginning of the chapter captures the essence of blame and influence on self assurance. It impacted a core value. This concept of the influence on well-being when core values were impacted emerged from the data on detracting workplace relationships.
Disrespect.

For this research, disrespect is a disregard and contempt for another. Another aspect of this lack of respect or contempt that became apparent from the data was condescending messages. Condescending is defined as behavior showing that a person considers someone inferior and/or patronizing behaviors. The characteristic of disrespect and condescending behavior was evident in many of the descriptions participants recited when discussing what detracted from well-being. Participants revealed depression, lack of energy, difficulty sleeping, lack of focus and lower self-confidence.

Thelma shared a story of disrespect when she corrected an employee after observing him not following required procedures.

What really got me was he had a total disregard for me calling him out on that. He just kept standing there, kept doing what he was doing. Then when he got ready to walk in {the area}, you know, he was supposed to do the disinfectant and after I called him out, he didn't do it.

She felt he purposely ignored her and did not follow the rest of the required procedure because she corrected him. What impacted her well-being the most was the perceived disrespect. It was not the fact that what he was doing was wrong, but his disregard when she corrected him. She said it influenced her work for the rest of the day and lowered her well-being for several days.

Likewise, Spock’s journal notation shares similar characteristics. He wrote that someone ignored his request. He explained:
In this case I think it was a, 'What I'm doing is vastly more important than anything that you'd be doing.' So, this is just a dismissive situation. But yeah, it gets frustrating, especially on the fifth or sixth time, you know? And then it's like, 'I've got to work too buddy' you know?

This dismissive disrespect included the characteristic of condescension.

*Condescending behaviors.*

Condescending behaviors significantly detracted from well-being. Scarlett shared that during a performance review when she was trying to defend her work, her manager at the time said:

‘You're just not worth the money that you make here’. And then that I wasn't; nobody wanted me to work for them…I actually said I thought a manager's job was to bring out the best. And he was like, ‘Well, that's not my management style.

You have to adapt to me. You have to do what I want.’

She stated that she became depressed and sought counseling. She had trouble sleeping, eating healthfully, focusing at work, and exercising. Scarlett also mentioned that her interactions with her children suffered.

Midge, Kirk, and Madeline shared experiences similar to Scarlett. They were also told that it was what the manager wanted that mattered, their opinions were not important, they were replaceable, or that managers were always right. Midge’s manager told her that, “Well, it doesn't really matter what YOU think. It's how; it’s what I [emphasized] think at the
end of the day that matters, because I'm the manager.” She described how bad that made her feel and a sense of dread that lasted months. Likewise, Madeline said that she was told by her manager that the supervisor was always right. She recalled him saying that, “Well, she's the boss. You're just an analyst. She's right one-hundred percent of the time.” She repeated that she was only an analyst, and then went on to explain how contradictory that statement could be, remarking, “You're only an analyst, so you don't have any business doing that. Or you are a senior analyst so why aren't you doing this? It's so, unclear, very unclear. I went to the vice president of {the department} and she told me, well, they must’ve had a reason to say that.”

She said she felt that she had no recourse, and that her health and livelihood suffered.

I wasn't going to get a raise, I was on probation or something.

…You have nowhere to go because you've just tried everything you can possibly think of. You just feel so helpless. Because you're trying to tell these people, you know, sort of what's going on and what's happening and they just don't, they don't want to hear it. … And just kind of assuming that, well they're the supervisor so they're right one-hundred percent of the time. That's exactly what I was told, ‘She is right one-hundred percent of the time.’ I was actually told that.

Like Scarlett, Madeline became depressed and had to seek counseling. Kirk’s story also contributes to this idea of condescending behavior and resulting depression, recalling:

I was even told recently that I was not irreplaceable and that I was lucky to have a job. [sarcastically repeating], ‘Well, you're
lucky you have a job and don't think you're irreplaceable.’ And yeah, very depressed. At first it's anger, then after a while it's honestly, depression…I felt like crap. [Laughing] I just felt depressed.

Along similar experiences, Midge had an interesting realization during our second interview. She was discussing the fact that although she was sometimes late for work, her manager was also late, in fact, often later than Midge. At first Midge explained that she wished her manager would be more flexible. She mentioned that the manager sent the employees e-mails reminding them of the working hours, and to please be at work on time. The manager also complained about the lack of getting to work on time to others in the department. Midge went on to say that the manager:

…has even made statements to my other co-worker that she had issues with {Midge} about, “Well, they really need to be here. I cannot stress to them enough about being here from eight {XXX} to {XXX}. I know I don't get here, but it is a little different. I'm still the manager.”

Midge repeated the last two sentences several times, almost in a state of disbelief. “I know I don't get here, but it is a little different. I'm still the manager.” She mentioned that when co-workers talked about this comment one said that some parents go by that same policy of ‘do as I say, not as I do’. Midge said that she had issues with that philosophy of parenting anyhow, then realized, “But my issue is, you are the manager, you're NOT our parent.” For Midge, this revelation was powerful. She sat forward and repeated that they were managers
not parents, and mentioned the fact of that ‘do as I say’ policy not only being bad parenting, but being bad role modeling as well.

Midge’s story contributed to describing the condescending or patronizing characteristic. This same characteristic was apparent when Scarlett shared how her manager tried to solve her problems. Scarlett explained:

…and to me, it's like, it comes across as like I'm screwing up, so she has to do it. And it's always that attitude that comes across. Instead of saying, ‘Hey, you got it.’ I'm a senior {person}, I'm not twelve, you know?

This situation seemed to be significant for her since Scarlett continued discussing this same example during our second interview. Her manager said to her,

“You and I will have to go meet with the supervisor together about this.” And I was like, “I just said what my plan was.” I said, “I’ve got it, XXX.” …So, just over-all that type of thing, to treat somebody, you know, it’s just demeaning.

Scarlet described the condescending behavior as demeaning. She said that she became paranoid regarding not being capable of performing the work. This work relationship zapped her energy levels and made her feel disrespected as well as not valued.

Kirk and Simon described that lack of communication was for them viewed as condescending since employees were not treated as adults. Kirk said,

Quite often there's a lot of withholding of knowledge and not necessarily technical knowledge but things that are going on,
movement, hiring or what not. And I've even been in some situations where they're like, “Well, if we tell the people that they're going to freak out.” I'm like, “No, we're adults. You give us the knowledge and we will respond accordingly.

Kirk’s story included the same patronizing, condescending - treating others as inferior – characteristic. The last story shared in this section on disrespectful and condescending behavior is the incident described in Bridgett’s vignette (Appendix O, #3, p. 399) when her manager hit her in the head. Besides being a physically abusive, the relationship emerged as paternalistic, condescending, and disrespectful. Bridgett revealed that she made a cynical remark when her manager came to her looking for another employee who Bridgett described as “a problem employee.” Bridgett’s response was that it “wasn’t her day to watch her.” She said her boss ‘conked’ her in the head for saying it was not her day to watch the employee. Bridgett recalled, “And she hit me in the head. She didn't just tap me; she hit me hard in the head.” When probed about the story Bridgett said that she felt she deserved being hit, and though she admitted now that something was wrong about that incident, she could not articulate it fully. She only said that she did not really understand “what the hell I had done.” She acknowledged that it was inappropriate, but that she should not have been sarcastic – hence the feeling that she ‘deserved it’. Bridgett said that she apologized to her manager.

**Lack of integrity/distrust.**

While trusting relationships enhanced participant well-being, a lack of trust and perception of lack of integrity, clearly detracted from health. Each participant’s stories were different, but provided strikingly similar examples that confirmed the characteristic. Well-
being was influenced by feeling lied to, perceiving dishonesty as lack of ethics, others taking credit for work, mistakes hidden, or talking behind another’s back. All of this led to distrust. Other components of the characteristic of distrust that influenced well-being were a sense of not being trusted, and the participant’s integrity being questioned.

Murray’s discussion on this topic coincided with components he used when defining health. He said that health was, “mentally having peace of mind, which included morals and being ethical at work.” He shared that he performed a required task, but that he did not complete the required documentation. There was a contamination in the process, and a co-worker checking into it found the lack of documentation.

So, an operator saw that and said, told me you know, sign it, right now for that date! You know, because that could be an issue; like a {error}, which was frowned upon if you received one. But the problem I had was the person that was telling me to do that was someone that I looked up to and thought was a role model for myself, my senior operator.

He went on to describe another situation involving the same senior operator. The two of them had started a procedure, but it kept failing. Maintenance was called to provide support even though this happened on an off shift. Before maintenance began troubleshooting, Murray and the operator found that the {apparatus} were reversed.

So, we found that the {apparatus} were reversed, they were on the wrong {connection}…at that time there was more attention being paid to {maintenance} coming in and fixing that and
troubleshooting it. So, you know, maintenance is asking questions like, “Why is it failing? Why is it failing? What's going on? Something's gotta be wrong.” And he never told him that those {apparatus} were reversed so they never really found why it was failing… It just kind of made me feel sad that the person wouldn't admit that he made a mistake.

He said that he never trusted him after that. He described feeling bad; both bad and sad about both situations and the lack of ethics.

Likewise, Sienna described a similar story of mistakes being made, and employees trying to cover their actions. She had mentioned a lack of integrity about a situation and clarified,

OK, when I say integrity and how you talk to people and how you treat them, it's pretty much, this industry can be cut throat at times and so basically when I say integrity, like if you're going to do something don't try to kick somebody else down for you to get a little spot light on you. …Or if there's a mistake or something like that, and yeah, it might have been somebody who might have kind of maybe opened the door for that mistake, but you had the option to walk in that door or not to walk in it. And if you do walk in it, “Hey, I got caught, I'm in a bad situation,” suck it up and go in there.
Sienna’s feelings, like Murray’s, was to be honest and admit mistakes, otherwise there is a sense of distrust. This distrust may stem from or lead to that ‘cut throat’ as Sienna described, or blame described earlier under lack of collaboration, as well as not having each other’s back.

Several participants discussed the lack of integrity as talking about others to someone, or changing a scenario when recounting a situation to someone. For example, in our first interview Scarlett mentioned that her manager often talked about another co-worker in their department to her. “The supervisor gets mad at her and talks to me about it instead of just going to her. So I try to avoid my supervisor...” Scarlett also had a journal notation about a situation that happened, which provided an example of the manager talking about the co-worker. She described the following scenario regarding what she meant by that notation, explaining again that:

She tends to talk about her, I mean, like the training. We’re meeting and she was just like, “Why is she doing it this way?” And I’m like, I don’t think a boss should be talking to other co-workers about somebody. Because all I know is if she complains about her doing stuff to me, I’m like, she must be going to her and talking about me.

Scarlett realized that her manager was probably talking to others about Scarlett. That was the point Scarlett was trying to make: her manager could not be trusted.

Both Monique and Noel contributed related situations that further highlight this idea of distrust. Noel mentioned a member of the senior leadership team (SLT) talking to her
about another member who Noel actually reported to and provided administrative support. Noel and this SLT member were talking about Noel’s manager not keeping commitments, and frequently leaving work without explanation. This situation provided an example of one SLT talking about another and led to distrust. Similarly, Monique recalled, “a lot of the SLT here will slam each other behind the other’s back. Now I think face-to-face I think they're all, you know, everybody's one big happy family, but, you know?” She stated that she heard comments directly and provided an example, “..one said, let me see exactly what she/he said. Something to the effect of, ‘They better not come to me for help. I'm going to let them hang themselves.’ And you know, [that] kind of thing.” Both Noel and Monique felt a sense of distrust, and that staff did not have ‘each other’s back.’ Noel said that she could not trust either SLT member. Monique expressed being shocked and feeling bad.

Monique also recalled being in a meeting where an SLT member was defending an employee, but then did not pursue the defense. The SLT member later claimed she/he did pursue the issue when talking with the employee about the situation. Monique shared that when this SLT presented the defense for the employee:

…the CEO said, ‘Absolutely not. That will not happen.’ And the funny thing is, after the meeting the stories changed when they were coming back to me with the follow-up. I thought, 'That's not what you said in that meeting, but we'll just'... you know, somebody would say, “Well I defended them,” when they didn't. They said okay, and caved to him {the CEO}; just had given up.
Monique also shared that the SLT member later told the employee – with Monique there - how she/he fought for the issue. Monique exclaimed, “I thought, 'Oh my God. Are you frickin' kidding me?’” She described feeling horrible knowing the employee was being told a lie, and she felt helpless to do anything. She also began to distrust the SLT member since Monique was never sure when she was lying about something. This story contributed to distrust that resulted from lying about a situation.

Madison’s story also illuminated the detracting influence distrust had on well-being. While similar to stories about managers going behind others backs, this involved co-workers not being forthright. Madison recalled her excitement in getting a new job position, only to learn that someone went behind her back to talk to Madison’s new manager. What bothered her was not what they said, but that they went behind her back. In her opinion, no one had the integrity to talk with her first. Madison described that the new manager told her that others were:

…kind of singing my praises as it relates to performance and all of that. So he made that very clear, he said, “I'm looking for x,y, and z and based on what I hear you have x,y, and z. However [emphasis], I've also got some alarming (emphasis) feedback.

She described a sinking, sick feeling on hearing that, and then said she became angry.

I almost felt slighted in a sense, I'm like, well, if, you know, I’m doing such a good job, of course everybody's not perfect,
but why is there alarming [emphasis] feedback being taken to
him and nobody's come to me, you know?”

She said she was never given a chance to defend herself. The situation detracted from her
well-being since she was not able to enjoy her moment of glory after waiting several years
for the job. She exclaimed:

Give me an opportunity to fix it. If there's something I'm doing
wrong, tell me. I mean how did that come about and why did
you put your mouth on me?...And how come nobody's ever
come to me and said, ‘Hey, we feel like you don't do well with
xxxx. Seriously? You can't just let me have my moment
without sending a black mark?

As mentioned, another characteristic of distrust was others taking credit for another’s
work or idea. Kirk gave one example of a person taking credit for his idea, and Madeline and
Lois also shared that others had taken credit for someone else’s work. Kirk said:

So, I gave an idea to improve something. There have been
many, many, many occasions where I didn't hear anything back
only to find out that the manager had taken that concern or that
idea and posed it as their own in upper level meetings. And that
really bugged me. So that was very disheartening.”

What was the health impact? Kirk said, “Your shoulders just tighten up and you just feel like
your blood pressure and your breathing just sky rocket and then for about a day of just being
angry, but after that your just, that kind of goes away and then you just get, after a while you get apathetic.”

Feelings that they were not trusted.

Another theme that emerged from distrust that influenced well-being was when the participants felt that they were not trusted. One example was already discussed in Midge’s story regarding the difference in what managers say and what they do. This characteristic is similar to the condescending behaviors already presented, but contributes to the idea of not feeling trusted. Midge went on to explain:

Our hours are XXX to XXX, and I'll be honest with you, I struggle. I have two kids. I struggle at home to try to get here then. And I'm usually here {within five minutes of the starting time}. I'm not justifying it, it's wrong. I need to be more mindful about that. I have been asked to do a job from XX time to XX time, and I know I'm supposed to. But the manager comes in {a half hour late} every morning and leaves {15 minutes early}, plus will take a 2-hour lunch break. But yet will send us e-mails about how working hours are XXX to XXX, and to please make sure that you're here.

She continued the conversation, describing the actions as hypocritical:

The issue is when you say something to us, when we have a valid reason as to why we are, you know, a few minutes late or we need to leave early. Like I said, nobody's out to try to
sabotage the company. I don't believe anybody's trying to take anything away from the company.

Ginger described a situation that she perceived as a not being trusted by another manager who withheld information. Ginger discussed being a member of a tight management group and especially having a close relationship to one other manager. The other manager was promoted and the announcement was made the next morning in a meeting. No one, including Ginger and the overall department manager, knew about the promotion. For Ginger, it came down to not feeling trusted. For her it was a “trust breaker; Ginger’s core value.” While she understood confidentiality, she felt the co-worker should have informed Ginger in confidence the night before. Because of this perceived like of trust, Ginger felt deceived and betrayed. She spent two-weeks being upset for herself, as well as the overall manager. She also described having guilt for the angry emotions, and feeling consumed by the overall situation. The situation detracted from her well-being in that she was preoccupied at work and home so productivity and personal relationships suffered. She experienced trouble sleeping and felt she did not eat as healthy as normal.

Another example of this feeling of distrust was Sienna’s stories regarding perceptions that her supervisor had, ‘eyes on them.’ She explained that he made statements that led her and her co-workers to believe that he was watching them”

…say if we first get in and maybe just for a quick second we might be talking about, you know. And then he'll actually come, like we'll see him in the window in {another area} and
then next thing you know we're getting calls and like, “Oh I need somebody to do....such in such and such in such”.

She believed this was because he did not trust them to perform the work on their own. This perception is also similar to feeling that socializing was not acceptable. Sienna shared another example of feeling distrusted:

…he wasn't on the floor so he had to be watching because his office is like near the {area} where the {XX} monitors are. And then he’ll call and be like, “Well why has that thing been agitating for such and such amount of time? Where were you?” So that's why I mean watching without like eyes on you, but they're on you.

In other words, they were not trustworthy and so had to be watched to make sure they were performing their assigned tasks. She described being, “annoyed,” and perceived that this influenced her energy level.

Both Monique and Scarlett provided similar examples of feelings of distrust. Monique discussed an SLT member that came to her about not trusting employees. The employees also came to her about not being trusted by the manager. Monique said, “He wants to manage every second of the time. Like, they better not spend five seconds on the internet…even though they may not have taken a break that day.” She described needing to trust employees, and trusting that they had good intentions. Monique also shared another situation related to her not feeling trusted, and how that influenced her well-being. Monique explained that she went to an SLT to voice her reservations in rehiring an employee, but the
SLT member said that the person had changed and that he/she still wanted to rehire him. The rehire was discussed in an SLT meeting, which Monique did not attend:

…so apparently someone said, “Oh my God, I can't believe we're hiring him back, he's a bum.” So {my manger} called and said, “Why aren't you calling me about this?” And I was like, “Well, you know, I shared my concerns.” [And he was like,] “You need to share them with me and I can stop it from happening!” I said, “Okay.” He said, “From now on if you have any concerns about somebody, you bring it to me!” I said, “Okay, fine.” So I'll do that.

He then made it clear that he needed a report on other matters as well. She felt a sense of distrust in her work performance, as well as a perceived loss of power and authority.

Kirk expressed similar feelings of distrust when he explained a journal notation made regarding a manager asking him for data that was not ready. Kirk said:

You know, he's kind of the person that's like, “You have the data yet? How about now? How about now? How about now?” And I'm like, “Look, I've told you, it's not going to be until next week, and you've asked me the next day.” I'm like, “Are you not reading me? You're not listening to me?” And he's like, “Well, have you talked to...?” “Well, have you done..? You need to talk to so and so, you need to talk to the group, and make sure they know.” [And I say] “I've done that.”
So part of it is like do you not have any confidence? I mean, these kinds of questions, he seems like he just doesn't have any confidence that I know what the heck I'm doing. [As if] I don’t have the sense of urgency.

He described feeling defeated and felt his energy drain.

Feelings of not being trusted, as well as distrust were apparent in Murray’s discussion regarding not being given the authority from others in his group to be able to perform certain tasks. He said he trusted that they knew what to do, and had his best interests in mind. He now felt deceived, as well as not trusted to have the authority. He also began to not trust their motives. When asked what the characteristics were he answered, “distrust, not listened to, and not respected.”

Integrity questioned.

A different twist on the characteristic of distrust and feeling a sense of distrust was presented by both Noel and Monique. They gave examples of someone questioning their integrity, which they described as detracting from their sense of well-being. Monique recounted,

We were in a meeting one time. It was a head count meeting with CEO and my manager and I, we were meeting with each director one at a time and so usually it {anger and being argumentative} was directed at the other directors, but occasionally it was directed at me and for things that I thought, I wasn't even sure where this is coming from. I mean the
question was: ‘Is the head count right? Well is it right?’ ‘Is it right, {Monique}?’ And it's like, yeah, it's right! [And they're like,] “Well I sure hope it's right,” you know?

She described the tone as accusatory. She stated it was accusatory and doubting her, ‘If the headcounts even {emphasis and sarcastic} right.’ And the CEO repeated it. ‘If we even know that it's right’ (accusatory voice). So, questioning the legitimacy of the information that I provided. I just feel throbbing and blood rushing to my ears and kind of just, “Ahh!”

Noel’s situation was different, but had a similar question of her integrity. She stated, This girl [manager], [said girl with disdain and disrespect in not wanting to call her by her manager title], who bought a time clock machine and made everyone, just all the secretaries, clock in and out. So she could find whatever, I guess we did, you know? You don't accuse me of something when you go and sit in a conference room and eat your salad for 2 hours and yet you don't punch out.”

This example was similar to not trusting work performance intentions, as well as Midge’s story recounting being on time when the manager was not. Likewise, Spock also mentioned that employees having to clock in and out was a signal of not trusting employees and questioning their integrity. Spock surmised that distrust leads to companies establishing a dress code, stating that if there was trust,
You would have no dress code. Yeah. I think trust, you have to have a, I think people feel like they're not trusted. I certainly am not trusted to dress myself because there's a dress code. I'm not trusted to be at work on time, we have to badge in and badge out.

Since Spock mentioned that his well-being in caring about his work and work performance, these feelings of trust lowered his caring, and as he said, increased his “cynicism.”

Injustice.

The characteristic of injustice, lack of fairness, or favoritism was mentioned frequently by participants when describing workplace relationships that detracted from well-being. Several of the examples presented earlier also illuminate perceived injustices such as Noel’s example of the ‘girl’ taking two hours for lunch, and Midge’s manager coming to work late, but not permitting the employees to be late; as Midge said, “do as I say, not as I do.” Injustice is defined for this research as unfair or unjust treatment. Lack of accountability is included in this section since it emerged for several participants as a lack of fairness. Lack of accountability is defined here as a lack of responsibility to someone.

This characteristic of injustice was apparent in other participants’ discussion as well, including Lindsey’s description of ‘sacred cows’, mentioned in her vignette (Appendix O, #8, p. 403) and shared in the next section.

This sense of lack of accountability and lack of fairness was a theme during Monique’s discussion of the SLT member that had dishonestly told an employee that she/he (the SLT) had fought for him in the meeting. Monique stated that this SLT had privileged
status, explaining that “The perception here is do not cross her/him because you will pay. She/he's the CEOs golden child for whatever reason…But it doesn't matter because he/she's going to get his/her way and roll right over you.” This emerged as an injustice as well as an example of not being held accountable to the same standards as others. Like Monique’s ‘privileged status’, Lindsey used the term, ‘sacred cows’ - a term she stated others also used - when she talked about this characteristic of privilege or favoritism.

In this company more than any company I've worked with, favoritism is a huge problem. There are the selected few, the protected. They call them sacred cows and everyone knows who they are… a few years ago when we, there was a reason to point out some of the misbehavior by these people. They're not the one who gets in trouble, you're the one who gets in trouble for having dared [said with dramatic emphasis] criticize them.

The ‘sacred cows’ were not held accountable to the standards that she and others were. For Lindsey and Monique injustice should be eliminated by holding the ‘sacred cows’ or privileged few accountable. Similarly, Kirk’s story had similar characteristics as Monique’s and Lindsey’s. He described that, despite the person’s behavior,

I keep seeing them skate by, not only often times with no repercussions, but they seem to prosper. I'm like... it's boggling to me. This is part of this guy's DNA, being rude, condescending, cutting people off, running roughshod over everybody. And that, yes, he's a very smart man. Yes, he has a
tremendous amount of experience and he adds a lot of value to
the company. It's kind of like, another analogy I can use. It's
like the all-pro quarterback or wide receiver on the Dallas
Cowboys. They're going to take him because they're going to
deal with all this off the field, legal stuff and all of the
problems and all the poison of the field he produces. And
meanwhile all the rest of the team is going, 'Uh.. hello?'

This high ranking person seemed to be held to different standards, even when there were
numerous complaints regarding him as being continuously rude and disruptive. Kirk then
discussed how he felt unjustly targeted when he went to management to voice his concerns
about the other person’s behavior, but then - in a story shared later - how Kirk was
reprimanded for being ‘gruff’ at times.

Another example of injustice was Madison’s conversations regarding her frustrations
at the unfairness when others were given positions that she had applied for, and for which she
felt that she was more qualified to get the jobs. She believed this was due to favoritism, as
well as racial issues:

And until those underlying issues are addressed you are going
to feel this, you know…if you've got qualified individuals
within your department that are all going for the same roles and
seven opportunities come about and for some reason I miss all
seven? And everybody that gets them don't look like me,
they're somebody's friend, somebody's daughter, you know, that kind of stuff? It's going to create tension, it does.

Madison emphasized that a fair company “…recognizes and supports the advancement of everybody; not just your sister because your sister works here.”

The perceived injustice and lack of fairness impacted individual well-being, as well as organizational well-being by creating tension at work and at home. As mentioned in his vignette (Appendix O, #5, p. 400), Kirk’s wife called him the ‘defender of justice.’ He would tend to get involved in defending situations or reporting situations that he and others found unfair. When he did, he perceived he was the one reprimanded and not the higher ranking employee he reported. This theme of ‘the defender of justice’ also emerged as a characteristic of Simon’s discussion of the lack of collaboration between one of his colleagues and another co-worker. Simon described being upset at the lack of collaboration and injustice of purposefully undermining someone in front of others. Kirk, Monique, Simon, Lindsey and Madison all mentioned they felt that they had no recourse. All of them mentioned venting injustices to others at work as well as outside of work. Doing so lessened the influence on detracting from their well-being.

*Lack of Accountability.*

Additional stories on lack of accountability contributed to an understanding of this characteristic. In addition to the stories shared by Lindsey, Monique and Kirk; Bridgett, Noel, Lois, and Thelma also discussed that a lack of accountability detracted from well-being. Lois became consumed by an employee not being held accountable to keep an accurate timesheet. She was responsible for this person’s timesheet, and yet did not have the authority to address
the inaccuracies. She mentioned that the interview and journal assignment helped her to clarify the situation. In fact, she decided to go to the responsible SLT to discuss the injustice and said that she felt better. “To me that’s stealing from the company if you’re not, you know, if you’re not here half the day.” She tried to compartmentalize, but couldn’t “…. I kept saying that if he/she (SLT) doesn’t see anything wrong with it, why do I feel like there’s something wrong with it? …So, you know, I feel better.” Addressing the situation helped ease her mind and let go of the situation.

Like Lois, Thelma felt that accountability was important in the job, and that a lack of accountability led to ill feelings. Her story coded as disrespect was also related to her desire that employees want to come to work and to do their jobs. She expressed that the behavior of the employee she reprimanded for not complying with company policies was partially due to not being held accountable. In this case however, it was his lack of respect that influenced Thelma’s well-being; not the lack of accountability, and so was recounted in the earlier section.

Likewise, when talking about her manager ‘with eyes on them,’ Sienna and Midge both described the actions as lack of flexibility and trusting that employees wanted to work. For them accountability needed to be vertically uniform. For example, Sienna said it should be okay to socialize,

… a little bit like, ‘Well you worked really hard so it's OK; just chill out a little bit.’ And I guess the perfect place is like where you have, like, management that will trust you to do your job,
but they have people who are trustworthy of doing their job as well.

For her, these were the basic characteristics of accountability. Bridgett’s contribution to this characteristic is similar, but adds the sense of knowing expectations. For her accountability was establishing the expectation of what needed to be done, and ensuring that employees had the skills to meet the expectations. Similar to Sienna, in Bridgett’s discussions both the employer and employee were accountable. She recounted that, “It's one of those, I'm not supposed to be doing it, but keep doing it because they don't have anything better yet…people aren’t given the training for what needs done, and yet it’s expected that it’s taken care of.” In other words, both the employer and employee were held accountable.

Spock and Monique gave similar descriptions. Like Thelma and Sienna, their comments also included the characteristic that employees wanted to be at work. Monique said:

I think that will be great if everybody's held accountable and you come in because you want to, because you want everybody, you know. You don't do it because, 'I've got to be here for me and I'm getting paid'

Spock said it would enhance well-being if everyone would enjoy their work or have the investment…” He said that what he was getting at was, “people are the most important thing.” Similarly, Murray commented, “I think that will be great if everybody's held accountable and you come in because you want to, because you want everybody, to do it because they want to, not, 'I've got to be here for me and I'm getting paid'.”
**Not Valued/Not Recognized.**

Just as feeling valued or having their work recognized enhanced participants’ energy level and sense of well-being, not feeling valued detracted from both. The characteristic of not being valued is described as disregarding someone as important, significant, or useful. Not being recognized was perceived as not being of value and is defined as a lack of appreciation and recognition of contribution. Lois’s journal entry provided an example of not feeling valued. She had a journal entry regarding reviewing candidates for a job position. She wrote, “I just thought this was fascinating. Open, honest, everybody was in agreement and somebody else got the job.” She explained this further during the second interview:

I don’t know if this was in the journal or not, but that happened three times. So the director would get two other members besides the team leaders to interview and then he would pull us all into a meeting and we’d talk about it. We’d all be in agreement and then someone else was hired with no explanation. By the time we got to the third candidate I’m like, I don’t even know why I’m here because I don’t think my opinion really matters.

No explanation was provided and Lois perceived the situation as her opinion not being valued.

Monique’s experience contributed further to the perception of not being valued and the influence on well-being. Tears welled up in her eyes as she clarified a journal entry:
I guess I was thinking the only kudos I've gotten from my manager this year was the flowers I sent to {XXX’s -in-law’s} funeral. I thought, 'You know, that's the only thing you can find to give me kudos on? Okay, thanks a lot.' It has nothing to do with it except making a phone call…Because my assumption is, you know, I must not be doing anything right.

The lack of recognition let to feeling unappreciated and not valued. Monique said she cried thinking that was all that her manager could consider when he gave her recognition. She described feeling “pretty low and awful.”

In a separate journal entry she mentioned feeling inconsequential, and explained that at an all-employee meeting the CEO kept talking about all the work that the two other staff in Monique’s department were doing. She said that he failed to mention Monique’s contributions even though she was also working on the same projects. She commented, “…Oh, I was just in a funk. I mean, he may think the things that I do are, what's the word, you know, inconsequential.” She wondered out loud what her manager had told him about her work, and sarcastically mentioned that perhaps the CEO thought all she did was order flowers.

Another example of how the perception of not being valued detracted from well-being was a story shared by Kirk. Kirk mentioned that he was perceived as complaining even though in his opinion he was trying to offer suggestions. This performance review was given despite all the projects he had completed and even though other employees had recognized
Kirk’s efforts. He described how the perceptions of work not being valued by his manager made him feel:

That makes you feel pretty... low, among other things, unappreciated... when you only are getting negative criticism; told you’re replaceable; With one exception, what was interesting is we had a program here, where your peers, people from other departments can give you, nominate you for, you know, you helped me out on this project, I really appreciate it. And they submit it and you can get like a monetary award. And I got a lot of those last year so from a peer level that helped because at least I knew a lot of my peers throughout the company were realizing the input I was putting in. I was told it was noticed that I was frustrated with a lot of things and sometimes my interactions were a little too blunt. And I said, “Then explain to me why I got twenty five {peer recognition} awards. Still it was nice to have that because at least there was some acknowledgment, but from a career perspective, when people have control over your destiny. It’s their decision that matters.

He said that it was an “all time low” for him emotionally. Similar to Madison’s situation presented earlier, Kirk received an acknowledgement from co-workers and then had
the wind knocked from his sail. He felt a complete lack of value for all his contributions despite carrying an additional work load and new project responsibilities.

In a different, but strongly emotional situation, Scarlett described feeling completely unvalued and unsupported. Her story depicted the influence a perceived lack of value could have on well-being. She conveyed filing a complaint to Human Resources to appeal treatment by her manager, and stated that the situation escalated after that.

When I was in {another department} and I appealed stuff and then it became even worse and I was told I wasn't worth the money that I was paid and that I wasn't worth being here and that nobody wanted me to work with them. I actually said I thought a manager's job was to bring out the best. And he was like, “Well, that's not my management style, you have to adapt to me. You have to do what I want.”

What was the health impact? Scarlett described being depressed and seeking professional counseling. She discussed that she had no energy and wanted to sleep all the time.

Madeline’s discussion also contributed a similar scenario and influence on well-being. She also recalled feeling that she had no support regarding a situation with her supervisor, and felt that she had no recourse, exclaiming, “Because you're trying to tell these people, you know, sort of what's going on and what's happening and they just don't, they don't want to hear it. … And just kind of assuming that, well they're the supervisor so they're right one-hundred percent of the time.”
Like Scarlett, Madeline sought professional counseling and was also diagnosed with depression related to treatment at work. Both of these cases as well as Lois’s and Kirks included a sense of not being heard. There was a characteristic of not feeling listened to just as participants felt listened to when they were valued and recognized. Not being listened to was also apparent in stories about difficult workplace relationships. For this reason it is discussed further in that section. Certainly, not being listened to demonstrated a lack of value, as well as respect for participants; however, for purposes of the research categories, more stories were shared when discussing difficult interactions.

**Lack of Open Communication.**

Participants cited open communication and transparency as enhancing health. Likewise, they perceived lack of communication as detracting from well-being. For purposes of the research lack of communication emerged as lack of sharing and exchange of information. Kirk discussed his dismay and resulting loss of energy when learning from a contractor within a different department that Kirk’s group was moving from one facility to another. Kirk’s manager had not told their group about the move, yet this contractor was informed about it while in another department.

We found out about this move and what was going on through the contractor that just happened to be on our floor measuring some stuff for the lab. There's a lot of withholding of information at the management level because quite honestly, the way I perceive it is there is a lack of respect.
This withholding of information was also evident in one of Bridgett’s stories regarding altered achievement metrics. She said the metrics were posted all year and during the 11th months the metrics changed which ultimately lowered year-end bonuses. She claimed that no explanation was provided, “…but you don't go eleven months and then change numbers. It looks improper. It looks like you're doing this so you won't pay people. So I kept going back I said you need, somebody needs to go and tell everybody.” The fact that bonuses were impacted was significant, but it was the withholding of information that caused her to feel bad. The company management did not uphold core values of which honest communication was one. For Bridgett there was also a sense of hypocrisy, similar to Midge’s, Lindsey’s, and Kirk’s stories regarding managers being held to different standards.

The lack of communication was also apparent in another story Kirk revealed. He shared that his group learned that they would be assigned additional work, not from their manager, but from employees in another department who had been informed. Kirk’s manager explained to his group that it was necessary to even the workload; however, Kirk’s group later learned that their manager assigned the additional work in order to obtain a promotion. This lack of transparency created distrust especially since Kirk’s group first learned about the additional work assignment from contractors, and then perceived that their manager was not forthright in communicating the real reason for the transferred work.

Likewise, Simon said that open communication and not withholding information were important for his well-being. As presented earlier, Simon wanted open communication and not appeasement.
One thing that I don't like is when people play politics around statements. We'd rather get honesty rather than people just trying to appease us. And so, as long as you're honest with us, we're more willing to accept, and it could be positive or negative, but we just need that knowledge.

The impact from a lack of communication was also apparent in the conversation with Midge presented early. The previously shared story was regarding the sales rep not communicating complete information so that Midge could properly perform her job. “If they would have told me all the details I could’ve planned a little better and thought of questions they would ask rather than going between people several times.” This lack of communication reduced her confidence, delayed the process, and she perceived made her look incompetent.

**Difficult interactions.**

The characteristic of difficult interactions captured those workplace relationships perceived as rude, mean, angry, or negative. The interactions lacked the social, positive and socializing aspect. Difficult interactions emerged as those that are challenging and problematic. Also included in this characteristic are descriptions such as harsh, confrontational, adversarial and negativity, as well as not being listened to. This last characteristic was initially categorized with the pattern of lack of collaboration and teamwork; however, eventually evolved to a separate category as characteristics emerged from the data.

As Noel exclaimed, “Some people are just mean.” She discussed a previous job in a hospital as being very stressful because of the difficult staff. “And the nurses would just bark
out orders and they usually sometimes apologized afterward, but if they didn't you can't take it personally because you know it's the job.” She shared a story to not just explain someone being mean, but to explain why the nurses were then mean. She said that the nurses were treated poorly by doctors, as well as each other nurses, and so they consequently treated staff poorly.

Harsh, confrontational, and negativity were other terms used by participants when discussing difficult workplace relationships. Lindsey’s story illuminated the major influence these interactions can have. Per the quote at the beginning of the chapter, her core values were impacted. After this researcher shut off the tape following the first interview with Lindsey, we began talking about initials. Lindsey briefly looked over the notes. She spoke softly and recounted what an instructor said in a course, similar to:

It’s your values, your core values that get compromised. What you believe in…She said there was a difference between self confidence and self assurance. She said that self confidence is being comfortable with what you know; your expertise on a subject. And that self assurance is who you are. Lindsey went on to exclaim that interactions that blame or accuse, and lack respect and trust, target self assurance. She slowly and with emphasis said that, “…who I am, is being questioned and attacked and that’s what is so bad to deal with.”
Thelma described an encounter with another manager as harsh, and that it made her feel “stupid.” She said it was humiliating because he spoke to her that way in front of a roomful of employees, as well as other managers. She lamented:

…so I just tapped on the door, I said, “Are you going to, how much longer are you going to be?” [With angry voice,] “Well we've got it until...” and I mean, he just really went off, you know, just really. And I had several people in there state they hated the way he talked to me. But it's just funny how, I guess because it was in front of all of those people it was, you know? I mean, his whole department was in there.

How did this influence well-being? She described feeling horrible. Although she said she was upset and felt bad, what really bothered her, was not the harshness per say, but feeling humiliated, and the fact that a colleague in the room did not stick up for her; ‘did not have her back.’

Other participants discussed employees with negativity as difficult interactions.

Monique described negativity as draining and difficult. She explained:

There's just a handful of employees here that are, nothing’s ever going right, nobody, you know, nothing they ever do is right. They just want to come in and complain, you know? That is just draining so I'm screaming in my head when that's going on. I mean a little bit of that of course, but when it's thirty minutes or more I'm losing patience.
This influenced Monique’s well-being by zapping her peace of mind and stealing precious time.

Kirk also contributed to the characteristic of negativity as being draining. He used the term ‘energy vampire’ when he explained a journal notation about a co-worker who always had a negative outlook. He discussed that the person was disorganized, always frustrated, and always venting about the workload. He said he had to walk away from the constant complaining to get rid of the negativity. He exclaimed that with ‘energy vampires’, “just dealing with them is like standing next to a blast furnace of chaos.” There was a contagious factor with negativity. Bridgett described negative interactions as contagious, as well as toxic. She explained that negative people, “enjoyed being mean - mean spirited,” and are toxic by stirring up problems, “trying to get this one against that one.” She made a decision to limit being with negative people since, “it is easy to get sucked in.” She discussed avoiding negative interactions because they lowered her energy levels. This influenced her concentration and work productivity as well as her physical activity when home. Instead she sought positive workplace relationships to keep energized.

Scarlett provided an example of this contagious or ripple effect of negativity when she recalled that a training session she facilitated went sour due to a negative person.

She just was so negative and she brought every group she was in down and she refused to do stuff…And I was just like, what is this? …Maybe having a really bad day? I said something and somebody else told me that she was always like that. She was
just nasty, refused to cooperate, not a team player. It brought
the entire group down.

Kirk gave a different example of difficult interactions when discussing more
adversarial workplace relationships. Kirk described some of the staff as being,
…very adversarial, combative natures to them that make
dealing with them very off putting and very unpleasant.” He
gave an example that during a meeting a person, reacted to…
just everything, every statement that was with, actually was
with one of my co-workers too, everything was just a battle.
Very snotty, very rude remarks and kept interrupting and what
not. And I finally just stopped the conversation and said,
“Look, this meeting is going nowhere,” I said, “I don't
understand why you're reacting this way.” And of course he
interrupted… (laughed).

He gave another example of being in a meeting and a staff member responding to
someone’s statement as, “Like, ‘That's the stupidest thing I've ever heard.' ‘You really don't
know what you're talking about.’ It's like essentially, yeah, you know. Belittling, I mean
really belittling statements.”

He described the influence on well-being from those belittling and adversarial
remarks emotionally as dread and physically getting upset to his stomach:

Uh, the first couple of times it annoyed me and I kind of felt a
little tense. I'll always give somebody a pass… I thought
maybe that might be it or maybe it's that everybody has bad
days. So all of these sorts of things go through my mind, but
then when I noticed a pattern and I noticed other people
complaining. I just dread going to the meetings. Sometimes
you would get so dreadful that you would just.... [sigh]... you
would almost get upset to your stomach sometimes.

Like Scarlett, Kirk initially gave the person causing the difficult interactions the benefit of
the doubt. However also like Scarlett, the difficult workplace relationship changed the group
dynamics, impacted others, and created a sense of dread in having to work with the person
again.

Several other participants described this sense of dread or being consumed by
thinking of an upcoming meeting or discussion that involved a difficult interaction. For
example, Ginger shared that she was consumed by the overall negativity at a previous
company and resigned because of it.

Oh it was miserable; I can tell you when I worked there. I'll tell
anybody that when I worked there I couldn't stand myself. I
hated myself. I mean everything was so negative I got into that
negative loop and everything was just a complaint and
miserable and just, I was miserable, I hated it. I was absolutely
just miserable and you know, my husband said to me, “Why
are you letting it do that to you? Why are you letting it dictate
your state of being and your mind set about things?” …And I
realized that it was the place, I had to leave. There was no way
to fix anything and that was extremely frustrating for me and it
just consumed me. I mean the negativity just absolutely
consumed me.

Similarly, Thelma described “definitely dread, if I know I have to interact; there's
definitely a dread there. I mean, it's not like I'm all down and out and depressed; you know;
you feel it.”

Mitch discussed that sense of dread when he had to talk to his manager at another
company. He said the apprehension was a completely a “draining situation.” He conveyed
dreading his meetings with her, and began to question whether it was worth the influence to
his health:

So every other week I meet with her and talked about things
that happened…I had to stop and think, 'OK, is it my health?
Or is it being sick or something like that one?’ Or, you know,
'Going through this dread every day.' So yeah, not a very good
situation; no not good to health.

Like Ginger, Mitch’s solution was to leave that company. Similarly, Spock commented on a
sense of resignation and dread which contributed to the influence that these difficult
interactions had on participants:

And so you feel bad. It's; you're going into a situation that you
don't want to get into and, for lack of any more nuanced
terminology, you feel bad. You resign yourself to having to do
it. But again, there are different levels of resigning yourself to something. You know you're going to have to do it and you dread it. So dread would be a term I would use. And after the exchange you rarely feel good about that either…not even that it’s over.

Lois’s and Spock’s descriptions contributed to the detracting influence of confrontational workplace relationships. Spock shared that because of that, “I actively avoid those who are very aggressively just unhelpful. …It's a fight. It is a conflict is what it is. And so I certainly feel on the defensive with people that are confrontational…” Similarly, Lois described these interactions as knowing that anything that was said would create conflict, claiming, “…anything I say to them is going to be taken the wrong way…I mean just immediately because there's this, there's some kind of tension there.” If Lois had to interact with them she said she felt “…horrible. I would end up in tears after I would talk to them because I was kind of up against the wall, you know, it's ‘they said versus what I said’ kind of thing.” In this situation, as in earlier examples of detracting characteristics, she also felt she had no recourse and no support. There was an aspect of not being listened to or heard.

Stories were shared regarding being heard or listened to within the section of not being valued; however, as mentioned this aspect became more apparent as a component of dealing with difficult co-workers and managers. Madison discussed an interaction that she described as a misunderstanding with a manager that was taken out of context. She said the interaction became ‘heated’ and he raised his voice. The harsh interaction led to his inability not to hear her explanation.
Not listened to.

Madison was shocked and her well-being influenced by “being grown and being yelled at.”

(Nervous Laughing) Yeah, I wasn't used to that, at all. I was shocked. I think I stood there in shock initially. And I'm like OK, because it took me a minute. Okay, I'm like he's really hollering. He's hollering, he's raising his voice and I'm grown! (laughing)….I do remember feeling hurt. And then, um, I remember gathering myself together mentally long enough to try to relay to him what really [emphasized] happened. You know? What my intents were when I did xyz. But when a person is an employee...and he was yelling (pause). He was not hearing. I don't think he could; to this day he never heard me.

This characteristic of not being heard during difficult interactions was mentioned by several participants. For example, when reminiscing about difficult interactions with a co-worker, Cybil discussed not getting an opportunity to finish what she was saying or to explain her position further. She exclaimed:

He blows up at me; (pause) on more than one occasion. If I don't agree with him or say something opposite, he blows up at me either individually or in front of people. He'll come back and apologize, but it's like being in an abusive situation. I’m battered with questions, but can’t answer, or like being
overridden in your decision making and chastised for any mistake you make.

This story exemplified both difficult workplace relationships from angry interactions, as well as not being heard. That ‘battered with questions,’ was belittling for her and she began to question her professional identity. This outcome was similar to the earlier story shared when Lindsey questioned her self-assurance. Lindsey’s story is also presented in her vignette (Appendix O #8, p. 403).

Like Ginger and Mitch, Cybil was going to leave her position within the department, and in fact informed her current manager that she found another job. In the end she felt that she was leaving for the wrong reasons and so remained. She mentioned that other co-workers acted as buffers, and this helped her deal with the difficult relationship. As of the second interview, the angry outbursts continued, despite the fact that she said she frequently talked with her manager about the situation. She also voiced having nowhere else to go for help, and so relied on her buffers, as well as self-help materials for support. She was resigned to the state of things:

I have talked to different people. I even talked to one friend of mine who's in HR about how best to deal with it but you know, it's like a trust bank account right? And if the trust isn't there, you just, you're always a little bit more on edge so, yeah.

Monique’s story also contributes to this characteristic of difficult interactions and inability to hear. Like Madison, she recounted angry outbursts from her manager rather than a co-worker, and his inability to listen to her. She described her manager as, “…yelling and
banging. Well he just bit my head off and said, ‘Quit arguing with me’,” when she tried to explain a situation. She said that he did not listen to anything she was trying to say. In the same way, this inability to listen was discussed by Ginger and mentioned in her vignette (Appendix O, #8, page 404) when she commented on being a bulldozer. From the journaling and interview process she realized that being a ‘bulldozer’ was a weakness, although she had previously thought of this characteristic as a strength. The strength was her ability to push through and get results. The weakness became apparent when observing a co-worker ‘bulldozing’ another employee. Ginger understood how difficult this co-worker seemed, and realized the influence the ‘bulldozing’ had on the employee, “… just kind of turned off and, you know,...I see it in myself. You don't hear anything. You hear nothing anybody is saying.” Ginger mentioned that now when she was busy she would purposely avoid calls from certain employees who took more of her time, so that she would not bulldoze them into a hurried discussion.

From a different angle, Monique, Scarlett, Kirk and Simon all mentioned difficult interactions as those situations where a person did all the talking, but did not listen. Monique used the term ‘self-promoters’,

…people that are all about them and every conversation you have with them, any time you're talking, you can tell that they're thinking of the next thing that they want to say about themselves. You know, they're just self-promoters …it's all about them and they will go to no end to get what they want to get.
Similarly, Scarlett used an example of a person who:

…talks a lot, she doesn't listen. It's obvious she doesn't care about other people, she just talks a lot…You have a conversation and you will learn all about her. And she never asks about how you're doing.

When describing staff that talked, but did not listen, Kirk used quotes from the ground rules posted on the wall, such as “Listen to and understand; Ensure all participants are heard; Respect in others.” He went on to say that the person he described as the rude staff member, could not hear or listen when making “extremely mean spirited statements.” These comments were made in the same room as the postings just read which Kirk summarized as “ironic.” The idea of hypocritical was apparent as in other participants’ earlier discussion. Spock also mentioned meeting rules being posted, yet not followed unless management wanted to “pull it on someone.”

Simon shared that not being listened to or taken seriously was one of the reasons he resigned from his current position. A component of not being listened to was when the participant’s opinion was not considered for decisions. Madison’s conversation summed up this characteristic:

A lot of what I deal with at work are mental struggles. And I find that a lot of times when I feel drained or feel bad mentally it's because I, it's at those times when I feel like I haven't been heard. Or one of those things where things have been put upon me and I haven't had any say-so. And that's work, (emphasis) I
mean you get, that's work. But I mean, these are major. These are major things like job changes. You know you want to; you like to think that you have control of your career, you know?

All of these examples under difficult interactions also encompassed the lack of personal connection and socializing that was earlier discussed as enhancing well-being. Difficult co-workers and managers prevented social interactions. As Cybil’s vignette (Appendix O #10, page, 404) mentioned, ‘her husband wouldn’t allow’ the co-worker who ‘blew up’ at her in their home if she invited him to social events. Midge stopped trying to include the co-worker causing difficult interactions in personal and social conversations. Midge described that outcome as “sad” and felt the co-worker was missing a beneficial opportunity.

*Lack of empathy.*

The final characteristic presented in this section on the characteristics of workplace relationships that detracted from well-being, was a lack of empathy. Lack of empathy influenced participant well-being, by making them seem unimportant, not valued, and not listened to, which resulted in participants feeling crushed, feeling like a peon, additional sorrow, fear of retribution, being victimized, questioning self worth, difficulty sleeping and eating healthy foods, and lower energy. Lack of empathy became apparent in this research described as a lack of compassion or understanding of someone’s feelings. In the previous paragraph, both Midge and Cybil had empathy for the offending co-worker with difficult interactions. Midge was “sad” and Cybil said that she felt bad, because the co-workers were being excluded from the social aspect of work which they both knew was beneficial. The
lack of empathy discussed in this section is the antithesis of their reactions. It was denying the social and personal connection that detracted from the participants’ well-being and made them feel insignificant. The characteristic of lack of empathy emerged at times as lack of flexibility, betrayal, or lack of holding others accountable during participant conversations.

One example of this lack of empathy was Midge’s story shared earlier regarding the requirements to be on time for work, yet her manager was not.

...you know; a few minutes late or we need to leave early. Like

I said, nobody's out to try to sabotage the company. I don't believe anybody's trying to take anything away from the company.

Midge expressed this as a lack of flexibility and she wished that her management would be more flexible in considering personal situations. Midge’s discussion was that personal issues need to be dealt with sometimes, but everyone would get the work accomplished, and work the full amount of time, as she said “nobody’s out to try to sabotage the company.” In other words have empathy and consideration towards the situation of others, and trust that everyone wants to do a good job. Instead, Midge said she felt like a “peon” and it influenced being a team player.

Chelsea’s story shared in her vignette (Appendix O, #2, p. 398) also contributed to this characteristic of a lack of empathy. The influence to well-being was the result of co-workers talking behind Chelsea’s back. They were going to report her to Human Resources regarding how she dressed for work. It was not necessarily what was said that bothered Chelsea. It was that they did not come to her first or try to understand her situation, which
had the impact. This situation was similar to Madison’s conversation earlier when someone went behind her back to management. It was not what they said to the manager, but that no one had confronted her first about having an issue. These struck their core values. Chelsea explained, “It's gonna sound crazy; [but] it felt like betrayal. How could you betray me like that?” She described it as ‘actually crushing’. Chelsea wore clothing to accommodate an injury. In this example, Chelsea perceived that her co-workers had a lack of empathy towards her plight.

Scarlett also shared how a lack of empathy detracted from her well-being. She discussed a lack of empathy when she went through difficult personal times dealing with health issues, an ill family member, and a parent’s death. She mentioned that even her doctor said that he could tell the emotional pain she was in by looking at her, yet no one at work acknowledged it, not even her manager, which was troubling for Scarlett. She shared:

    And even just a little, ‘Hey, why don't you take it easy today.’
    Or, you know, ‘Come in late, I know it's rough for you.’ But instead it's like, “You didn't finish this,” or “You didn't have this, whatever. I came back after month of surgery, {my manager} walked by my desk because I was over here, and didn't say, “Hello, how you doing?” …Like, when my {parent} died I didn't get a card. And it really hurt me, a lot.

In this case, it was a lack of personal work relationships, or detracting nonverbal communication, that influenced well-being and health behaviors. Scarlett felt bad enough that it made her sorrow harder to deal with, and resulted in her feeling worse. She explained
it was as if she did not matter, and that no one cared. Scarlett questioned her worth and value to the company, similar to Cybil questioning her identity and Lindsey questioning self assurance. The result was that Scarlett had trouble sleeping and eating healthily. She also had less energy at work and home.

Similarly, Sienna’s example contributed to the influence that detracting nonverbal communication had on well-being and health behaviors. Sienna discussed how her supervisor would ignore her, going for days without speaking to her directly or acknowledging her. For her, this was worse than when his only acknowledgement was regarding mistakes, or hearing racist comments from a co-worker. She softly explained that his behavior was a result of her reporting off work to care for an ill parent, “…but it's just one of those things where he'll just come in and it's like he won't look at me... Because like, he won't, he'll talk to everybody, and …he won’t say anything to me.”

A different characteristic was that lack of empathy emerged when participants discussed not being supported by management when they reported situations. Murray described feeling worse after reporting a situation, as if he was the one that was a problem. When Murray went to HR regarding a co-worker’s erratic behavior Murray felt that he was interrogated,

I had to give a statement to HR and everything. But it was really just scary to do that…then the person found out…and nothing was done about it anyhow…he still works there…no one really cared…my manager just said I should have gone to him first…but he just stayed in his office all the time.
Similar to Kirk’s voiced concern when he went to management about the ‘privileged’ person being able to be rude. Kirk felt victimized and there was a fear of retribution. It seemed in their conversations that there was a lack of compassion for them. Instead the focus was on finding fault in what they were reporting and not wanting to address the issues.

Likewise, Sienna did not report racial slurs because, “I don't like having to deal with {them} or even having to deal with all of that crap because I feel like eventually it's going to come out…and I’m the one in trouble.” Scarlett also voiced retribution when she complained, “…you don't want to say anything because it's retribution, you would get in trouble. And you know, I mean the things that were said to me … and I appealed and then it became even worse.”

**Section Summary**

This section of findings for question one, how workplace relationships influence well-being, highlighted the characteristics that emerged from detracting interactions. Story after story was shared regarding the detracting consequences to well-being and health behaviors when participants perceived these relationship characteristics. These narratives seemed more plentiful than the accounts of enhancing interactions. Lois, Midge, Cybil, Kirk, and Bridgett even commented that their conversations seemed to be describing only negative situations.

As described in the beginning of this section, eight characteristics emerged from the qualitative data analysis focused in identifying work interactions that detracted from feelings of well-being. The characteristics were listed and defined on Table 4.3. Four of the characteristics were the opposite of the characteristics that enhanced well-being. The characteristics were:
Lack of Collaboration and Teamwork

Lack of Mutual Respect

Lack of Integrity and Distrust

Lack of Value and Recognition

Injustice and Lack of Fairness

Difficult Interactions

Lack of Empathy

Like enhancing workplace relationships, the specific feelings of well-being generated from interactions that contained one or more of these characteristics ranged from physical to emotional. Specifically, participants noted these specific feelings were:

Draining and de-energizing were the most common result from detracting workplace relationships. Participants reported a lack of energy and interest in work as well as activities outside of work.

Emotionally feeling bad was reported by all of the participants in some aspect. Although less serious, the characteristic was similarly described as depression. Similar descriptors used were a sinking and sick feeling. One participant used the word disheartening and another used “in a funk.” Another person mentioned feelings of shock, and there was also a sense of self preservation to cope with the detracting workplace relationships.

Depression was reported during conversations with three of the participants. Two participants sought professional treatment.

Other feelings that resulted from detracting interactions included,

– Dread of having to interact with the person again
− Feeling consumed by the negativity of detracting interactions
− Feeling isolated
− Lack of support
− Feeling inconsequential
− Apathy
− Anger

Physical health behaviors manifested in participants such as having trouble sleeping, eating healthfully, focusing at work, and being physically active. Other physical outcomes included,
− Muscle tightening
− Head throbbing
− Increasing blood pressure
− Rapid breathing
− Upset stomach

These feelings of ill-health also resulted in perceptions of not being fully engaged at work or in their home lives. Participants reported not being able to concentrate or focus, as well as not having the energy to engage with their family, friends, and/or pets after work. Participants reported sleeping less, not having energy to be physically active, going to bed early, and not making healthy food choices. All of these ill-effects are explored further in the next section of question one. The findings presented in this section, therefore illustrate both the characteristics of workplace interactions that generate feelings that detract from well-being, and the specific types of feelings associated with those interactions.
The next section summarizes the answer to research question one, how do workplace relationships influence feelings of well-being, by further discussing the findings regarding the influence on well-being. Included in this section is a summary of the definitions of health and well-being, and the summary of findings.

**Summary of Findings: RQ1 Influence on well-being.**

Recall the holistic definitions of health and health behaviors summarized for this research. Both concepts were defined as complex, influenced by determining factors, and included within the umbrella of well-being; all of which were recognized as interconnected. This broader definition of health as inclusive within well-being was presented, and the terms – health and well-being - were acknowledged as interchangeable for purposes of this research. Therefore, physical, mental, social, cultural and organizational influences of well-being are considered as interconnected.

The characteristics that detracted from well-being were almost verbatim the opposite of those that enhanced well-being. The stories shared on workplace relationships often included more than one characteristic. The characteristics were usually interconnected; however, the categories that emerged included,

- Collaboration or Lack of Collaboration,
- Trust or Lack of Integrity and Distrust,
- Mutual Respect or Disrespect and Condescending,
- Valued/Recognition or Lack of Valued and Recognition
- Open Communication or Lack of Open Communication
- Socializing and Personal Connection or Difficult Interactions
• Injustice and Lack of Fairness
• Lack of Empathy

The influence that work relationships had on perceptions of well-being was discussed in many of the interview and journal segments presented in this section answering research question one. The findings were summarized in the above sections on the characteristics of workplace relationships that enhance or detract from well-being. Many of the vignettes in Appendix O also include how work relationships enhanced or detracted from both perceptions of well-being, as well as health behaviors.

The many examples highlighted in this section illuminate the findings from this research regarding the influence work relationships have on well-being. The findings suggest that there are physical symptoms, social impacts, personal relationship issues, energy level differences, career impacts, and emotional health issues. Examples of physical symptoms for enhancing interactions were slower breathing and feeling relaxed. Symptoms from detracting workplace relationships were facial flushing, throbbing, high blood pressure, muscles tightening, and upset stomachs. The social impact emerged through analysis as improved quality and quantity of work performance, as well as enjoyment. When social interactions were impeded the results from this study suggest reduced quality and quantity of work, lack of collaboration and teamwork, lack of patience, not inviting co-workers to functions, feeling guilty, and reduced family time.

The work relationships rippled into personal relationships such as negative dynamics and not having energy, not being present or engaged, as well as lack of patience; or the reverse, having more energy for home activities resulting in feeling better and more positive
family relationships. Influences on energy levels were mentioned several times by participants as either being energized or energy depleted, such as ‘energy vampires,’ described by Kirk. The findings also suggest an influence on careers discussed in examples of participants changing job positions, quitting their jobs, spending the work day in dread, and being consumed by issues so not concentrating on work. Lastly, emotional health issues such as being depressed, feeling bad, and being consumed by negativity or dread emerged.

These are illuminated in more detail in the next chapter section due to the interconnectedness already presented between well-being and health behaviors. As previously discussed at the beginning of this chapter, it seemed contradictory to separate the concepts now since health and health behaviors had been defined as complex, interconnected, and nonlinear.

The next section presents findings answering the second research question, how work relationships influence health behaviors. Included is also a more in-depth discussion of the influence on well-being. The next section also includes the communities of practice (CoP) elements coded from the interviews and journals. As in the last section, the participant conversations regarding well-being and health behavior influences are shared through quotes and stories, as well as the vignettes. For example, Scarlett’s vignette (Appendix O, #11, p. 408) includes the influence a work interaction had on her emotional well-being. She discussed depression and sought counseling as a result of the work relationship with her manager at the time. Emotional health was one of the categories that emerged from participant data on workplace relationship influences to well-being.
Findings Research Question 2: How do workplace relationships influence health behaviors

This section summarizes findings that emerged from data in answer to the second research question, how workplace relationships influence health behaviors. Some of the health behavior findings were previously mentioned when discussing findings related research question one, such as sleeping patterns and eating choices. Additionally, findings emerged regarding the interconnectedness of health behaviors and well-being, such as energy levels on physical activity; therefore, findings related to both well-being and health behaviors are discussed in greater detail in this section. Nine categories of well-being and health behaviors generated by workplace relationships were identified the data. The nine categories are listed in Table 4.4. Each of these identified categories emerged from data initially organized by themes and patterns, and is presented in this section using participant stories.
Table 4.4. Well-Being and Health Behavior Generated by Workplace Behaviors

<table>
<thead>
<tr>
<th>Changes in Well-Being &amp; Health Behaviors</th>
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<tbody>
<tr>
<td>Physical Symptoms</td>
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<tr>
<td>Sleep Patterns</td>
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<td>Eating Behavior</td>
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<tr>
<td>Exercise Habits</td>
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<td>Energy Level</td>
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<td>Emotional Health</td>
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<td>Social Impact</td>
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<td>Personal Relationship</td>
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<td>Career Impact</td>
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In addition to these nine categories, other findings emerged regarding how participants dealt with the influences that work relationships had on well-being and health behaviors. These findings included being able to compartmentalize the interaction(s), and having a buffer for processing the workplace relationship.

Coding using the CoP elements suggest that processing detracting workplace relationships mitigated influences to well-being. Therefore, analysis of CoP elements meaning, learning and identity, are included in this section.

This section presents findings on each of these nine categories, compartmentalization and buffering of detracting interactions, and analysis of CoP elements. The section begins with a presentation of each of the physical symptoms generated by workplace interactions.
Physical symptoms.

Data analysis revealed that several physical symptoms were influenced by workplace relationships. The influence that detracting workplace relationships had on physical health and health behaviors are discussed first followed by the influence of enhancing workplace relationships on physical symptoms. The symptoms resulting from detracting interactions included feeling sick, muscle tension, rapid breathing, heart racing, ringing in ears, and high blood pressure. Other findings were a physical sensations noticed by participants during the detracting interaction. For example, Midge’s reaction to being told that her opinion did not matter described a physical sensation of “a slap”, “It just felt like a slap in the face. Like, ‘Huh? Did you really just say that out loud?’ Because I can't imagine; because I think in this day in age you're taught to treat all people with respect.”

For Midge the physical symptom felt like a slap, for Noel it was feeling ill. She described being physically ill due to interactions she had with a manager at a previous job. She stated that she usually could let go or compartmentalize these situations, but was ineffective this time. She mentioned that her husband was also influenced by the situation.

I don’t work for this person now, but she was even, she would pick one person out and just treat them horribly. I felt terrible. Physically sick. Oh my gosh! My husband, he could not stand it. And I'm a good person for letting things roll off, but this just went on forever and so I just started looking and I got a another job.

The outcome influenced Noel physically, and also influenced her family.
Similarly, Kirk experienced being physically ill, in addition to other physical symptoms. Kirk described physical sensations such as an upset stomach, and feeling muscle tension when having to interact with a co-worker’s rude behavior. He stated he dreaded future interactions, and got upset to his stomach beforehand. In another scenario, Kirk recounted symptoms after a manager took credit for one of Kirk’s suggestion. He recalled:

Your shoulders just tighten up and you just feel like your blood pressure and your breathing just sky rockets, and then for about a day of just being angry. But after that your just, that kind of goes away and then you just get, after a while you get apathetic.

Likewise, Spock discussed that sense of dread when he was not able to avoid confrontational co-workers. He stated he felt terrible and described the physical influence as “heavy”:

Yeah, I mean, well, either terrible because it went terribly but you had to do it to get things done, or relived that it wasn't as bad as you played it up in your head. It's going to be one of those two. There is sort of a heavy feeling in your mouth, throat, and down into your stomach. But yeah, it just sort of sits there.

Spock went on to discuss that it impacted the rest of his day. Lois also mentioned that her day was ruined if she had to interact with a difficult co-worker. For both, they described not being able to concentrate or engage in work activities. Lois described the physical
symptoms, as well as the influence the interaction had on her health behaviors. Often venting provided a buffer for Lois,

I would get physically ill because I would have to deal with a person. And yeah, it ruins your whole day, that's all you can focus on then. And it affects how you deal with the good relationships in your workplace. It affects everything, every aspect of what you're doing. Take it home. That’s where I vent. Occasionally I would end up going to bed early or get one of my nasty headaches. You know, stress induced headache.

Like Kirk, Monique described that she could feel her blood pressure rise when in detracting interactions. “I can just feel my, you know, getting tense and my blood pressure rising and thinking, ‘Oh my gosh’. I guess I just feel throbbing and blood rushing to my ears and kind of just, ‘Ahh’!” Monique also described that ‘Ahh,’ or screaming in her head when dealing with negative complainers. “That is just draining so I'm screaming in my head when that's going on. I mean a little bit of that of course, but when its thirty minutes or more I'm losing patience.” The physical health come is that even though Monique is young, she now takes blood pressure medication.

Murray also described physical symptoms resulting from difficult interactions. He discussed that he tried to recognize symptoms early, and relieved them by venting or compartmentalizing the situation. “I know what I feel like when I get stressed out, and I have certain aches and pains that arise, and just trying to alleviate that.” He also had physical symptoms when he witnessed an altercation between co-workers. “Two people were about to
get into an altercation, like in a fight, and I was right there in the middle. And I mean; my heart was racing.”

The opposite was apparent when participants felt respected and valued, or when co-workers were perceived as collaborating, and ‘had each other’s backs’.

*Physical symptoms from enhancing workplace relationships.*

The enhancing interactions influenced physical health, as well as health behaviors. Findings included having more energy, being calm, eating better, being more physically active, slower breathing and feeling awesome. In addition, findings emerged on more positive family interactions and improved relationships with partners. For example, Midge eloquently described a zest for life and feeling physically good. This translated to healthy behaviors such as being active and eating well:

Well I think when you feel, I never really thought about it until now to be honest with you, but I think when you feel good and you feel like you have a zest for life that naturally makes you feel like you have a little bit more energy so you come home and you like, you know, “I think I'm going to go and walk around the block,” you know? Or I might go exercise or take the kids out to the park. Or you *want* [emphasized] to eat healthy. I think it's just positive, brings about more positivity. Where, having a bad day makes you just want to go home and do more bad things, you know?
Similarly, Chelsea described the influence of enhancing workplace relationships as “awesome,” and Bridgett mentioned that she took a job because it felt “healthy, especially when everyone was friendly and smiled, including the cleaning person.”

Both Kirk and Scarlett mentioned a relaxing and calming influence. Kirk said when feeling listened to and valued he experienced a sense of relaxation. He described that his breathing was slower; he felt centered and relaxed; and he could think more coherently. Like Kirk, Scarlett also reported being calmer. Scarlett noted in her journal that a day started calmer and more relaxed when socializing in the breakroom.

Findings clearly suggest physical influences which result from daily workplace interactions. Findings also suggest changes in health behaviors including eating habits, which is presented next.

**Eating behaviors.**

One of the ‘bad things’ as stated in Midge’s story above, regarding the influence work relationships had on her behaviors, was unhealthy eating behaviors. Madison reported gaining approximately thirty pounds resulting from snacking more while at work. She surmised this was due to the availability of snack foods near her work area, as well as her co-workers’ snacking behaviors. However, Madison acknowledged that more snacking resulted following difficult interactions. “It was available and comforting,” she said. This eating pattern was similar for all but two of the participants. For example, Ginger also discussed rationalizing making certain food choices.

I'm going to go to fast food. I'll rationalize it in my head. I'll justify it in my head. I don't have time for this; I don't have
time to cook.’ And these are the inner-dialogues I have with myself, 'I would love to stop at the store and get myself a nice dinner and cook it, but I am not going home and cooking that, I don't have time for it.’

She said that on ‘good’ days she was much more likely to make healthier decisions, “…I'm much more apt to go home and say, “Hey, we're gonna grill out this evening and I’ll stop and get a watermelon.”

Sienna similarly described,

I'll grab something quick so when I'm on my way home I'm eating. So when I walk through the door I can jump in the shower, relax a little bit, and that's one less thing that I have to think about, 'What am I gonna eat?’ Or, 'What do I have to fix for us,' or whatever. And I'll just go straight to bed because I'm gonna text him [I'm like,] “Tonight just fend for yourself.”

The influence enhancing interactions had on Sienna’s eating behaviors? Similar to Ginger, she said that she might go grocery shopping or take the time to visit with friends after work. “I might stop and go shopping or something. You know? It's just a good day, [someone will ask me,] ‘How was your day?’ [And I'll say,] ‘It was pretty good.’ So I'll sit and chit chat.”

Like Madison’s snacking at work, eating chocolates was therapeutic for at least three other participants. Cybil admitted that she ate more chocolate after interacting with her co-
worker with difficult interactions. When he ‘blew up’ at her in front of someone else she said,

I don't consume mass quantities of alcohol, I don't smoke or anything. So, it was really bad, yeah, it's real bad, yeah. I can laugh about it now, but before you're like, “Oh my God!”

Exercise and chocolate are part my therapy.

Likewise, Lindsey described using chocolate as therapy, and like Madison, stated she had gained weight due to the job. “I, when I came here I weighed a lot less than I weigh now. I used food for a long time to calm myself down; self medicating. Chocolate's a wonderful thing.” Enhancing interactions had the opposite influence. Lindsey was more willing to follow a healthy eating plan that her doctor prescribed.

I’m more willing to eat the food. I am less tempted, but / on really bad days it’s like, I would love to have an entire two pound bag of M & M’s, I'm just gonna sit in the corner and eat my M & M’s until I'm oblivious [emphasized]. Those bad days push me to bad eating where better days at least make the good eating tolerable. And I think I had told you I’m on this diet and I feel grumpier because I don't have chocolate. I self medicated with chocolate and sweets and I have yet to have a piece of chocolate.

Similarly, Lois said that, “if I was having a bad day I take more trips to the candy bowl, or, you know, (pause); it's not good.” Bridgett also noticed a difference in her eating
habits. She did not report eating more at work or eating candy, but acknowledged, “Yep, on the bad days I go home, eat carbs, watch TV, and get in bed. That's exactly what I do.”

Some participants reported no influence on eating related to workplace relationships, and one participant reported eating less following detracting interactions. Chelsea claimed the opposite effect on her eating behaviors, stating that she could not eat on days with detracting interactions. She stated that, “I just want to go to bed. I don’t eat at all. Yep, food is the last priority.” However, during one story she mentioned that she went to bed and ate ice cream after co-workers complained about her dress attire. And on days with enhancing interactions Chelsea said that she, “makes healthy foods and I have energy to cook,” as both Ginger and Sienna discussed.

Simon denied an impact, stating that his emotions did not influence his eating pattern, “I don't eat more junk food when I'm happy or when I'm sad.” However, Simon realized the physical and mental toll that work relationships were having, and resigned from his job.

Mitch also denied an impact on eating behavior; however later when recounting a story he realized there was an influence. Mitch applied for a promotion and it was denied because another manager not want Mitch’s leadership style for the department. Mitch acknowledged that he went out to eat that evening and drank beer; behaviors he usually did not engage in other times.

Several of these descriptions included not just a change in eating behaviors, but also a change in careers, and energy levels, as well as the impact on physical activity or exercise. Many participants mentioned going to bed early for example. The next section highlights how else physical activity or exercise patterns were influenced.
Exercise patterns.

Most of the participants acknowledged that they did not exercise regularly either due to lack of time, energy, or interest. Other participants exercised periodically and one, Spock, exercised regularly. Three participants, Midge, Madison, and Lois, mentioned increasing exercise when their companies planned fitness initiatives, but then stopped exercising at the end of the program. Madison discussed that was the reason she continued as a member of the wellness committee, since she was more apt to continue exercising if she helped plan the initiatives.

For many participants, a lack of energy - often due to detracting workplace relationships - impeded their motivation to exercise. Bridgett summed up the influence that interactions had on exercise patterns:

On good days I have more energy. I'm not as exhausted. I go home and walk the dog. I don't want to go upstairs and just keel over on the couch. I'm more energetic and wanting to take her for a walk.

Like Bridgett, Ginger described the influence of interactions on exercise. She explained:

And you know, you don't feel well. I mean, you don't feel, you want to crawl and go to bed rather than go home and {bake}, mow the grass, and go ride your bike or whatever. You just want to get away from it all.

Monique and Noel claimed that they used exercise to help deal with work relationship issues; however, both indicated that their energy levels were different. Monique stated she,
“absolutely feels better on days when I feel valued.” She repeated this twice, emphasizing ‘absolutely’, but was unable to articulate what ‘feels better’ meant, except that she noticed the difference. She said that exercise definitely helped her cope.

Spock mentioned that he exercises regularly. Like Monique and Noel, he recognized that exercise helped him deal with issues, and acknowledged that when he did not exercise it was usually due to a family reason such as childcare issues. However, he also acknowledged that detracting interactions still had an impact, “maybe I watch TV more instead of doing some push-ups.”

These findings suggest that enhancing and detracting characteristics of workplace relationships influenced physical activity level of the participants. Sleep was also influenced which is presented next, although was already hinted at when participants mentioned going to bed early. However, going to bed early was not always an indication of sleeping more.

**Influence on sleep.**

In fact, several participants discussed the influence interactions had on sleep, either sleeping less or sleeping more. Sienna slept more after detracting interactions with her supervisor. Sienna exclaimed that she, “went home and cried or…just came home and went right to sleep because I was so drained and irritated.”

Detracting interactions had the opposite effect on Lindsey. She said that most nights she went to sleep holding a book, stating, “because when I wake up in the middle of the night I can read a book and I can calm myself down and go back to sleep.” Lois also slept less. She described going to bed early from being drained, but not being able to sleep. She
acknowledged, “Yeah, it's just, you know, kept me up at night. Other days…. occasionally I would end up going to bed early, but not sleep.”

Kirk’s discussed how his sleep was significantly influenced. He acknowledged that, “my sleeping really, really deteriorates quickly,” and that he feels it the next day. Similarly, Bridgett described sleeping poorly for days, and then her health, as well as her work productivity suffered. She described not feeling well and not being able to concentrate. It was likewise for Scarlett who stated, “[I] just can't sleep. And I'm sure I was walking around looking like; they probably thought I was just mad or something.”

Spock denied an impact on sleep from days after detracting interactions. Spock said he could compartmentalize detracting interactions explaining,

I don't think they have major impacts because I don't feel very;
I'm not invested in this job. This job pays for the rest of my life. Some people live their job, I do not live this job. I care about my work. So whatever I do, I try to do it well…I'm invested in me and what I do and I'm the one who has to live with me. So things that they do; it's pretty easy for me to then leave at the door.

For others sleep not only impacted energy levels, but energy levels also impacted sleeping patterns. This was similar to the findings on the influence on physical symptoms, as well as eating and exercise; energy levels were influential and interconnected with these health behaviors. Yet energy level emerged as a category of its own and was, therefore identified separately due to its influence on well-being and health behaviors.
Energy level.

An influence on energy levels was mentioned by every participant. As previously mentioned, often participants described interactions as having had a physical effect, as well as influencing their energy level. For example, Monique described negative interactions as draining, as well as causing a physical reaction. Energy level also influenced participants’ having less tolerance, patience, and/or willingness to complete normal activities, as well as their personal life. For Lois, “I'm more tolerant at home on the good days than I am on the (pause), because, you know, because sometimes when I'm not feeling good about myself then I have a short temper, other people suffer, unfortunately.” She noted that, “after venting I can just kind of shut down with my own thoughts you know?” For her shutting down resulted in less time enjoying her family. Similarly Simon said that once home, “…(on good days) I feel more willing to do the things that just, you know. It just drains you when you have a bad day. It drains you…, it takes an hour or two by yourself; you just want to kind of numb the pain.” For Simon that means not helping with what needs to get done at home, as well as less time spent with his family.

Spock also described similar influences on his energy level. He said that difficult interactions were only, “a little draining, not exhausting, but certainly draining.” He then went on to discuss that his energy level still impacted his personal life explaining, But having said that, there's always residual. So, yeah, if I had a crappy day at work then, you know, maybe I watch TV instead of doing some pushups. I'm that much more frustrated by the baby crying than I normally am. You know, it doesn't
necessarily mean I'm going to act differently, but you certainly feel differently. Anytime you're drained things are worse. You know, I'm that much more annoyed that there's dirty laundry on the floor.

Therefore, despite being able maintain his energy level a ‘residual’ from detracting interactions remained.

As expected, enhancing workplace interactions had the opposite influence on energy levels. For example, Chelsea excitedly described that when she was listened to, respected, and given flexibility, she would, “go the extra mile”. The health impact was, “it makes me feel energized, it makes me feel awesome, it makes me feel like I have a worth. Does that make sense?” However, when she learned her co-workers were going to HR to complain about the way Chelsea dressed, it had the opposite influence and impacted her productivity at work. “It was a downer. I didn't feel like working anymore. I was just a warm body taking up space.” The interaction impacted her energy level in her personal life as well. She expressed that, “And I felt like just curling up and just getting into bed and just saying, I don't want to talk to anybody and I don't want to (pause); And I missed school, I don't want to study, I don't want to do... anything. She said that her boys comforted her. “Everybody got ice cream and everybody curled up in my bed and we just sat and we talked and talked.”

Ginger also discussed how detracting interactions influence her energy level, rippled to her family, and influenced her level of patience.

Yeah, it definitely has an impact. I'll have to catch myself, you know? My husband can definitely tell, he can definitely tell if
I've had that kind of day. I kind of get into that mode and you do see the negative side of everything. And I kind of consume myself my brain is a little missing, all my emotional energy is tried up in those things. So anything else that comes along that I have to deal with is sort of, I'm very short with, you know… It comes across in my body language. It's going to come across in the way that I speak.

As mentioned under the exercise category, Ginger commented on not having energy to perform activities. “I mean, you don't feel, you want to crawl and go to bed rather than go home and {bake}, and mow the grass, or go ride your bike or whatever.”

Kirk said the difference in his energy level after enhancing versus detracting interactions was, “as clear as day,” and impacted his personal life. “…just the energy level goes down, morale goes down, fatigue. I definitely notice at those times I definitely feel much more fatigued. I come home and I'm just wiped out. It’s clear as day.” Kirk also discussed the impact at home.

I just go home; I don't want to do anything. But you know; it affects relationships. In many ways it affects relationships, from just not wanting to... and I feel bad because I recognize it, but at the same time I'm not always affective dealing with it. It's like sometimes you don't even want to talk…you just want to go home and crash, your social life goes down, and then it starts becoming this vicious cycle.
Spock also summed up the interconnection between energy level and personal life. The discussion included the influence workplace relationships had on mental health as well. Spock said that he compartmentalized work as a job and not his priority. Doing so he said he was able to leave issues at work; however, he admitted:

But when you're drained of energy it's not like you, just
suddenly your energy comes back up. Even though you're not
thinking about work, but you're drained because of work you're
like, “Ugh! Why is everything happening to me, like when I
drop a jar of baby food, or whatever.

The influence rippled into all aspects of life. Findings suggest that energy levels were high when participants felt valued, respected, recognized and there was open communication, trust and personal connections. The high energy levels positively influenced healthier behaviors and well-being. Low energy levels resulting from detracting workplace relationships, negatively affected home relationships and work performance, as well as participants’ physical and emotional well-being.

**Emotional health.**

The influence workplace relationships had on emotional health emerged from the data and included several characteristics, such as being mentally consumed and depression. This section is divided by the feelings of dread and being consumed by negative workplace relationships, and depression resulting from detracting workplace relationships. First, the general influence to mental health is presented below.
Kirk’s description of his energy level presented earlier indicated the emotional health aspects of being consumed and that sense of dread. Spock’s description shared under energy level also continued to include the mental health influence. Spock explained,

And of course, mentally it goes, 'Is it going to go better?' 'Why do we have to bother with this?' 'How could I have done this differently?' And a little draining, not exhausted, but certainly draining... And that’s going to affect everything after that, [The whole day] and possibly longer. I mean, every time you bring up that memory it's going to bring up a similar feeling.

Like physical health, emotional health influenced well-being. For Madison, her well-being decreased to a, ‘five on a scale from one to ten,” after being yelled at. She said that she was in a “mentally bad place”. That ‘bad place’ also came from the concern that other’s did not ‘have her back’.

And then you've got, even if you're looking to get outside, people, managers in other departments are talking to you know, and like, how is it, you know, okay? You know, so you hope that people are doing right by you and doing the best by you, but it's not always the case. So, it goes back to that whole question where you asked about things that happen where mentally you find yourself in a bad place. It's those types of incidences, those types of situations.
Other stories contributed to the influence of emotional health on well-being. Ginger said she felt miserable due to the negative workplace interactions:

I can tell you when I worked there. I'll tell anybody that when I worked there I couldn't stand myself. I hated myself. I mean everything was so negative I got into that negative loop and everything was just a complaint and miserable and just, I was miserable, I hated it. I was absolutely just miserable.

That sense of being consumed by the feeling was apparent with Ginger, “... I kind of get into that mode and you do see the negative side of everything. And I kind of consume myself, my brain is a little missing, all my emotional energy is tried up in those things.”

*Sense of dread and mentally consumed.*

In the above story, Ginger discussed being mentally consumed, and she went on to state, “I mean the negativity just absolutely consumed me.” Lois also mentioned being consumed, “If it upsets me enough, like I said, it’s all I can think about, and I won’t be focusing on the work I should be doing.”

A sense of dread was also an apparent result from the influence that detracting interactions had on mental health. Although similar, participants explained it as dread, which was consuming in their description. Thelma said, “I definitely dread. If I know I have to interact [with an SLT member] there's definitely a dread there. I mean, it's not like I'm all down and out and depressed, but you know, you feel it.” Monique experienced a sense of dread after being yelled at by her manager saying, “I still remember it, and I anticipate it happening again. I feel the need to just cover my actions.” She was consumed by ensuring
she documented every contact with her manager.

For Lindsey, it was dread thinking about coming to work on Mondays, describing that, “…it is not until like Sunday afternoon where I have let go of the week. And then by two hours later you're gearing up for Monday.” She also had a journal note about dreading returning to work after a draining meeting. She relayed a sense of embarrassment, “I came into work dreading the fallout from Friday’s meetings. I spoke with {Peer} who said she was embarrassed by {XX’s} public comments last Friday. She suggested I look for another job…” At this time, finding another job was not an option for Lindsey. Mitch also dreaded going to work at a previous company. Mitch “dreaded every day. So yeah, not a very good situation; no.” He made the decision to leave that job for his mental health.

Findings from data indicate that enhancing workplace relationships positively influenced mental health. Monique emphatically acknowledged improved mental health on days with enhancing interactions when she mentioned feeling, “I absolutely feel better on days when I feel valued. Absolutely.” This is similar to Chelsea exclaiming that feeling valued, “makes me feel energized, it makes me feel awesome, it makes me feel like I have a worth.”

Cybil stated that she tried not to let her mental health suffer after dealing with a difficult relationship with a co-worker, but she recognized the potential. “I think I'm actually pretty strong that I put up with all of these things all of these years. And like I didn’t have a nervous (pause), because it's been about three and a half to four years, and I’ve put up with this, and so I haven’t had a nervous wreck.”

As mentioned, within the discussion of emotional health or mental well-being was the
aspect of depression and sadness.

**Depression.**

Depression resulted from detracting workplace relationships for three participants. Other participants described a sense of sadness. Kirk discussed being depressed. “I felt like crap. (Laughing) I just felt depressed. Yeh, very depressed…At first it's anger, then after a while it's honestly depression.” Scarlett and Madeline also discussed being depressed from interactions with their previous managers, and that escaping the situations were beneficial. Scarlett stated, “So fortunately I got away from that, but I sunk so low and was so depressed. I mean to be told you're not worth the money you make, that's bad. I was in depression.” Both discussed seeking psychiatric treatment for the depression, and both mentioned that their counselors informed them that the mental health issue was a normal response to, and direct result of, perceived mistreatment at work.

For Bridgett, Lois and Murray it was a sense of sadness. Murray felt saddened by his co-workers not providing the resources needed to do his job well, as well as when told to do something unethical rather than admit to a documentation error. These stories were presented in earlier discussions on detracting characteristics of workplace relationships. Lois also mentioned sadness during her interview. She discussed being reduced to tears from a sense of sadness and frustration resulting from detracting workplace relationships saying that she felt, “Horrible. I would end up in tears after I would talk to them because I was kind of up against the wall because, you know, it's they said versus what I said.” Bridgett described being yelled at as feeling, “Uncomfortable and sad. It made me feel uncomfortable. It made me sad that
anybody in a professional setting would use that tone or feel that they needed to use that tone.”

**Social impact.**

Examples were previously shared that well-being and health behaviors were enhanced when there were personal interactions and jovial bantering. Midge, Scarlett, Bridgett, Simon, Spock, Cybil, and Mitch all recounted the benefits. They, as well as others also shared the detracting influence when there was not a positive social environment. In addition, all 19 participants discussed improved quality and productivity due to positive social relationships. Participants described the influence detracting interactions had on social health when they described just needing to be alone when others wanted to do something, or for example, going to bed instead of socializing. Sienna discussed that she would visit with friends after work on good days, but on days with detracting interactions would go straight home to bed.

Socializing was an important component of the workplace for all 19 participants. Simon, Spock and Scarlett shared the benefit of socializing. Simon said that his favorite time of the day was lunch because that was the time he could socialize with co-workers. Spock similarly said that his favorite part of the day was when he was making personal social connections with co-workers. Scarlett felt calm and relaxed after socializing in the breakroom; however, the benefits were negated when she worried that management would think she wasted time.

A different benefit of socializing was presented by one participant, Bridgett. She shared that socializing with others trying to lose weight and eat better, helped her to make
better choices. Madison had the opposite experience, stating that she gained weight by snacking on foods her co-workers brought to eat.

In addition to the health benefits, Bridgett, Scarlett, Spock, Simon, Mitch, Midge, Noel, Lindsey, Sienna, and Cybil described improved work outcomes from personal social interactions. Both Spock and Scarlett acknowledged getting more work accomplished. Midge and Sienna discussed the work benefits of social bantering, and watching each other’s backs. However, Midge, Sienna, and Scarlett believed that socializing was not condoned by management. Yet, the benefits of socializing with co-workers were clearly understood by participants. The benefits were understood to the extent that participants found ways to socialize, even if like Scarlett, it meant sacrificing lunch time. The benefits were understood to the extent that both Midge and Cybil mentioned feeling bad for co-workers not included in social interactions due to their difficult workplace relationships.

**Personal relationship issues outside of work.**

The influence that enhancing and detracting workplace relationships had on the participants’ home life was highlighted in other quotes and stories shared in this section, as well as in previous sections. As mentioned earlier, Lois discussed venting or crying at home and going to bed early. She said that her detracting work interactions caused her not to interact like she wanted to with her children. Sienna also talked about being upset to the point of crying at home and going to bed.

Kirk also discussed that detracting workplace relationships influenced his relationship with his wife. He said, “I feel bad because I recognize it, but at the same time I’m not always
affective dealing with it. It's like sometimes you don't even want to talk…you just want to go home and crash, your social life goes down, and then it starts becoming this vicious cycle.”

It was the same for 18 of the 19 participants. Mitch was the only participant whose data did not indicate an influence on personal relationships. As already explained, the other 18 participants’ stories revealed spouses being influenced by the detracting influence on well-being, less time being spent with children, and deteriorating relations with spouses and children. Participants described being less tolerant, less patient, and less engaged when home. As Ginger shared, this was apparent in verbal, as well as nonverbal communications. She mentioned knowing that detracting workplace interactions influenced how she interacted with her family, and it came across verbally as well as in body language.

**Career impact.**

As previously mentioned, 9 of the 19 participants had quit previous jobs based on detracting workplace relationships. For example, Noel, Ginger, Mitch, Kirk, Madeline, Chelsea, Bridgett, and Scarlett all had quit their jobs or left a job position, and Simon resigned from his current position. His story is shared his vignette (Appendix O, #12, p. 406).

Simon revealed that the first interview and journal activity crystallized the toll that detracting workplace relationships had on him. He said that this crystallization and the culmination of other issues motivated him to take action. “I had put my name in, I mean, after our discussion, I mean, it is a lot of things going on, but one of the things that I was paying attention to was how normal conversations, how behaviors, you know, inflicted upon my personal life all the time.” He said that he felt listened to and respected when he interviewed with the new company. Simon described employees joking and socializing as
they worked. He stated that his well-being was immediately much higher than it had been at work. Similarly, Bridgett shared that she accepted a job offer because of the enhancing workplace relationships when she was visiting the company. She said that it was a feeling she got when there.

Like Simon, Lois mentioned that she made a decision regarding a current workplace issue based on insight gleaned from maintaining a journal. This was discussed previously as an example of lack of justice related to a co-worker’s timesheet.

In summary, although the influences on well-being and health behaviors were highlighted during the presentation of findings the characteristics of relationships, the findings were presented here based the actual physical, emotional and spiritual consequence of the relationship. Specifically, the influence of enhancing and detracting workplace relationships on well-being and health included physical symptoms, sleep patterns, eating behaviors, exercise, energy level, mental health, social impact, personal relationships, and careers. Each category was presented with a brief description to organize findings.

Additional findings were that participants compartmentalized and used buffers to reduce the negative health impacts that detracting workplace relationships had. These two findings are discussed below, including the influence of communities of practice.

**Compartmentalize.**

For this research, the meaning of being able to compartmentalize means to pigeonhole or sort out. Findings suggest that being able to compartmentalize the detracting workplace relationships helped participants to decrease the health effects. Compartmentalizing included becoming numb, changing the story, rationalizing, or letting
go. For Simon, compartmentalizing was becoming numb to those who he knew resulted in detracting interactions.

Well, if it's someone who's not normally, who we know that's not in that situation, yes that affects your day. But you become, you know, I guess numb to that person [you know was usually difficult]. If it was a first time happening, yes, it affected how you felt that day and how you were angry or whatever the feelings that you have with your family or whatever. But at a certain point you get numb, if you deal with this person normally, you get numb… You just accept it.

Similarly, Kirk also indicated that he would become numb to the person usually resulting in detracting interactions. For others who he did not know, he described being able to compartmentalize by telling himself that everyone had a bad day. He accepted that it could happen to anyone. He could then let those detracting interactions go:

We all have a tendency, you know, have that capacity to lose our temper and say something that maybe we regret, and then the proper thing to do is apologize for that or to say to somebody, “Hey, you know, I stepped out of line,” or what have you. And that, you know, everybody's going to have a moment…
Kirk changed the story. Scarlett also changed the story when dealing with a negative workplace relationship by telling herself that the person could be dealing with a stressful personal situation.

Madison also changed the story to deal with a racially motivated conversation. The racial comment was made during an initial meeting with her new work group. She said that during this meeting she realized that she needed to develop relationships; however, she commented that no one there ‘looked like me’, and so this made it more difficult for her to converse informally with others in the group. She mentioned that someone commented on the fact that she ‘did not look like them’, based on racial as well as gender differences, but that it did not bother her.

And I had a guy come up and he's like, “You know, you're different.” [Laughing] And he just came right out and he said, “You know, you're different here. How do we get more of that?” You know, he meant well. Well, it wasn't very comforting to me. …It was just, like, wow… I remember feeling, okay, wow, he's bold to say it. I mean, I'm sure everybody was thinking it, but he was bold to say it. And I think the motive behind his question was; it was genuine. The motive was genuine.

Madison described the comment as briefly detracting from well-being, but then made the decision that he meant well, and let it go. She compartmentalized the interaction by changing the intention of the racial remark.
Similarly, but with a different angle, Sienna compartmentalized interactions with a co-worker who frequently made racial slurs by viewing the person as ‘ignorant,’ and thereby rationalizing his detracting interactions:

The way I look at him, I look at him as being very immature and I just look at him as being very simple. So a lot of times I actually have to just ignore him. …I look at him as being kind of childish and ignorant at times and in a sense of, sometimes I really don't think that he means any harm by it I just think that he just flies up out the mouth and won’t think before he says anything. So that's why, like if I honestly felt deep down inside that was how he really felt then I think I would have more of a problem with it.

Monique also compartmentalized by rationalizing. She could convince herself that the detracting workplace relationship was necessary because of her profession. She told herself that it was required to do her job well, regardless of whether or not she believed it was the right thing to do, just or fair. The example she gave was not agreeing with a policy, but being able to fully implement it with employees. “It makes me feel like I have to have my {professional} hat on, and that's what I'm supposed to say, so that's what I say. There's really, there’s nothing I can do about it, so (pauses).” This kept her from any detracting influence to her well-being.

Cybil discussed that dwelling on something made it worse, and so she consciously stopped herself, “I don't want to dwell on it, I want to be able to say you know, I'm done,
let’s move on.” She practiced and mastered compartmentalizing by letting go. Likewise, Madison explained that she left work issues behind, regardless of how negative or positive the interactions were; however, she did talk about venting, and that it was helpful.

I will go home and I will talk to my husband about it. But after I get that out, it's all about what's going on at home. When I walk out of that door out there I usually tend to leave it all behind, good or bad happy or sad, you know?

Murray also mastered being able to let go. He said that he developed this ability in order not to let detracting workplace interactions influence his family relations. Murray actually used the term compartmentalize when he discussed being able to let go for his mental health. Like Spock, he mentioned that his children and home life were his priorities.

But some stuff, I don't know, I think I just let it go, or I forgot about it or something. That's part of my mental health. And I can compartmentalize things pretty easily. My first job is going home to my kids and it just seems like I don't have the time or energy to do that, you know; if I’m upset.

While not all of the participants described compartmentalizing specifically, they all discussed doing something to help mitigate health impacts when dealing with a detracting interaction. For example, Madison talked about venting to her husband during one of our conversations. Others vented to their spouses, co-workers or utilized other buffers. This characteristic of using buffers was different than compartmentalizing to prevent detracting health influences.
Buffers.

Buffering was similar to compartmentalizing as a mechanism that helped participants deal with the detracting interactions. One mechanism to deal with detracting workplace relationships was finding meaning and learning by sharing within trusted relationships at work, their communities of practice (CoP). Another mechanism of buffers was through venting. Sometimes participants described using both, buffering and compartmentalizing. For example, Noel discussed that she would,

…try and let, you know, roll things off because I don't hang on.

To me it's not worth it and that person is not worth it. So, yeah,

then I can go talk to somebody, a friend about it, and just let it out, I'm good.

Monique had co-workers she trusted, but often would contact a previous co-worker who was still a significant member of Monique’s work CoP. One time when her manager yelled at her Monique said,

Well I had to vent about it so I called {past co-worker} and

vented to her and I, you know, told my husband all about it.

And then I think I can, of course obviously I haven't let it go.

[Chucked] Of course I can still remember that I was upset, but

I think I've fairly let it go.

In this example, more serious detracting relationships seemed to take more buffering to completely let go. For Scarlett, venting was effective, although like Monique, took several
venting sessions. She discussed venting to trusted co-workers, as well as her boyfriend, explaining that:

“... usually what I do is I usually vent to {another co-worker}.

So now I have him. So I'll vent to him or I'll vent to... {XXX}, and now I have; (pause), my boyfriend is very supportive. I go home and then I vent to him...and it helps to just be able to, you know, feel okay.

Every participant with a spouse or partner living in the home mentioned venting to them, in addition to trusted co-workers. Some described that this gave an objective perspective of the situation since the partner did not know the actors discussed during the venting session. Most participants discussed the benefit of venting as the support provided. However, findings also indicate that participants perceived that co-workers who were familiar with the situation provided meaning in addition to support. This aspect of venting was perceived as beneficial and influenced well-being. For example, Scarlett shared:

…my boyfriend is very supportive. I go home and then I vent to him, and then I'm done. And it helps to just be able to, you know, like {he} doesn't know her, but he'll support me but, {co-worker} knows her so as soon as I vent to say she did this or whatever, he'll just completely, “No you're great, don't listen to her,” and then I can move on.

Therefore, it was through workplace CoP that meaning, as well as learning occurred regarding work relationships, and both influenced identity. As indicated in the example
above, when Scarlett’s co-work reassured her, it affirmed her identity by saying, ‘no, you’re
great.’ This was a professional aspect that participant significant others could not provide.

In summary, the stories shared by participants provided rich details regarding how
workplace relationships enhanced or detracted from health and health behaviors. The
detracting influences were lessened when participants were able to compartmentalize or
utilize buffers. In Scarlett’s example above, the CoP elements aided in mitigating the
detracting influence on well-being and health behaviors. This benefit was not through
buffering by venting alone, but also through the resulting meaning, learning, and identity
related to the workplace relationships.

The community of practice lens.

As described above, open coding of the data identified characteristics of interactions
that enhanced or detracted from well-being, as well as the influence these interactions had on
participant well-being and health behaviors. The characteristics were coded from themes and
patterns that emerged from the data. As already explained, following open coding, secondary
analysis was conducted using the preselected communities of practice elements, meaning,
learning, and identity. As already mentioned, the CoP discussion is presented in this section
since analysis suggests that CoP provided sense-making for detracting workplace
relationships. For this research, workplace communities of practice (CoP) were considered
between co-workers within departments, as well as across the company, and also expanded to
members from other companies. Some CoPs were informal work groups, and some were ‘by
invitation only’ CoP, with secret meetings, and secured communications. These were named
‘Flavor’, ‘Secret Elevator, and ‘Secret Lunch Bunch’.
Data analysis identified evidence that meaning, learning, and/or identity occurred in every participant’s discussions related to workplace relationships. The last story in the previous section was one example of the benefit of meaning making and identity formation within CoP. In that quote Scarlett said that when she vents to her co-worker, “…he'll just completely {[say], ‘No you're great, don't listen to her,’ and then I can move on.” The result was Scarlett feeling better, her sense of well-being was lifted, and her identity was affirmed. She was professionally “great.” There was a mutual trust and understanding between these two CoP members that allowed for this exchange of understanding.

This section of Chapter Four is divided by the three main CoP elements used for data analysis: meaning, learning and identity. First, a brief explanation is provided of a few of the interesting types of CoP that were identified, which this researcher labeled as, ‘Named’ CoP. These CoPs included, the ‘Elevator Group’, ‘Flavor Group’, and ‘Secret Lunch Bunch Group’. The Flavor Group is discussed first.

*Named CoPs.*

Brief descriptions of these ‘named’ CoPs are included because of the elaborate construction for the groups to meet.

*“Flavor group” CoP.*

Scarlett orchestrated the group she called, ‘Flavor Steering Committee.’ She organized meetings, inviting co-workers from throughout the company, as well as several previous employees. The group, or as Scarlett described it, ‘steering committee’, held secret meetings. Members were notified through text messages instead of email. The purpose of the meetings were to vent, find support, and for validation or meaning of interactions.
So I have these meetings we call Friday, late afternoon, vent relief. It's a steering committee and so it's “Flavor”. It feels good hearing other people maybe having the same issues with the same people or the same issues within the job…And it validates how you feel even if you don't say anything.”

Scarlett stated that she always benefitted from the interactions, and said that others did as well. Another example of CoP gatherings occurred in elevators. This meeting place evolved to ensure secrecy.

“Elevator group” CoP.

Both Lindsey and Spock mentioned an elevator group during their interviews. Lindsey exclaimed, “It'd be interesting if you watched the elevators going up and down, with people in the elevators talking. Not getting off on any floors.” She commented that the elevators were deemed to be safe since the CoP members perceived that otherwise they were watched; that management monitored who talked to who, and possibly their conversations.

…they watch who was walking back and forth across here.

They watch who's in the smoking area together. So now the place to go to talk when you want a safe environment is you ride up and down the elevator… Because that's the safest place they can find. Lots of people will walk around and look at a vent…They are convinced the place is bugged and videotaped because there's been enough of what’s been said supposedly in private that gets out.
In the elevators the group perceived that they could talk safely to each other and share stories. There was trust that the information between these members would not be shared with others ‘outside the elevator’. The discussions were described as beneficial by providing an opportunity to vent, be heard, and find meaning.

The Secret Lunch Bunch CoP was the last elaborate secret CoP discussed by a participant. The Lunch Bunch sessions, were again, opportunities for learning, meaning and identity.

“Secret lunch bunch” CoP.

Spock mentioned the Elevator Group, but also discussed one group that met at lunch. He stated that, “One group has actually started meeting in secret to talk about the problems they're having with their manager.” He went on to explain the benefits derived from the meetings, but said that the group had since disbanded.

Someone came in late for lunch one day and it wasn't even at one of these secret meetings, it was just coming in from lunch. And they gave him/her a hard time about taking an hour long lunch and that person said, “I'm not going out for lunch anymore because I'm getting yelled out for taking my allotted hour lunch. So I'm just not leaving anymore.” So the meetings stopped at that point… It was helpful for them certainly on an emotional level because they felt like, 'I'm not the only one who feels this way, I'm not alone.' You know, the standard support group situation where they felt better about that. And I
think they did come up with some tools. They said they're going to start documenting when things happen that's specifically caused them problems. And after so long gathering data there's going to be an, 'Alright, do we need to go to the manager or above their head? And here we have data to support what we're doing.'

All three elements, meaning, learning and identity were generated during the Secret Lunch Bunch meetings, as well as the other two named CoPs. Each of the key elements was also apparent in other workplace CoP. Each element is defined and highlighted below. The first element discussed is meaning making.

_Making meaning of workplace relationships._

Participants discussed several situations that were coded as meaning making within workplace CoP. According to Wenger (1998), this element is about negotiating meaning as an experience of everyday life and engagement in the world. Meaning is not pre-existent to be found, nor is it made up, but negotiated and created through interactions within specific context. The meaning creation cannot be separated from the context in which it is created. For purposes of this research, meaning was coded anytime the participant asked others for their understanding of a situation, or to verify how others interpreted the meaning of a situation. The participant’s well-being was often enhanced through making meaning of workplace relationships. The meaning evolved through interactions with one member, multiple members, or an entire workplace CoP. For example, Lindsey described knowing the
meanings of gestures and specific words others in her CoP used. These members were from within her work group, as well as throughout the company.

You get into this shorthand of, you know, you shrug your shoulders and you go, well, that's just the way, fill in the blank, is.... they’re just that way…they [co-workers] even quote the people, because you know you're gonna get the “whatever” (sarcastic tone) and they're almost mocked. But everybody knows who it is when they say that, when they do that body motion, when they used that key word, you know exactly what they're talking about.

This shared language and meaning helped validate an understanding for Lindsey, and she was comforted by the fact that she was not alone. Madeline also talked about shorthand from members throughout the company when describing interactions, and the resulting comfort of not being alone, “There would be like little hints, like, “Ohhhh (exaggerated), in this department?” (She rolled her eyes and head) And they'd be like, “Mm hmm.” It's kind of like, you know what I'm talking about, you know?” Like Lindsey’s CoP, shorthand, as well as verbal and non-verbal language developed between members.

Murray, Spock, and Midge sought the opinions of other members in their CoP for verification of the understanding or meaning of an interaction. For example, a co-worker helped Murray decide to take action when he questioned his co-worker’s perception of someone’s response. Murray explained:
You know if I get like a response or I have a question I always ask him to see if he feels the same way. We're kind of equal as far as knowledge of what we can do. So it's like, “Do you feel this way about this?” He's like, “Yeah.” [So I'm like,] “OK, maybe I'll talk to {XXXX} about it.

Likewise, Spock sought co-workers’ opinions before taking action on a situation. When Spock observed a difficult interaction between an SLT (senior leadership team) member and a manager, Spock turned to his co-workers for validation. “I felt bad for the guy, and I even turned around looking like, 'Can you guys realize this is bad?' And everybody else around me is like, 'Yeah. What are they doing? Why are they pushing this?'” Spock decided to talk with the manager after discussing his decision with co-workers,

I thought it was important for that manager to know that they had support, even if it was support from un-empowered, lowly people; that they were in the right. And I talked with other people in my group, at my same level, and they all agreed. And that's, of course, people feel better knowing or having their opinions validated.

In this example, the CoP validated Spock’s perception, which improved his well-being.

Midge also found comfort in how others in her workplace CoP perceived how Midge was treated by management after making a work-related error. She said she openly explained her mistake to her group, and how she was now on an action plan. Midge mentioned that she
received support, even from the co-worker she had detracting relationships with, and gained meaning from the discussions. She explained the conversation:

This is what happened, you know, blah blah blah blah. But one of them is like, you know, “This could happen to anybody.” And the other person says, “Well you need to not let this get to you that bad.” You know? And then the one that I said I had the issue with she's like, “You know, I just don't understand; because everybody deserves to be able, to redeem yourself at some point.” So that made me feel good that there was some understanding.

The meaning gained helped Midge feel better, and like Spock, improved her well-being.

A different perspective on meaning was contributed by Scarlett’s example. Scarlett had a notation in her journal about passing a fellow co-worker in the hall and described the conversation as honest. He had been a member of her CoP since the company started. The honesty confirmed her feelings, thereby providing meaning regarding the situation. Scarlett said he:

…was just like, “Yeah, we’ve been through a lot.” And he just said, he’s like, “Yeah, we’ve been through a lot here, but this is the worst I’ve ever seen it.” And it was just very honest you know? (Pause) “This is just the worst.” And it wasn’t like I was taken aback, it wasn’t like anything, it was just like, I went like this, I went, “You’re right, you’re absolutely right.” And I,
really there’s more to it, but it just was, “It’s the worst it’s ever been and I don’t know what we can do.”

She did not view this as negative or complaining. “So it’s like, it was so funny, his wasn’t like, ‘Wha, wha, wha,’ his was just, ‘Yeah, this is really bad’.” The conversation verified her feelings. “So that was what’s nice, because his, he has the same attitude. Which is do what we can because what else are you going to do.”

Simon described a similar situation regarding the need to share with those in your group who you trust as a method of validation.

You go and talk to another person and you just complain about that person and that just kind of you know, eases your, sometimes you just need to let it out. And this person just annoyed you and share stories and say, ‘oh yeah, this person annoyed me just recently by doing this too’.

Sharing the stories provided meaning to verify the characteristics of the interactions. Simon also described finding meaning regarding their manager’s motives through talking within his group. This meaning helped him compartmentalize the detracting workplace interactions with his manager.

He's actually going to get promoted. Well, we all see him as he's just all about himself. He's moving himself up while the rest of us, you know, kind of wait. And that's one of the reasons why he won’t let any of us move out to other groups and other divisions is because he wants, if people leave his group that
looks bad on him. So he wants to keep it real in there until he
gets promoted and then he doesn't care. I mean, that's at least
our perception.

For Simon, the meaning gave him insight and understanding, which lessoned the influence of
the detracting interactions.

Thelma, Noel, Lois and Monique also all sought meaning from their CoP members
regarding workplace interactions that had occurred. Thelma discussed an interaction with an
SLT member when she was making a contract change. She felt that every item had to be
scrutinized and defended. Thelma described the person as being deliberately argumentative.
She mentioned she tried to avoid him, but often could not. The meaning she gained helped
her realize that she was not alone. “I know I'm not the only person who's like that with him
either, you know? I know he drives {others} crazy.” She gained this meaning through
members of her CoP, and that meaning mitigated the influence to her well-being.

Noel similarly gained meaning regarding a co-worker whose behavior she labeled as
rude. She said that this co-worker walked past her often without saying hello or
acknowledging Noel. She exclaimed that this really bothered her, and discussed at length
during the interview how she could not understand the person’s attitude, or what she did to
upset the person. She went to others in her CoP to find the meaning from this experience.

The ‘rude one’ (laughing) a lot of times she'll, she will not give
you the time of day. She won’t look at you. This is what I hear
from other people too because I was figuring that, and that, for
me to say, “Hello” and you walk right by me and there's other
people around and you don't say anything? I would be like,

“Did you just see that?” And they're like, “Yeah, she does that
to everybody.” I'm like, “Oh my God!”

The meaning that it was not just her helped Noel in letting go. Similarly, Monique discussed
a situation with her CoP regarding an interaction with her manager. She went to the group for
verification that it was not just her or her imagination. She explained the benefit to well-
being, “The commiseration. [Laughs] You know, there are people that feel the same way, I
know that they feel the same way that I do.” This was comforting and she continued:

So now he tends to say one thing one day and one thing the
next so it's hard sometimes to... So I try to e-mail everything to
him so I have documentation... other managers had said that
too. That he, it depends on what day it is as to what the answer
is.”

They advised her to document everything and so she also learned a method to deal with the
situation.

Like Monique, Thelma, and Noel, Lois went to members to get verification and
understanding regarding their interpretation of what a situation meant. “And so I actually,
after the meeting, because I’m thinking maybe I’m just way off base, and I heard something
different.” Lois went to the other CoP members to make sure that, “… everyone was on the
same page as I was thinking, you know, where did that come from?”

Similarly, Madison received verification of her understanding regarding the meaning
of department decisions being made. The meaning came from people throughout the
company. This meaning also influenced her identity as an African American female.

And there is a subset of individuals who have cycled through here and it's like, we were all vying for the same thing, for the same jobs, for the same roles. And in those situations it was as if, you know, a platform had been built for them and things were easier, you know, the roles were easier to come by for those guys. And it created some tension. Not just for me, but within the department because other people see it, you know, other people see it. And they come to me and they're like, you know, “How did that happen? What is that about?” You know? “When are you really going to get your time?” And then I have, you know, I'll have people call me and say, “Well, it's hard to win when the deck is stacked against you,” that kind of stuff. So, it's a perception that's out there and it's not just me who sees it or feels that way.

This comforted her when dealing with the workplace issues.

Kirk made a journal notation about a manager questioning Kirk’s work. The manager was using a harsh tone and was perceived as being accusatory. During the second interview Kirk explained, “…and I asked some other co-workers that worked with this person in the past, “Is this his you know?” Again, I want to make sure, ‘Is this me or is this your experience too?’ And they told me, like, ‘Yes, this is kind of, this is her.’
All of these shared stories provided examples of the benefit of talking about characteristics of workplace relationships within their CoP. One of Kirk’s descriptions was more direct regarding the benefits when he described the advantages of belonging to a CoP.

It's nice when you get this little impromptu discussion where three or four of us just kind of, like, roll our chairs over there and we're just talking about, you know, something like, “Hey, I was just dealing with so-and-so and is this normal?” And it's really nice to kind of, we all…get along very well. It's very rewarding and it makes you feel, um... more comfortable working with people, with your co-workers, that you can, you know, share this information.

He went on to talk about how he trusted them and knew everyone would help each other. Likewise, Sienna said,

OK, these {people} have my back because they care about me doing well, I care about them doing well, and we want to make sure that nobody gets any {errors}. And it's like that with everybody, but I just know that some more than others definitely are watching my back.

She went on to explain that not all members of the CoP were ‘family.’ There were some in the group that she trusted more than others.

Kirk learned that a difficult person was always difficult when he sought the opinion of others regarding his interactions with this person. Kirk described the person as rude,
interruptive and belittling during meetings. He sought meaning and found out that he had to learn to accept the behavior, which influenced his identity.

I talk to many people, most people that I talk to about that, because, especially the first few times I'm like, 'Man, what a jerk!' And like, I'll talk to some of the people in my group and I'll, “Is it just me or did this come across as pretty rough and uncalled for and very unprofessional, bad behavior?” [And they're like,] “Yeah, well, that's just YYYYY.” Yeah, that's just the way it is. And it's acceptable and you just have to take it with a grain of salt, blah, blah, blah, blah. The next CoP element that is discussed is learning.

*Learning relationships within CoP.*

Learning is defined as sharing explicit and tacit knowledge through the practice (Wenger, 1998). For Wenger, learning involved all the tools, skills, and procedures necessary to do the job. For purposes of this research, CoP provides the learning processes to share knowledge or information. Members of the CoP learn through the practice, and through sharing with others in the community. The examples shared below include different learning that occurred such as learning a different perspective, about a new job, about company promotions, information to make an informed decision, gaining insight regarding a person’s behaviors, and making healthier food choices. The learning could enhance or detract from well-being. For example, Sienna learned a different perspective during an interaction with someone in her group. This learning helped her to rationalize racially insensitive comments.
The discussion was regarding the employee who made racial comments mentioned in a previous example. Sienna explained,

I'm not good with quoting stuff, but he said something in a round-about way of, “Oh, what, you must’ve went to a Mexican doctor because.....” and like, when he said, “You must’ve went to a Mexican doctor,” I just kind of like blanked everything else out. I was asking the guy, I was like, “What does a Mexican doctor have to do with anything we're talking about right now?” So then somebody else interjected and was like, “Well maybe he's talking about... a relative couldn't get into a medical school in the states so he went to Mexico and was able to get his medical degree and then was able to practice,… he said (the person making the racial slur), “See, that's what I was trying to get at! Why did you think that I was saying something else?” I said, well maybe because everything that comes out of your mouth is inappropriate and is always racially related.

Later the employee who provided the information on why the co-worker made a racial comment went back to Sienna to let her know that he agreed with her, admitting “that the person really had a problem.” She said that in addition to learning about the perspective on the racial slur, she learned that this person was, “a chameleon and would not be truthful with others.” She found this irritating and unsettling, but said that she was glad to know.
In another example, when Mitch was told that he did not get a job because he helped co-workers, Mitch likewise learned from someone in his group about their expectations of a manager, which confirmed Mitch’s style of managing. The person said,

So it's like, “Mitch, you know, being a manager I think there are certain things that you have to be aware of and things that you want to do and cannot do...And, you know, trying to know the difference between those two are the important ones.” So I asked, “Okay, what do you think I should be doing?” [And they were like,] “I think you should be getting out, and then, you know, doing…[teaching]” I said, “That's the exact reason why I don't get it ...” [Laughs]. No one can believe it.

Others learned about upcoming promotions or changes happening within the organization. For example, Kirk’s group learned the real motive behind their manager’s decision to add another project to the group’s workload. This example of learning was through links to another CoP.

My group recently was told that we were taking on a responsibility for writing reports and managing work that’s traditionally, it's been done by another group...the reason we were given by our upper-management was that it was a resource issue. We had more resources, they didn't. And I started talking to some of the people in that group, um... that's
not the story they were told. I heard through them that there
was a lot of disagreement and wrangling.

Kirk learned that his manager wanted a promotion and wanted the project to help him
achieve it. Kirk also found out through his CoP that the disagreement and wrangling was the
manager’s insistence on obtaining the project. Therefore, the group realized the additional
work had nothing to do with resources. In this example, the learning detracted from his sense
of well-being since he felt deflated from being deceived.

Like Kirk, Lindsey discussed learning why another manager seemed to be getting
away with inappropriate behavior. Through discussions within her work CoP, she also
learned a glimpse of what the future may hold:

And there's been a lot of speculation in this department and the
company that XXX {may be retiring soon}, we think, this year.
And is he going to retire? And who’s the heir apparent? And is
it indicating, is this a leading indicator that YYY knows maybe
he is the heir apparent? And therefore....he can do whatever he
wants and it doesn't matter and it bodes very ill of the future
under him.

Madeline’s conversations presented earlier provided a different example of learning.

This was regarding the situation where she was told that she was “only the analyst and the
supervisor was always right.” Through a member of her work CoP Madeline learned about
other opportunities available in a different department.
You have nowhere to go because you've just tried everything you can possibly think of. And then the other thing I did was, there was a supervisor in manufacturing I talked a lot with. So I went to him and told him what happened and he couldn't believe it.

He informed her about a position opening in a different department, which gave her access to apply. Learning this resulted in a career change that ended the detracting workplace relationship, thereby improved Madeline’s well-being and health behaviors.

Other participants learned through advice from their CoP. When a co-worker told Madeline that she was not qualified to do her job, she was not sure what to do. She said she would usually ‘just roll’ with something like that, but sought the advice of others.

I wasn't going to tell my supervisor because that's the way I roll. I just don't, I don't, you know, I don't do that. I did talk to people who've been here awhile and they thought I should tell them and I was like, ‘Well, I don't know what to do.’ And it's kind of hard.

Madeline followed their advice and talked to her supervisor even though she said she did not normally do that, she learned not to just ‘roll with it’ in this case which was different than how she thought about herself handling a situation.

Likewise, Cybil, Simon, and Murray went to their groups for advice on reporting situations. Cybil asked others in her CoP what action she should take regarding the difficult co-worker.
And then you try to you know, think well I'm gonna go to HR, but a lot of times it doesn't do any good…I have talked to different people. I even talked to one person who's in HR about how best to deal with it but you know, it's like a trust bank account right? And if the trust isn't there, you just, you're always a little bit more on edge so, yeah.

Based on their comments Cybil never reported the difficult interactions to HR.

Similarly, what Simon learned from members of his CoP was not to follow advice from a manager; that perhaps he should think twice before reporting something. H:

…talked to an old manager (and co-workers); So I felt I could go talk to him and I explained to him, you know, what my reasons were for leaving. And, you know, he understood. He said, you know, it was a good move for me to make, you know, that he was sad to see me leave, but he told me to go ahead and tell HR, you know, some of the reasons why I was going to leave. Although, my co-workers said not to. One of my other co-workers, he gave his two-week notice, and when he went to HR he said it was like talking to a brick wall.

He confirmed this with others and at the time of the second research interview was contemplating what to do.

Murray also sought advice before going to someone about a situation. “I have several people that I can rely on to boost my morale or just check myself, or people that are really
helpful if I need advice or something I don't know how to deal with…” Murray went on to say:

…So when that happened, I went to someone else to say like,

“What should I do? Do I take this higher up, my boss?”

Because I know {my boss} will push it. But if I do that then it's going to create some friction because then it goes from {my boss} to whoever, like, the person’s boss. …And then it creates, I felt like it would create just some problems between {that person} and I versus them.

Those he went to advised that he needed to address the situation. He did so, and acknowledged that it did not bode well for him, but that he accepted full responsibility. In this case what he learned was not correct once he acted on the advice.

In a different perspective on learning, Kirk learned the reason why a manager acted the way she did, which helped his well-being. He went to a co-worker about a difficult workplace relationship and the co-worker provided insight, mentioning that the manager, “…feels that she had to be in a position, a defensive position and feels she has to be aggressive.” He learned that the manager was in a department dominated by men and, “as a minority woman, and the only minority female in a management position, she's constantly having to prove herself.” He stated that learning this gave him more patience. “I at least have an understanding. It's like, I'm still not happy with it, but I'm willing to let it roll based on that.” He indicated that it helped his sense of well-being. Kirk stated that by learning this he can practice patience, and thereby improved his sense of well-being when interacting with
her. Kirk said that he, “…practices patience with her now; I have and it's... knowing that has helped”.

While this learning increased his empathy, and enabled Kirk to be more patient and understanding, Scarlett learned the opposite from her group. Scarlett gave a difficult co-worker the benefit of the doubt. Scarlett wanted to do this because she felt her own manager was not empathetic towards her when Scarlett had a personal crisis occur. In this case, Scarlett learned that the co-worker’s negative interactions were not a unique situation. Scarlett learned from others that the co-worker’s interactions were usually difficult. However, Scarlett said that rationalizing helped her well-being and so she continued to rationalize possible reasons for the difficult interactions.

Similarly, when a manager ‘dismissed’ Spock’s request he said that,

You know, if I was the only person that they shoved off then I might be like, ‘Well, what's the problem here? Let's try and work something out.’ But knowing that that's how they are, and they just ignore the things that they're not working on. Which, maybe it's great for their mental health. Maybe that keeps them sane.

Once learning that, it also helped Spock’s mental health; however, Spock still disagreed with the difficult behavior and impact it had on Spock being able to perform his job.

From a health practices perspective, Bridgett’s journal notes indicated the benefits that one of her CoP provided in helping each other learn better eating options “even during
difficult days at work.” They had participated in a weight loss program offered at work and still supported each other even though the program was no longer meeting.

So the ones that, there's like four of us that, even though we're not going to the meetings, we're still weighing in. We'll weigh in on our own. We just weigh. I mean, we pretty much help each other. Like, today they had cake and, like, none of us ate the cake and, you know, we watch [each other]. Like, if it's a bad day or, you know, like, when we go out to eat and stuff we talk about, like, we went one time to {a restaurant} and we're like, “Okay, what's our better options here? Let’s split something so we don't attempt to eat more than we should.” So that really helps a lot.

The group maintained their weight loss and their healthy eating behaviors continued, whereas participants at two of the other participating companies mentioned that weight loss initiatives were being planned again because the majority of those involved had gained their weight back plus more.

Learning about workplace relationships within CoP was related to finding a new job, gaining a different perspective, making a decision, learning about company promotions, gaining insight regarding a person’s behaviors, and making healthier food choices. Other stories are shared and presented in the next section on identity.
**Identity.**

Individuals develop an understanding of who they are through participating and learning. It is not denying individuality, but recognizing the mutual constitution of something that cannot be separated from context (Wenger 1998). “As we encounter our effects on the world and develop our relations with others, these layers build upon each other to produce our identity as a very complex interweaving of participative experience and reificative projections” (Wenger, 1998, p. 151). Identity refers to the various meanings attached to a person by self and others, and has long been seen as constructed and negotiated in social interactions (Ibarra, 1999). Not recognizing the interconnectedness of the individual and social relations misses a key aspect of identity (Wenger 1998). Individuals develop an understanding of who they are through participating and learning. Identity is not static or stable, but evolves in day to day practices, especially as people move between communities. For example, Kirk’s discussion provided an example of the value of sharing meaning within CoP, which also influenced identity. He shared that:

When you can talk to each other and hash out some of these things, “Did you go through this?” “Oh, yeah, I dealt with this person, it was a crazy one.” It goes a long way to, sort of like a balm almost for your wound. It's just, it makes you feel better, it makes you feel like you're not the one person out there, you know? That the other people in your group are sympathetic, truly sympathetic, it really help. It helps with the morale too.
Kirk felt better, he learned he ‘was not crazy.’ His identity was intact and his well-being lifted. The CoP interaction was a ‘balm’ to soothe the influence of detracting workplace interactions.

Cybil’s discussion of dealing with a co-worker’s difficult interactions provided another example of the influence on identity as meaning was assimilated within her CoP. Her CoP provided a buffer for her sense of self when dealing with the difficult co-worker.

And it bothers me sometimes but then I have enough people around me that I'll go and talk to them and you know, kind of… buffers it, helps me feel okay. I used to think it was me. Because you kind of go oh, I was great at what I did. Because you know (pause) {to have}, someone then yell..I learned how to deal with it. I'm fine. I have lots of other people who are very, um, you know they love working with me so I know it's not me… that I can go to and say, “Am I crazy or what?” And they go, “No.” And then they're telling me all the reasons why.

Like Kirk, her identity remained intact even though she had begun to doubt her capabilities, and held the perception that maybe it was her, that she was ‘crazy.’ She exclaimed, “So it’s not me, and I think I probably would have reached a point where I knew it wasn’t me. But it’s nice. It helped.”

Scarlett also called on CoP members for help with her identity struggle.

I called a past manager and he was just like, “No. You were a great worker and if anything you were always harder on
yourself.” And he was like, “Start taking notes on everything, keep documentation on everything.”… I mean, I get feedback from people that I do a good job all the time and if you are going through a rough time people should be understanding of it.

Similarly, Lindsey also discussed identity formation by processing workplace relationships within her CoP.

It means that the reason people continue to do a good job here, or continue to motivate and continue to stay here, are doing it for reasons that are not coming from management. You're doing it for self-satisfaction. You're fulfilling your own, this is who I am and this is what I want to do, and this is not just me.

These are conversations that are fairly equally held here.

Several participants described seeking advice on identity perceptions. One of Kirk’s journal notations provided an example of this. He wrote about a misinterpretation of an email he sent to a group regarding data Kirk analyzed for another co-worker’s project. The co-worker felt Kirk was harsh in the email. Kirk intended to state facts, but acknowledged how the email could be interpreted as harsh when he re-read it. This caused him to spend twice as long writing emails, as well as worrying about how others viewed him.

I had other meetings about other things, follow-up meetings for process that I was trying to communicate with people, both e-mail and verbally. Then it was; every e-mail is taking me twice
as long because I'm trying not to... Things in the back of your head, my productivity went down quite a bit. And I just talked to people, I'm like, 'Great, does everybody think I'm, you know, a jerk?'

He asked co-workers and management for advice on how these communications should be handled. He saw his role as providing truthful analysis of the data, not just the raw data for others to interpret. Now he was second guessing himself. Others assured him that he was not a jerk, and in reviewing his email communication, as well as through discussions with CoP members, he saw that he could have worded the email message differently.

Scarlett also discussed a misinterpreted situation, only hers was not written, but a partially overheard conversation.

Someone overheard me when I was listening to someone vent and they interpreted it wrong and went to {my supervisor} and said I was being negative. And I ended up having that on all of my goals that I had to be positive. And I'm like, everybody knows me and they're like, “You're the most positive person and you always say it's going to be okay and we're going to do it...” and whatever. And I'm like, yeah, it's kind of funny.

She received confirmation that she was positive - not negative - and so her identity remained intact. She could now laugh about the misinterpretation.

Thelma learned something that impacted her identity from a member of her core CoP. She stated that,
…I realized a couple months ago that I was coming off as being defensive when people would approach me on things. Actually, I had an employee, tell me that when we were working on a project, “Don't be defensive,” you know? And it made me realize that I was doing that so I had made a conscious effort to change that behavior. It just kind of opened my eyes, you know? And I saw maybe why some people have reacted to me some ways. And it made me realize that I was doing that so I had made a conscious effort to change that behavior. Because, I'm the first one that wants to make everybody happy. I want people to feel like they could approach me and I wasn't being approachable.

This was also a demonstration of the trust in their relationship. She talked about how grateful she was to him, and how much better she felt by changing. She not only felt better, but perceived that others were reacting to her differently.

In this situation, the CoP did not reaffirm the participant’s identity, but provided a different view for how other’s viewed the participant’s identity. This was also the case for Bridgett. Like Thelma, Bridgett learned from someone in her core group that caused an identity shift for her. Bridgett said she was ‘venting’ about a traffic incident and she was told she was complaining, not venting. She said she did not like to complain nor wanted to complain, and that she was really surprised by this. “So for me that was a paradigm shift; that I complain.”
Madeline’s story contributes to identity learned from her CoP, but differently than Thelma’s and Bridgett’s experience. Madeline explained that when a co-worker told her she was not fit to be in her position:

I wasn’t going to tell my supervisor because that's the way I roll. I just don't, I don't, you know, I don't do that. I did talk to people who've been here awhile and they thought I should tell them and I was like, ‘Well, I don't know what to do.’ And it's kind of hard.

Madeline followed her CoP members’ advice and talked to her supervisor. Even though she said she did not normally do that, she learned not to just ‘roll with it’ in this case, which was different than how she thought about herself handling a situation.

Midge also learned a different identity view from her group regarding their perception of her manager, and that she could still be successful at work through the reorganization:

Because I was like, who's gonna want me? They know that I've been put on an action plan. And they're like you know, “Don't let that bother you. Everybody knows that was just a, you know, this is one of the managers that that was just a misfortunate kind of event.” So, that kind of helped me. And then also kind of realizing that some people who've been successful, they were successful because they took risks, you know? And sometimes you have to take risks and learn from them you know?
Midge learned that other managers would not hold the mistake against her as her current manager did. This helped her identity and enhanced her perception of well-being.

Mitch talked about his identity as the jokester within his work CoP. Others relate to him because of how he identifies self and presents to the group.

They trust me and you know… they would join me and then we would just have fun, I mean, that's what they do. I mean they call me trouble and I call them naughty… They know that I joke… you know somebody did a joke on somebody else; it's me (laughing) they come for me. I may not have done it myself but I'm going to get blamed so.

He went on to explain that this identity gave him permission or leeway to make comments within his CoP that would be interpreted defensively if said by others.

In summary, these examples suggest that participants utilized their CoP to assimilate identity formation resulting from detracting workplace relationships. They sought assurances that they were not ‘crazy’, a ‘jerk’, a terrible employee, negative, or not fit for a job.

Section summary.

The examples presented in this section were representative of the many examples of meaning, learning, and identity making from sharing workplace relationships within CoP. The examples were provided from analysis of the data gleans during the two interviews, as well as in the participant journals. These codes emerged when participants discussed sense-making for detracting workplace relationships in order to mitigate detracting influences to well-being. Three unique CoP, ‘Flavor’, ‘Secret Elevator, and ‘Secret Lunch Bunch’, were
also highlighted. These CoP formed as a way to safely discuss detracting workplace relationships.

**Chapter Summary**

This Chapter presented participant stories and discussions to illuminate research findings. An instrumental qualitative case study was used to explore participant perceptions of the characteristics of workplace relationships that enhanced or detracted from well-being and health behaviors. The cases were 19 volunteers, recruited from 4 companies, to share their experiences and perceptions through interviews and journaling. The participants’ backgrounds, educations, work experiences and job positions varied. The participating companies also varied in terms of types of business, as well as cultures. This information lends strength to the suggested findings, since regardless of the differences, and regardless of the different stories shared, the emerging characteristics were strikingly similar.

The interviews and journals were analyzed using open coding to identify emerging themes regarding how participants perceived characteristics of workplace relationships as enhancing or detracting from their well-being and health behaviors. The analysis answered the two research questions: how do workplace relationships influence perceptions of well-being, and how do workplace relationships influence perceptions of health behaviors. From the themes, six characteristics were identified that enhanced well-being, and eight characteristics were identified that detracted from well-being. The characteristics were summarized in Tables 4.2 and 4.3 respectively. Additionally, analysis suggests that nine categories of well-being and health behaviors were influenced by workplace relationships.
Table 4.5 illustrates a combination of these characteristics that enhanced and detracted from well-being, as well as the influence on well-being and health behaviors.

Most of the health and well-being categories were not generated by any one relationship characteristic, but were influenced by several characteristics. The categories are merely listed in the table for summative purposes, not as a correlation with the characteristics.

**Table 4.5. Findings Summary Table**

<table>
<thead>
<tr>
<th>Characteristics That Enhanced Well-Being</th>
<th>Characteristics That Detracted from Well-Being</th>
<th>Categories of Well-Being &amp; Health Behaviors Influenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration/Teamwork</td>
<td>Lack of Collaboration/Teamwork</td>
<td>Physical Symptoms</td>
</tr>
<tr>
<td>Mutual Respect</td>
<td>Disrespect/Condescending</td>
<td>Sleep</td>
</tr>
<tr>
<td>Trust</td>
<td>Lack of Integrity/Distrust</td>
<td>Eating</td>
</tr>
<tr>
<td>Open, Clear Communication</td>
<td>Lack of Open Communication</td>
<td>Exercise</td>
</tr>
<tr>
<td>Valued/Recognition</td>
<td>Lack of Value/Recognition</td>
<td>Energy Level</td>
</tr>
<tr>
<td>Socializing/Personal Connection</td>
<td>Difficult Interactions</td>
<td>Emotional Health</td>
</tr>
<tr>
<td></td>
<td>Injustice/Lack of Fairness</td>
<td>Social Impact</td>
</tr>
<tr>
<td></td>
<td>Lack of Empathy</td>
<td>Personal Relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Career Impact</td>
</tr>
</tbody>
</table>
The findings were presented beneath the corresponding characteristic that emerged from open-coding analysis of the data, as well as from a priori coding based on the CoP elements. These codes emerged when participants discussed sense-making for detracting workplace relationships. This sense-making presented as a method for assurance, validation, and support in order to mitigate detracting influences to well-being. Also included in the CoP discussion was a brief description of three unique CoP that formed, ‘Flavor’, ‘Secret Elevator, and ‘Secret Lunch Bunch’.

Other findings presented in this chapter were 1) no matter how broadly health and well-being were defined, participants discussed a narrow focus on the physical aspect, and discounted their health practices; 2) it was when core values were impacted that had the greatest influence on well-being and health behaviors; 3) the ripple effect that both enhancing and detracting workplace relationships had on the contagiousness of the types of interactions, the influence on well-being, and the ripple to relationships outside of work; 4) nonverbal, as well as verbal workplace relationships influenced health; 5) a sense of compassion for those causing difficult interactions developed; and lastly, 6) perceived benefits from the interviews and journals.

Additionally, the concepts of compartmentalizing and using buffers also emerged during data analysis. Both were used as methods to control the influence of detracting workplace relationships on well-being and health behaviors.

The final chapter, Chapter Five, presents a discussion and interpretations of the findings.
CHAPTER FIVE

While Chapter Four presented the findings by honoring the participants’ stories, this final Chapter presents the researcher’s discussion, conclusions, and implications of findings. In addition, considerations for practice and future research are presented. A brief study overview is provided first.

Health and health behaviors are recognized as complex social constructs and yet the literature indicates the primary focus of workplace health promotion education programs remains on trying to change individual health risks and behaviors. However, as described in Chapter One the social ecological framework suggests there are multiple determining factors that influence health and health behaviors. One of these determining factors is interpersonal or social factors, which is the focus of this study (McLeroy et al., 1988). This framework supports the holistic and broader definitions of health used for this study, which grouped health and health behaviors under the umbrella of well-being.

As suggested by the social ecological framework, workplace social factors have been identified as potentially influencing well-being and health behaviors, but the problem is that little is known about the characteristics of these social interactions. Further, little is known about how employees perceive workplace relationships in regards to health, or about how the interactions enhance or detract from an employee’s sense of well-being and health behavior practices.

Therefore, the purpose of this exploratory qualitative study was to understand how employees perceived their work relationships as helping or hindering their perception of well-being, and how these relationships influenced health behavior practices. Specifically the
study sought to answer two research questions, 1) how do employees perceive workplace relationships as relating to feelings of well-being, and 2) how do employees perceive workplace relationships relating to health promoting behaviors?

This chapter explicates the findings and presents considerations for human resource development (HRD) and health promotion research and practice. After a general overview of the four key findings is presented, the chapter is organized into five discussion sections to illuminate the five focal areas of the findings. First, a discussion of how participants rated their health on physical factors only illuminates one of the challenges facing health promotion research and practice. Second, a discussion of the implications of the workplace interactions that enhance well-being adds to a deeper understanding of workplace social/relational characteristics of the social ecological model. Third, the discussion of the detracting characteristics adds deep understanding, like the preceding section, but in addition highlights key areas for research and improved HRD and health promotion practice. Fourth, the discussion of CoPs and how they relate to health and wellness extends the CoP literature into the discipline of health promotion. Fifth, the discussion of participant journaling confirms previous studies that suggest journaling can enhance wellness. However, a unique contribution from this study is the potential for action learning research. Finally, the chapter concludes with implications for the research and practice of HRD and health promotion education.

**Overview**

The purpose of this section is to present the four key findings of the study, and to summarize the key workplace interaction characteristics, as described by research
participants, that enhanced or detracted from their perceptions of health and wellness. A particular emphasis is placed on the concept of energy levels, due to the high frequency of it in the data. ‘Energy level’ is a term used in social network analysis research with possible connections the discipline of positive psychology (Cross et al., 2003). Interesting implications are offered resulting from comparing the positive psychology findings from the findings of this study.

There are four key findings of this study. First, this study found that workplace interactions clearly influence the perception of well-being and the health behaviors of the research participants. While this may appear common sense, this is the first study to explore, from a qualitative perspective, how people think about and make meaning of the diverse workplace interactions they experience on a daily basis. Further, these findings may be considered related to the empirical findings of ‘character strengths’ from the positive psychology literature. This connection is described below, and further confirms the importance of the findings generated in this study.

The second key finding pertains to the theoretical framework used for this study. Because of the strong connections between interactions and perceptions of well-being found in this study, this study confirms that the social ecological model accurately includes social determinants of health in the workplace. The third finding, somewhat related to the second, pertains to the practice of health promotion. Because this study found deep connections between workplace interactions and perceptions of health, it is clear that there is a need to expand the current health promotion practice, currently focused on the intrapersonal aspects of health, to include the interpersonal relationships. Fourth, the study also confirms the CoP
model for understanding how workplace relationships generate meaning, learning, and identity among people in a community.

The characteristics of social interactions impacting wellness identified in this study are analogous to the key components of conceptual models proposed by Quick et al (2007) and Kriger & Hanson (2009). The combined model components that match the characteristics that emerged from this research are trust, open communication, cohesiveness (collaboration), embracing diversity (respect and value), strong social supports, and service. Also, the models components of compassion and justice match perceived injustice and lack of empathy. Both characteristics emerged from findings on the workplace relationships that detracted from well-being. The components of the models that are different than study findings are opportunity, autonomy, mutual purpose, pride, humility, forgiveness and stillness. However, ten participant (Midge, Madison, Scarlett, Simon, Bridgett, Monique, Cybil, Murray, Sienna, and Lois) discussions when describing enhancing and detracting characteristics included the sense of autonomy, wanting opportunities, and forgiveness. Additional research exploring the model components and characteristics from this study in creating an enhancing work environment is warranted.

Likewise, this study generated results similar to previous studies that showed how health is impacted by workplace interactions. These impacts included physical symptoms, energy levels, eating habits, sleep, exercise, family relationships, career impact, and emotional well-being (Cross & Parker, 2004; Rath & Harter, 2010; Rau et al., 2001; Steptoe, 2000; Unden et al., 1991; Wager et al., 2003).
In this study, the influence on participant energy levels was the most described impact generated from enhancing and detracting characteristics of workplace relationships. This finding confirms the findings of earlier work (e.g., Cross et al, 2003), that interpersonal interactions can positively or negatively impact perceived ‘energy levels’ of participants. In this study, fifteen of the nineteen participants (e.g., Bridget, Simon, Midge, Lois, Cybil, Scarlett, Chelsea, Simon, Murray, Monique, Lois, Spock, Lindsey, Sienna, Madeline, Ginger, and Kirk) discussed being either energized by enhancing interactions or suffering a lack of energy from detracting interactions. Participants reported not having the desire or energy to cook healthy foods, to exercise, and/or to spend positive time with loved ones due to detracting interactions.

In the Cross, Baker, & Parker (2003) study, a connection was found linking energy levels and person to person connections between what the authors described as positive versus negative interactions. However, unlike the study being reported here, Cross et al. did not ascertain the specific characteristics (e.g., trusting, collaborative, etc.) of the interactions. The authors did suggest that positive psychology may clarify energizers from de-energizers (Cross et al., 2003). In the discipline of positive psychology, the term ‘character strength’ is used to understand how people interact with each other. It is reasonable to suggest that the characteristics of workplace relationships found in this current study and the character strengths found in the positive psychology literature are connected in some way. For example, twenty-four character strengths have been identified that provide benefit to health, relationships, and careers (Seligman & Csikszentmihalyi, 2000). Empirical findings show that the character strengths are valued by adults around the world including within all states.
in the United States. The most commonly endorsed strengths are kindness, fairness, authenticity, gratitude, and open-mindedness, and the lesser strengths consistently included prudence, modesty, and self-regulation.

A comparison suggests that strengths such as fairness, authenticity, kindness, gratitude and being open-minded would encourage the enhancing characteristics of work relationships that were found in this study. In addition, these strengths and self-regulation would reduce the detracting characteristics of workplace relationships, difficult interactions, disrespect, condescending behavior, injustice, distrust, and lack of empathy. One study in particular highlights the similarities between the findings from this study and the list of character strengths found from studies from the positive psychology paradigm. Money, Hillenbrand and daCamara (2009) conducted a study on sixty middle managers and asked them to identify the strengths and virtues that were most in demand at work, as well as those perceived to be least required or not appropriate (Money, Hillenbrand, & da Camara, 2009). The purpose of the study was to understand what drives and motivates employees to flourish and achieve their full potential at work. The managers reported suppressing the expression of gratitude, humility, kindness, playfulness, spirituality, citizenship and hope while at work because these character traits were deemed not appropriate. Interestingly, these same traits are similar to the types of relationship characteristics identified in this study as enhancing feelings of well-being. This is an interesting paradox—the managers in the study found that certain traits were deemed ‘not appropriate’ for work, but the study reported here found these same traits seem to be needed to generate the types of workplace interactions that enhance feelings of wellness. Pursuing additional research on this paradox would be beneficial to our
understanding of why some people seem to easily enhance the feelings of well-being around them, while others detract from well-being.

The research findings support the importance of the social workplace environment expressed by other authors and researchers (DeJoy & Wilson, 2003; L. A. Linnan et al., 2001; MacDermid et al., 2008; MacIntosh et al., 2007; Quick et al., 2007; Wilson et al., 2004), and begins to identify the characteristics of the social environment that influences health and well-being. This study confirms that the social environment mattered to participants. From this perspective, further research is needed on how the strengths of positive psychology and the enhancing characteristics identified in this study could lead to enhancing workplace interactions, thereby creating a positive social environment.

This introduction and overview summarized the key characteristics found for enhancing and detracting workplace relationships, especially on energy levels. The consideration of, and comparison with, positive psychology strengths was presented. The next section discusses the narrow focus participants had on defining their well-being and health, and interesting implications are presented.

**Narrow Focus on Physical Aspects of Well-Being and Health Behaviors**

As described in Chapter Four, participants were asked to rate their health and give a definition of health. While this data was not connected directly to either research question, the data was necessary to obtain in order to make sense of the subsequent stories and perceptions relayed by the participants. At the beginning of the study, it was not anticipated that the description and definition of health would offer any findings; however, analysis revealed interesting patterns that were unexpected and meaningful. First, participants used a
very narrow conception of health when they were asked to describe their health and healthy behaviors. Participants focused only on the physical aspects and did not include social, emotional or spiritual elements. Second, participants generally expressed guilt when talking about not practicing healthy behaviors. And third, participants discounted the benefits of their daily physical activities and did not consider them as ‘exercise’ or a healthy behavior.

*Narrow conception of health.* The first finding presents an interesting disconnect or inconsistency in participant perceptions of health and wellness. On the one hand, the majority of participants (13 of 19) initially defined health as broader than the physical dimension, and included social, spiritual, emotional, and career dimensions. On the other hand, all participants described their health (rating health, health behaviors) based only on the physical dimension, regardless of how holistically they had previously defined health. This is an issue that calls for future research to understand why rating health is perceived to exclude the broader dimensions of health, which most participants described but seemed to discount.

Most participants in the study (13 of 19) defined health holistically, which is aligned with the World Health Organization definition that health is not only the absence of disease, “… but also a state of physical, mental and social well-being.” Likewise, the field of health promotion defines health as including a balance of five dimensions: physical, emotional, social, spiritual, and intellectual (O’Donnell, 1989). These are also included in Gallup’s recent release of key elements of well-being. Based on 50 years of survey research Gallup scientists concluded that the elements for well-being include career, social, financial, physical, and community factors (Rath & Harter, 2010).
Nevertheless, regardless of their definitions, all of the participants discussed making or needing to make improvements only in their physical health. Participants discussed needing to eat better, exercise more, lose weight, and control biometrics such as blood sugar and blood pressure. No participant described having to meditate more, or engage in spiritual activities, or to make more time to laugh. While the contradiction was surprising - even a participant said that she was surprised – it is certainly aligned with what is emphasized in the workplace health promotion literature, as well as the media focus (S. G. Aldana et al., 2005; Anderson et al., 2009; Baker et al., 2008; CDC, 2009; Drach-Zahavy, 2008; Goetzel, 2011; Goetzel, Ozminkowski et al., 2007; Merrill, Aldana et al., 2011; Merrill, Hyatt et al., 2011; Naydeck et al., 2008; Ozminkowski et al., 2004; K. A. Pelletier, 2009).

All of the literature on worksite health promotion studies, as described in Chapter Two, focused mostly on the physical aspect of individual health risk and behaviors. From this perspective it is unsurprising that participants would focus on physical health and individual factors alone. However, what was intriguing was that the participants were quickly able to recall story after story about how their workplace relationships influenced their health and well-being. Yet, they would talk only physical aspects in this realm of inquiry, such as the need to diet, exercise, etc., but did not make the connection to workplace relationships. For example, no one said “I need to exercise more and also I need to start having more positive workplace interactions.” Participants seemed to be unaware, on one hand, that workplace interactions were a part of their ‘health.’ Yet on the other hand, stories were effortlessly shared that described ‘energizing’ or ‘detracting’ interactions at work. None of the participants had fully considered the implications of broader factors of health.
Expressing guilt. The second finding was a sense of underlying guilt as participants discussed health definitions and ratings, with each sheepishly admitting what they perceived as their unhealthy habits, such as not exercising enough or making healthier food choices. This was also a finding in a pilot study when participants began discussing what they should and should not be doing (Mastroianni, 2009). This finding also coincides with similar suggestions of victimizing or blaming the individual that may lead to guilt (Golaszewski et al., 2008; C. D. Ryff & Singer, 1998). These studies reinforce the status quo or traditional thinking about health and health behaviors - a person ‘ought’ to be able to make the ‘right’ decisions. This narrow perception, as described earlier, does not take into account the broader issues surrounding and influencing health and health behaviors. Consequently, this study suggests that ‘guilt’ is another indicator of a lack of understanding of the complexities surrounding health, and that future health promotion interventions could be redesigned to educate workers about all of the various influences on health.

Exercise. The third finding is the narrow view participants have of activities that constitute exercise. Participants discounted physical activities during the day, as well as other healthy behaviors, such as lunch choices. This finding is similar to a definition of exercise in the book Switch (2010). In reference to a study on hotel housekeepers and mindset (Heath & Heath, 2010). The authors sarcastically mention an American “cultural definition of exercise as something we do on a treadmill in a fitness club, while surrounded by spandexed women and perspiring men.” The finding also, unfortunately, suggests that the participants in the study may not be gaining the amount of health benefits than they would if they considered their daily activities as ‘exercise.’
The housekeeper study described in the Heath and Heath book explored the influence of mindset on the health benefits of exercise independent of any actual exercise (Crum & Langer, 2007). The researchers studied 84 female housekeepers from seven hotels. The housekeepers in four hotels were told that their regular work was enough exercise to meet the current recommended exercise requirements for a healthy, active lifestyle. The women in the control group (employed at three hotels) were told nothing. The findings indicated that the housekeepers in the informed group had significantly improved biometric changes. The women lost more weight, improved their body composition, and lowered their blood pressure. The authors concluded that the results were due to mindset or the placebo effect (Crum & Langer, 2007). However, Heath and Heath (2010) postulated that the results had more to do with the fact that the housekeepers previously had discounted their work as exercise, just like the participants in this study discounted their daily activities. The housekeepers began to increase daily work activities once they realized that they were in fact exercising to meet the recommended guidelines. The implications are significant for health promotion and HRD interventions: new interventions need to include an educative element that describes the benefits of daily activities and how they contribute to health.

In summary, although not related to the research questions, these unexpected research findings have implications for HRD and health promotion professionals. As discussed, a broader understanding of health and well-being in the workplace needs to be generated. Consideration needs to be given toward planning interventions that emphasize all dimensions of health. Additionally, organizational issues need to be addressed in order to foster physical
and social work environments that enhance well-being and eliminate factors that detract from well-being.

The next section discusses the characteristics of workplace relationships that enhance well-being as part of the answer to research question one.

**Discussion of Characteristics that Enhance Feelings of Wellness**

The discussion of enhancing characteristics of workplace interactions includes comparison with models of ‘healthy organization’, ‘helper’s high’, and ‘collaborative disagreements’. The findings confirm conceptual social components of two healthy organization models (Krige & Hanson, 1999; Quick et al., 2007) such as the need for trust, open communication, justice, collaboration, respect, service, and valued. The consistent reporting of increase in well-being when participants described feeling that they were helping, valued, and appreciated is similar to the helper’s high identified in previous research (Rath & Harter, 2010), which found an increase in energy that resulted from being of services to others. The last component, collaborative disagreement, is of value to this discussion since this characteristic of spirited discussions and ‘enhancing confrontations’ was deemed by participants to be healthy, as well as energizing. In other words, relationships that are respectful, trusting, just and of service do not mean forced friendliness or everyone being in agreement. In fact, participants welcomed these spirited discussions, which can only be perceived as such when trust, respect, and valuing differences are present.

The enhancing characteristics found in this study are in alignment with conceptual models of healthy organizations that focus on the importance of the workplace social environment as a key influencer on individual well-being as well as organizational
performance (DeJoy & Wilson, 2003; Kriger & Hanson, 1999; MacDermid et al., 2008; MacIntosh et al., 2007; Quick et al., 2007; Wilson et al., 2004). The findings lend support to these models, and the enhancing characteristics align closely with two models that provide descriptors for the social environment (e.g., Quick et al (2007) and Kriger and Hansen (1999)). The enhancing characteristics match closely with the quality connections outlined in the model by Quick et al (2007). The quality connections included:

- Open, honest communication norms
- Fairness or justice in practices
- Opportunity
- Trust and safety norms
- Mutual purpose and sense of belonging to the bigger whole
- Embrace and encourage diversity of people, skills and ideas
- Cohesiveness and positive affiliation
- Pride in group accomplishments
- Facilitates interdependent workers (high autonomy with strong social supports)

Implications from this study indicate that these quality connections have to be implemented and consistent and not as several participants pointed out, merely postings on the walls.

Similarly, Kriger and Hanson discuss eight pillars as essential in creating healthy and enduring organizations (Kriger & Hanson, 1999). These eight include honesty, trust, humility, forgiveness, compassion, gratitude, service, and stillness or peace. The pillars, if engrained within the organizational social environment, would foster enhancing characteristics of workplace relationships. Both models instill a strong implication for the
partnership of HRD and health promotion professionals regarding multilevel approaches to enhance the organizational social environment in order to enhance well-being.

When the enhancing characteristics of workplace interactions were present, participants reported sleeping better, having more energy, being more positive with family, and wanting to practice healthier behaviors. This was apparent regardless of long work days, stressful situations, or everyone always being in agreement. Kirk, Scarlett, Simon, Bridgett, and Lindsey mentioned that working long hours, 50 to 70 or more a week, was not what mattered; it was the collaboration and positive interactions that enhanced well-being. One explanation is that participants felt valued, and that they were making an appreciated contribution. As research by Gallop found, a, “helper’s high” resulted when participants perceived their contributions were valued and helpful (Rath & Harter, 2010). Well-being ratings were consistently higher which supports the “helper’s high,” defined as individuals benefiting by having more energy as a result of helping others (Rath & Harter, 2010).

Similarly, all participants discussed the beneficial influence to well-being from collaboration and teamwork. Of interest are the six participants who discussed being energized by collaborative discussions even when not everyone was in agreement. In other words, collaboration did not mean everyone had to concur or feign agreement for the social environment to be considered enhancing. Spirited disagreement was welcomed by participants; however, the bottom line for whether well-being was enhanced or detracted pertained to the perception of mutual respect, value and trust, regardless of differences in opinion. As this topic unfolded, the term collaborative disagreement was used to capture this concept. This idea is similar to other findings that arguments over ideas rather than personal
targets were constructive (R. Sutton, 2007). Similar to participants welcoming intellectual disagreements, Sutton used the terms “task” or “intellectual” conflict. The findings augment Sutton’s work by identifying the enhancing characteristics necessary for collaborative disagreements.

In summary, the findings of enhancing characteristics support consideration for implementing models of healthy organizations. These findings support the conceptual social aspects of the models. The improvement of well-being resulting from being of service - or the “helper’s high” - and collaborative disagreements, where when value, respect, and trust are upheld, all of which are key components of the two models discussed.

The next section on the detracting characteristics, lends further support for the important influence the social environment has on well-being and health behavior.

Discussion of Detracting Characteristics

Just as enhancing interactions improved well-being and health behaviors, the opposite was just as apparent with detracting interactions. Participants discussed more detracting examples of workplace relationships and the negative consequences on well-being and health behaviors. The implications and conclusions presented in this section include physiological and health behavior influences, core values, link with incivility research, and the ripple effect.

First, physiologic findings were similar to previous research on physiologic responses and work interactions(Rau et al., 2001; Steptoe, 2000; Unden et al., 1991; Wager et al., 2003). As already presented, one physiologic response was the lack of energy due to detracting characteristics. Other physical responses generated were changes in sleep patterns
and a variety of physical symptoms such as headaches, tightness in their stomachs, feeling sick, and blood pressure issues. Additionally, participants reported changes in eating habits, exercise, and personal relationships due to characteristics of workplace interactions. This finding confirms other research that found participants engaged in health behaviors due to work interactions (Crump et al., 1996; L. A. Linnan et al., 2001; MacDermid et al., 2008). It also points to implications for health promotion professionals regarding the need to change the current paradigm from individual behavior change models to a social ecological frame that includes organizational determining factors such as the interactions at work.

The findings on the impact to emotional well-being, such as depression, sadness, and being consumed by negative interactions, as well as a sense of dread are similar to Glanz and Rimer (2008) findings. Glanz and Rimer (2008) reported that there was increasing evidence that negative interpersonal interactions such as mistrust, criticism, and domination, correlated with negative mood and depression. These results were more significant than the lack of close network ties and social support (Glanz & Rimer, 2008). The characteristic of mistrust and lack of value are similar to two of the characteristics found in the data from this research. The topic of domination is discussed later in this chapter.

These findings are also comparable to those from interviews completed during the pilot study (Mastroianni, 2009). Participants in the pilot discussed a sense of dread in going to work, and the impact on energy levels. In addition, the influence to home life was apparent, just as it was for participants in this current research. Just as participants in the current study, one participant in the pilot study described going home and not having the
energy to do anything except sit in front of the television. She discussed how this behavior was impacting the quality of time spent with her husband.

The second implication was that the generation of physiologic, health behaviors, and emotional responses seemed stronger when core values were infringed.

**Stronger detraction when core value involved.**

One of the findings was that although the detracting characteristics resulted in well-being and health behaviors being compromised, the detraction influence was greatest when participant core values were infringed. There were many examples in the data collected concerning influences to well-being and health behaviors when values were infringed or compromised, and several of the illustrations were similar. For example, for Chelsea and Murray it was betrayal; for Simon and Madison it was the detractors keeping their careers stagnant; for Thelma and Monique it was humiliation in front of others; for Thelma it was also being disregarded; and for Monique it was when her integrity was questioned. For Lindsey and Madison it was fairness/justice. For Scarlett, Lois, and Madeline it was questioning their sense of self worth; and for Midge, Scarlet, Kirk, and Simon it was the paternalistic and condescending relationships. The values were the enhancing characteristics of trust, respect, appreciation, open communication, and integrity. There was also the sense of injustice and hypocrisy that was apparent within the discussions when core values were infringed, such as Kirk’s and Spock’s discussion of meeting rules, and Lindsey, Monique, and Kirk’s discussions of the privileged few.

It is worth considering the implication of injustice and hypocrisy such as incongruent messages between health promotion initiatives, HRD messages, corporate mission
statements, and postings of company value statements with perceptions of the social aspects within the company. Sutton (2007) found that writing, displaying, and repeating words about treating people with respect, but allowing or encouraging the opposite behavior, is more detrimental than not taking action. Like findings in this study, he stated that leaders are then perceived to be hypocrites, which fuels cynicism and scorn (R. Sutton, 2007).

This aligns with the interconnectedness of social ecological factors and the need for multi-level organizational initiatives to ensure congruent messages with the actual social environment. The learning process cannot be separated from the situation in which the learning occurs (Merriam, 2007), in other words, the learning within the social environment (CoP) has to be congruent with, and parallel to the classroom and corporate messages. Whether health promotion or HRD initiatives, educating employees without addressing organizational issues not only results in weak and short term changes at best (Sallis, et al. 2008), but as previously stated, cannot be effective if the physical and social environments make it difficult or impossible to choose healthful behaviors. It is also detrimental if the messages encourage enhancing workplace relationships but detracting interactions are the norm, are not addressed or potentially worse, are not consistently or fairly addressed.

In addition to the implication for honoring core values and preventing hypocritical actions, the detracting findings are also similar to research on incivility.

**Link with incivility research.**

The detracting workplace characteristics provide additional data to previous research which targets of incivility. Incivility in the workplace involves acting with disregard for others in the workplace, in violation of workplace norms of respect, such as rude and
discourteous behaviors (Andersson & Pearson, 1999, p. 455). The norms are contextually based and so vary from one company to the next; however, the key characteristics are present: norm violation, ambiguous intent, and low intensity (Andersson & Pearson, 1999). While several of the detracting characteristics found meet these key components—such as not being listened to—other characteristics were more of higher intensity and in some instances were accepted as ‘the norm’, not in violation of norms. For example, when supervisors and managers were perceived as supported when communicating that only their opinions mattered, that participants were replaceable, or that participants were not worth what they were being paid. The dangers are that detracting characteristics become pervasive and are viewed as the norms with individual and organizational ramifications (Bartlett & Bartlett, 2011; Cortina & Magley, 2009; Cortina, Magley, Williams, & Langhout, 2001; Estes & Wang, 2008). The incivilities can also escalate or spiral, leading to retaliation or more violent forms of behaviors (Andersson & Pearson, 1999; Bartlett & Bartlett, 2011; Trudel & Reio, 2011).

Bartlett and Bartlett (2011) defined the harmful behaviors as counterproductive acts. The authors identified key words in the literature such as negative acts, unwelcome acts, and intent to harm, and source of power. The characteristics noted were similar to the difficult interactions identified in this research including yelling, belittling remarks, and interruptions. The incivilities can also be ‘the silent treatment’ as experienced by some of the participants (Bartlett & Bartlett, 2011; R. Sutton, 2007). Similar findings were also Bartlett and Bartlett’s findings in the literature on source of power, such as the inappropriate evaluations, excessive monitoring, and unfair criticisms (Bartlett & Bartlett, 2011, p. 73). The category for source of
power for workplace bullying was categorized as evaluation and advancement (Bartlett & Bartlett, 2011), while Callahan (2011) used the term power over, and Glanz and Rimer (2008) labeled the source of power as dominance.

Callahan (2011) challenged employee incivilities as an act of oppression. Callahan described three powers of incivility from a critical perspective, power of elites, the power over those of lower status, and the power to engage in acts of resistance. Similar to participants describing posters on the wall and yet perceiving unjust treatment, Callahan surmised that while moral codes guide individuals on proper behavior, these codes were often constructed by elites within the organization (Callahan, 2011). Callahan further illuminated that, “higher power employees can enact ‘power over’ lower power status employees” (p. 14), by enforcing the labeled uncivil act. An example is participants being reprimanded, while those in higher level positions continue to engage in difficult interactions without consequence.

Several examples of the detracting influences on health were similar to the definitions of bullying, incivility, and dominance, but certainly not all. The implications for the detracting, as well as the enhancing characteristics seem to go deeper than Andersson & Pearson’s (1999) ‘tit for tat’. Perhaps it is the need to reconnect on a basic human level in the workplace, related to the core values proposed in Quick et al (2007) and Kriger & Hanson (2009) models, best describe this deeper level.

The models represent the potential that these values, quality connections, or enhancing characteristics can flourish, and the detracting characteristics can be limited or eliminated. Stories shared by participants describe that the enhancing and detracting
characteristics were contagious and so either type of characteristics can be pervasive. That contagiousness of interactions or ripple effect is the last implication under the discussion on detracting characteristics.

Ripple effect.

The findings of this study extend the previous work of Barsades (2002) in regards to the idea of ‘ripple effect’ or ‘contagion’ of perceptions. Barsades (2002) research found that positive association with work groups and employees were contagious, and that individuals were attracted to these positive interactions. This study likewise found that, the participants recounted avoiding negative co-workers and being drawn to positive co-workers. The findings indicated that this also rippled into their after work and family life.

The research also supports Borgatti and Cross (2003) findings that characteristics of the relationship were learned and affected future interactions. The learned aspect was apparent during interview discussions around blame and yelling as learned, and everyone getting on the negativity “band-wagon.” Participants recounted how it influenced their personal relationships, work productivity, and how they treated others. This emotional contagion aspect was defined as individuals ‘catching’ other people’s emotions (Hatfield, Cacioppo, & Rapson, 1993). This includes automatically mimicking and synchronizing non-verbal and verbal expressions, postures, and movements (Hatfield et al., 1993).

The findings expand the previous findings regarding learned interactions and the contagious affect in that the ‘emotional contagion’ ripple into home life, not just within work group dynamics. One participant described this as being “sucked in” to negative interactions; however, findings suggest that the positive interactions are also contagious.
The issue for HRD and health promotion professionals becomes how to foster the contagiousness of enhancing interactions and reduce the detracting ones. Interventions should be considered on improving interpersonal dynamics as well as organizational factors supporting those. One research initiative was a six-month intervention called CREW, civility, respect and engagement at work (Leiter, Laschinger, Day, & Oore, 2011). The researchers found significant improvement related to more civil interactions, job satisfaction, and management trust for healthcare workers.

Findings support that workplace interactions have physiological influences, especially when core values are infringed. Although the detracting characteristics are similar to findings in the incivility research, there is also a more basic human connection needed in the workplace. The last implication discussed in this section was the ripple effect of both enhancing and detracting interactions.

One way to ensure the pervasiveness and sustainability of any HRD intervention would be consideration of communities of practices.

**CoP Lens**

As previously presented, meaning, learning and identity formation emerged during participant stories on processing detracting workplace relationships with others in their CoP. Time after time the participants went to their CoP for understanding and sense making. The result of the exchanges deflected the detracting influences on well-being and enhanced positive professional identity. These findings support the original elements of practicing with communities as outlined by Wenger’s (1998) research. The non-verbal communications signaling the meanings shared by members of their CoP also is parallel with shared repertoire
as one of the characteristics defining a community (Wenger, 1998). These gestures, communication shortcuts and understood meanings were not merely reifications that members of the CoP know and use as part of the work practice, but how the members made sense of detracting workplace characteristics.

In addition, the characteristics of CoP that were found to influence well-being and health behaviors in this study were the enhancing or detracting characteristics of relationships between members, the level of trust among members, and the exchange of information that affirmed participants’ understandings of the detracting relationships. This also influenced participant identity making. These findings align with the research of Macpherson & Clark (2009), Arneson & Ekberg (2005) and Andrews & Delahaye (2000). These findings also extend the research of Machles (2004) and Gherardi’s (1998).

Much of the CoP literature discussed what was learned, but not what happened during the process of interactions (Bozarth, 2008; Goel et al., 2010). CoP and social networks in general have tended to ignore the social dynamics of the network since the focus has been on connections rather than relationships (Kilduff & Tsai, 2003). However, Wenger (1998) initially acknowledged that the concept of practice is not just performing the tasks, but includes the environmental, historical, and social context that gives the tasks performed meaning. This study adds to the literature by beginning to identify the enhancing and detracting characteristics of relationships. For example, one of Cybil’s workplace CoP illuminated how interactions within the CoP detracted from well-being, as well acted as a buffer. She described difficult and verbally abusive interactions from a co-worker within her group-based on Wenger’s definition (1998) he was a member of her work group CoP. She
had to interact with him, and was therefore frequently a victim of what she described as his ‘blowing’ up at her. The characteristics confirm Gherardi (1998) finding when studying construction workers, noting that the relationships within CoP included support and friendship, as well as rivalry, conflict between generations, jealousy, and competition among peers. These generational findings were also found in the detracting characteristics between generations of CoP members described by one participant. There were also discussions that not all CoP members were trusted or considered as “family.”

These interaction findings within CoP confirm similar findings for what Andrews & Delahaye (2000) coined psychosocial filters. The authors found that filters mediated workplace relationships and information sharing based on perceived approachability, credibility, and trustworthiness. The current findings were similar with participants’ perceptions of approachability and trustworthiness.

Participants had other members within this same CoP, as well as within other workplace CoPs, who helped to buffer the detracting influence from what many described as toxic behaviors. Both CoPs helped them find meaning, to learn how to cope, and maintain a positive professional identity. Participants discussed asking CoP members for advice on workplace relationships, asking perceptions about an interaction, and/or seeking opinions about someone’s behavior toward them. These discussions verified meanings of interactions, provided a level of understanding, or helped place the workplace relationship in perspective. At times the workplace relationships influenced interactions of others in the group, such as with Cybil’s co-workers towards the difficult member.
The findings of the interaction characteristics within CoP confirm Bozarth’s (2008) previous findings suggesting that motivation mattered for interactions within a training CoP. There was not a strong finding for learning health behaviors as there was for Machles’s findings (2004) regarding participants learning safe practices within the daily activities of performing their work within communities. Except for one example, the current results did not find indication that participants were learning healthy behaviors from each other as Machles found related to safe behaviors. The participant discussed how she and her co-workers ate together, and supported each other in making healthier food choices. This network of support provided the motivation to maintain healthy behaviors. She reported that all of them maintained their weight loss within a few pounds. This finding champions the potential for learning health behaviors within workplace CoP, and aligns with the findings of Arneson & Ekberg (2005) regarding social support and health goals. The researchers implemented a model of workplace health promotion using small groups with employee facilitators to improve health. Findings from phenomenologic analysis of six focus groups found that social support and group coherence were expressed as essential in order to transform challenging strategies into healthy action (Arneson & Ekberg, 2005).

This implication is useful when considering future HRD and health promotion initiatives. Consideration should be given to fostering sustainable support rather than a one-time event. This would prevent the boomerang weight gain experienced following two of the participating companies’ weight loss programs, as well as participants exercising only for the duration of company sponsored fitness initiatives.
Prior research demonstrated the influence that the social environment had on health (Arneson & Ekberg, 2005; Crump et al., 1996; L. A. Linnan et al., 2001; Lowe et al., 2003; MacDermid et al., 2008; Macpherson & Clark, 2009). Several participants mentioned the importance of social relationships and personal connections while at work, yet relayed feeling guilty because of perceived disapproval or, as Sienna said, feeling that her manager had “eyes on them.”

Yet the perceived benefits from workplace social interactions were powerful enough for participants to feel bad for co-workers who were isolated due to their difficult interactions. Other researchers found the detracting influence when socializing was not condoned or actually discouraged (Macpherson & Clark, 2009). MacDermid et al. (1998) reported that employees perceived psychosocial issues as more of a concern than workplace physical and safety hazards. Similar to Macpherson & Clark’s (2009) findings, a lack of social interactions was perceived as detrimental for the participants personally, as well as in getting the work accomplished. Findings support Macpherson & Clark (2009) conclusion that management preventing a social work atmosphere resulted in reduced productivity, collaboration and camaraderie.

Finding implications support the CoP elements for processing detracting workplace relationships, for considering CoP for sustainable health behaviors, and for ensuring that social relations flourish. For most of the participants, the importance of this social collaboration and other enhancing characteristics, as well as the harmful effect of the detracting characteristics were considered during the interview and journaling process.
Perceived Benefits of the Interviews and Journaling

Another unexpected finding in this study was the perceived benefit of the interviews and journaling. This finding is similar to several studies that demonstrated the beneficial health impact of journaling (Frattaroli, 2006; Kirk, Schutte, & Hine; Pennebaker & Beall, 1986). In fact, the meta-analysis completed by Frattaroli (2006) used a random effects approach allowing the author to justify the benefits detected in all similar past studies and any future studies. One intervention study using journals explored emotional intelligence (EI), emotional self-efficacy criteria, and levels workplace incivility. Kirk, Schutte, and Hine (2011) found a significant difference, with the study group having higher EI and lower incivility.

The journaling gave participants in both research studies the opportunity to reflect on characteristics of workplace interactions and the influences generated. Every participant commented that the interview was therapeutic, and most mentioned looking forward to the second one. Through the process of journaling during this research, several participants decided to take action. One participant quit his job, one confronted an issue that had been bothering her, one realized the inappropriateness of her manager’s mistreatment, and one realized a characteristic in herself, ‘bulldozing’, that she now wanted to change. All 18 participants that maintained a journal stated that doing so was helpful, and that it was interesting to note how their well-being was impacted during the day. Several participants stated that they planned to continue journaling. The implications for both HRD and health promotion initiatives is the use of journals for reflection and action learning.
Up until this point in the chapter, a general overview of the findings implications was presented, followed by a discussion of the narrow focus on physical health by participants, discussion of enhancing characteristics, discussion of detracting characteristics, the communities of practice (CoP) lens and the benefits of journaling. The last two sections of this chapter outline recommendations for future research and considerations for practice, followed by the chapter summary.

**Recommendations for Future Research**

One of the purposes of this study was to contribute to an increased understanding regarding how the workplace social environment influenced well-being and health behaviors. The research identified characteristics of the workplace relationships that enhance or detract from feelings of well-being and health behaviors. Therefore, the hopes are that this research contributes to the research literature by building on the broader influences on health and consideration of the interpersonal factors of the workplace. The findings may inform other research regarding the influence of workplace social relationships on individual employee well-being, and changing the paradigm of health promotion to a social ecological model.

Based on the research findings, five considerations are recommended for future research.

1) Explore further the relationship characteristics identified, as well as other potential characteristics that enhance and detract from well-being, health behaviors, and work productivity. Only six enhancing characteristics and eight detracting characteristics emerged. Future research may add more or tease out other aspects within those identified.
2) Research best practices that increase the enhancing characteristics of workplace relationships while decrease detracting ones. This should include the best support mechanisms for employees experiencing detracting workplace relationships. The research consideration needs to be focused on finding sustainable practices that are pervasive within the organizational.

3) Compare the characteristics that emerged from this study with other models, including the strengths identified in positive psychology, quality connections in Quick et al’s (2009) conceptual healthy organization model, and the value-based model components proposed by Kriger & Hanson (1999).

4) Explore the application of the CoP model for implementing sustaining health behaviors.

5) Investigate the influence on employee well-being of other social ecological factors within organizations.

**Recommendations for Practice**

DeJoy and Wilson (2003) coined the term *organizational health promotion* to expand the concept of workplace health promotion programs beyond a focus on individual employees. This supports the impact that organizational structure, work operations and social climate may have on employee health and performance. Practice needs to change the prevalent paradigms of behavior change to include initiatives beyond a focus on individuals. Findings suggest the influence that workplace relationships have on well-being and health behaviors. The findings hopefully plant the seed for the need to foster enhancing human connections in the workplace and creating positive work environments. Collaborative efforts
between HRD and health promotion professionals are needed to assess the social environment and implement initiatives to foster a more enhancing one. Health behaviors, work practice behaviors, and change initiatives cannot be viewed separate from context, but with the understanding of the inevitability that the interconnections and ultimate impact on all systems must be considered.

Findings suggest implications for the following three practice initiatives.

1) Change the paradigm of HRD and health promotion behavior change programs to one based on the social ecological framework. Special emphasis needs to include the social environmental aspects of the workplace. This broader focus will equalize the emphasis of health promotion programs to promote well-being beyond the physical aspects of health. It will thereby expand the repertoire of health promoting activities to include how we interact with others, mindfulness, and other well-being practices.

2) Create interventions that improve interpersonal dynamics, as well as organizational factors supporting the dynamics. This includes establishing a physical and social environment that allows for the pervasiveness of enhancing characteristics and health practices, and eliminates factors that detract from well-being. A collaborative approach between HRD and health promotion professions can establish best practice for assessing and addressing the social environment.

3) Utilize CoP for implementing sustainable HRD and health promotion initiatives.
Chapter Summary

The purpose of this research was to identify the characteristics of workplace interactions that enhance and detract from employee well-being and health behaviors. This chapter presented the implications of findings which included six enhancing characteristics and eight detracting ones. The chapter included discussions regarding the enhancing characteristics, the detracting characteristics, and view of communities of practice (CoP), as well as the two unintentional findings: the narrow focus on physical health by participants, and the benefits of journaling. The chapter concluded with implications for HRD and health promotion practice initiatives, and implication for research.

The research findings strongly suggest the influence of workplace interpersonal factors on employee well-being and health behaviors, and therefore the need to expand the current focus of health promotion beyond the intrapersonal aspects of health. Findings also support the CoP model for finding meaning, learning, and identity regarding workplace relationships, as well as the potential for HRD and health promotion interventions.

In conclusion, Allen, et al. (2007), acknowledged that where individuals work and how they work had major influences on their lives. The authors’ review found that work satisfaction comes down to fulfillment, purpose, and the social context of the workplace. The characteristics that emerged from this research concur with this opinion. The participants wanted to be of help, to have their contributions be recognized as valued, and to have positive social interactions while working.
The bottom line is that a workplace should be physically, socially, emotionally, and psychologically safe in order for well-being and healthy behaviors to flourish – actually for employees, as well as organizations to flourish.
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APPENDICES
Appendix A IRB Approval Letter

From: Carol Mickelson, IRB Coordinator
North Carolina State University
Institutional Review Board

Date: April 11, 2011

Title: Do Work Relationships Matter? Exploratory Study on Characteristics of Workplace Interactions That Enhance or Detract From Employee Perceptions of Well-Being & Health Behaviors

IRB#: 1964

Dear Karen Mastroianni,

The project listed above has been reviewed by the NC State Institutional Review Board for the Use of Human Subjects in Research, and is approved for one year. This protocol will expire on March 28, 2012 and will need continuing review before that date.

NOTE:
1. You must use the attached consent forms which have the approval and expiration dates of your study.

2. This board complies with requirements found in Title 45 part 46 of The Code of Federal Regulations. For NCSU the Assurance Number is: FWA00003429.

3. Any changes to the protocol and supporting documents must be submitted and approved by the IRB prior to implementation.

4. If any unanticipated problems occur, they must be reported to the IRB office within 5 business days by completing and submitting the unanticipated problem form on the IRB website.

5. Your approval for this study lasts for one year from the review date. If your study extends beyond that time, including data analysis, you must obtain continuing review from the IRB.

Sincerely,

Carol Mickelson
NC State IRB
Appendix B Company Eligibility Criteria

“I am recruiting potentially eligible companies to participate in my dissertation research on work based interactions that enhance or detract from employee perceptions of well-being & health behaviors. Research shows that the social environment is an important component of employee well-being and a healthy work environment, yet little is known about what this means. This study may lead to descriptions that can assist in developing programs to promote well-being and interactions that support health. I am contacting you because your company has been listed as a healthy company to work at OR because I am familiar with the value placed on employee health and safety. Do you have a few minutes and mind answering questions in order for me to verify that research selection criteria are met?”

Verify Company Size: ____________

Job Positions requiring frequent interactions to accomplish work tasks? ____________

Explain:

Do you have:

_____ An employee benefit plan that includes coverage for prevention exams and screenings?

_________ An established safety program; For Example:

_________ Regularly scheduled safety meetings

_________ Training

_________ Initiatives to identify and correct hazards

_________ An employee assistance program

_________ Onsite health promotion/wellness initiatives; For Example:

_________ Regularly scheduled health education sessions,

_________ Availability of healthy food options

_________ Some type of onsite fitness promotion

Who would I need to talk with for permission to recruit employees? ____________________

Contact Information: ____________________________ ____________________________

Can you please let them know I will call and attend the meeting?

Or can I use your name to schedule a meeting?
Appendix C Overview of participating companies

Company #1 Agriculture.

The worldwide agricultural business began in the early 2000 from the merger and acquisition of several agricultural companies with an extensive history of experience. There are several facilities throughout the U.S. with over 26,000 employees worldwide. The focus is research and development to improve crop growth. The company goals are to increase crop productivity, protect the environment and improve health and quality of life. The company has several business divisions in the area. There are two large campuses within major metropolitan areas in the Southeast state. One large campus in the area employs 400 staff in research and development and is in the process of expanding. The initial contact regarding participation in the research project was through the occupational health nurse manager. Permission was granted to recruit through the Wellness Committee Members. The wellness manager communicated information to the Committee and they discussed the research and criteria with their co-workers.

The company has an impressive safety record and has won awards and recognition for its employee wellness programs, including the 2010 award again recognizing the company as a leader in promoting employee health. The company has also received awards for the best work for the community, the Corporate Sprint Award, Biotech Leadership Awards, Crop Walk participation awards and as a United Way Campaign Leader. The wellness program consists of completing an annual health screening for eligibility to participate in a points award programs. Participants track points for a variety of healthy activities in order to earn incentives. The points are earned offsite, or by walking around the
campus during lunch break. The main campus has a large cafeteria with several healthy food selections. In addition, arrangements are made with local farmers to sell produce once a week for employee purchase.

*Company # 2 Pharmaceutical/Biotechnology*

The pharmaceutical facility began as a small biotechnology company and has been conducting research, development and drug manufacturing for 30 years. The company has operations in other locations in the US and internationally. It is a Fortune 500 company, employing over 800 workers, and remains what is considered the only independent biotechnology company in the world. They proudly display evidence throughout the buildings that the company products improve patients’ lives all over the world. Also displayed are the company mission and core principles. The research project was discussed with the plant manager, wellness coordinator and Environmental Health & Safety (EHS) Manager. Ultimately, the EHS manager communicated the research and recruiting information to other managers. The managers then recruited eligible employees from their departments.

The main facility is located on a large campus in an industrial area. The secured buildings on the campus are well maintained, immaculate and airy, with of natural lighting throughout the facilities. The company integrated a satellite facility and began a large construction project on the main grounds. There is an onsite cafeteria and several breakrooms, all having healthy options available. In addition, employees have access to two walking trails, one created on the campus and one nearby that is shared by other businesses in the area which is maintained by an independent association. Periodic initiatives promote
using the trails to increase physical activities. The most recent program was a 1,200 mile, fitness incentive program. Teams could walk, bike, swim, dance, exercise and mow their way to earn mileage points.

In 2010 the wellness program was recognized as a leader in promoting employee health. In addition to the exercise incentive initiatives, the wellness program consists of an onsite nurse, annual health screenings, health education sessions, nutrition programs offered by a nutritionist, and onsite massage therapy. In 2011 the wellness coordinator also arranged for a community farm to sell and deliver produce directly to interested employees. The wellness coordinator indicated that anywhere from 10 – 80 plus employees participate in the variety of programs. For example, 60 employees purchased the farm produce, and 73 employees participated in a 2010 weight loss program.

In addition, the company has a strong environmental health and safety (EHS) program that is also responsible for designing and managing the recycling and compostables program.

Company #3 Cosmetics/Personal Care

The cosmetic company began in the northeast and is now located in a large metropolitan area in a southeast city. The company has been in business for over 25 years, developing and marketing natural personal care products for men and women. The corporate headquarters is in a restored building within a historical complex. The manufacturing facility is located several miles away in a warehouse type industrial area. From the beginning the company has been committed to the environment and the lives of people. Although recently purchased by a large corporation, the original philosophy and culture remains.
The company employs more than 450 employees and is committed to a strong health and safety program. A safety manager has recently been hired and the occupational health nurse (OHN) has been employed for several years. The OHN is responsible for the employee wellness program which recently was recognized as a leading program in the area. Wellness activities include weight loss programs, smoking cessation initiatives, and walking competitions. The initial contact was through the OHN who then contacted HR and ultimately recruited participants through the Wellness Committee.

Company #4 Pharmaceutical/Biotechnology

The biotechnology company had gone through several mergers, acquisitions and corporate structure changes over its’ approximately 15 year history. It is considered to be one of the world's leading GMP (Good Manufacturing Practices) Contract Manufacturing Organizations for the biopharmaceutical industry. As a contract manufacturing facility, the company offers process research and development as well as drug manufacturing for different stages of a pharmaceutical company’s product. The company has over 350 employees working in the approximately 110,000 square feet dedicated to multi-product GMP production facility. In addition, a research and development lab is housed in a separate location with approximately 100 additional staff. The company has an impressive record of assistance with products that improve the quality of patients’ lives worldwide. Permission to recruit participants was obtained through the human resource manager and was communicated via email and phone messages to members of several of the company’s committees.
An EHS manager was hired over ten years ago and is responsible for safety and environmental protection agency regulations. The company has received multiple yearly awards for its safety record. An onsite nurse was hired over a year ago to design and implement a wellness program. Over the years the company utilized community resources to promote healthy lifestyles such as low cost walking incentive programs, nutrition information, and initiatives offered by the company insurance vendors. Pedometers were provided one year for all employees participating in a walking program. In addition the company participates in several non-profit fund raising activities that include walking or bike riding.
Appendix D Recruiting Material

(Recruitment sent via e-mail to individuals employed at companies who agree for the Student Researcher to solicit volunteers.)

How Do Work Interactions Enhance or Detract From Well-Being and Health Behaviors

Are you interested in participating in a study to explore characteristics of interactions at work that increase positive energy and you’d consider enhancing well-being, or that lower energy and detract from well-being? Because of your job position, you have been identified as being eligible to participate. You are personally invited to take part in a North Carolina State University's student research study to help understand work relationships as helping or hindering perception of well-being, and how these relationships may influence health behavior practices. Research shows that the social environment is an important component of employee well-being and a healthy work environment, yet little is known about what this means. This study may lead to descriptions that can assist in developing programs to promote well-being and positive interactions.

There are 3 components necessary to fulfill participant requirements: two interviews and note taking for 2-weeks. In addition, workplace observations will also be planned and scheduled when convenient. I know that your time is valuable; therefore, an initial interview will be scheduled lasting approximately 1 hour. You will also be asked to keep brief notes in an electronic, audio recording, or paper journal for a two-week period. A final interview will also be needed to explore and discuss your notes, and clarify any questions. The interviews will be conducted at a time and location convenient to you and all information will be completely confidential. Multiple companies and employees are participating. To learn more, contact Karen Mastroianni at 919-676-2877 ext 12 or kmastro@ncsu.edu.
Appendix E Company Eligibility Criteria Results

“I am recruiting potentially eligible companies to participate in my dissertation research on work based interactions that enhance or detract from employee perceptions of well-being & health behaviors. Research shows that the social environment is an important component of employee well-being and a healthy work environment, yet little is known about what this means. This study may lead to descriptions that can assist in developing programs to promote well-being and interactions that support health. I am contacting you because your company has been listed as a healthy company to work at OR because I am familiar with the value placed on employee health and safety. Do you have a few minutes and mind answering questions in order for me to verify that research selection criteria are met?”

Verify Company Size: __________

Job Positions requiring frequent interactions to accomplish work tasks? __________

Explain:

Do you have:

___ALL___ An employee benefit plan that includes coverage for prevention exams and screenings?

___ALL___ An established safety program; For Example:

___All: Monthly___ Regularly scheduled safety meetings

___Varied___ Training: All had safety orientation; other training varied

___ALL___ Initiatives to identify and correct hazards

___ALL___ An employee assistance program

___3; 1 starting___ Onsite health promotion/wellness initiatives; For Example:

___All: Sporadic___ Regularly scheduled health education sessions,

___2 in Cafeteria; 2 minimal in vending machines___ Availability of healthy food options

___ALL___ Some type of onsite fitness promotion
Appendix F Phone Screening Script

(Once potential participants leave a voice mail or send an e-mail, the student researcher will contact them and obtain the following information. This data is collected to ensure that the interviews can be scheduled and that the person meets the eligibility criteria.)

Code:_________________

Date:_________________

“Thank you for agreeing to learn more about the study. Do you mind answering a few questions to see if you meet the criteria for participating in the study? Great, just keep in mind that you are free to not answer any question that you not feel comfortable answering.

Your participation will involve two interviews, and journaling for 2-weeks. In addition, I will complete work observations for a few hours on a day and time convenient. The interviews will ask you about workplace relationships and feelings of well-being and health behaviors, specifically how interactions during the day contribute to or detract from employee well-being and health practices. If you think you would like to participate, I have just a few questions to ask you (OR, please complete the following brief information) to ensure that the participation criteria are met. The answers you provide will be confidential:”

<table>
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<tr>
<th>Where do you work?</th>
<th>Do you work full-time?</th>
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<tbody>
<tr>
<td>What is your job title?</td>
<td>How long in this position?</td>
</tr>
<tr>
<td>How long have you worked at this company?</td>
<td>What is your age?</td>
</tr>
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</table>

In what ways does your job require interacting with a variety of other employees during the day? Briefly explain:

Estimate % of time each day that you interact with others to complete your work requirements:

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What is the best time of day to meet?

What is the most convenient place to meet with you?
Initial email responses

Initial Before Decision Made:
Sent to all interested participants:
“Thank you again for your interest in my study. I am not yet conducting interviews. I will follow-up with you regarding whether or not the participation criteria are met. At that time we can schedule the first interview.”

Sent if Criteria Not Met:
“Thank you so much for your willingness learning about my study and answering my questions. Because of XXXX you are not eligible to participate at this time. I appreciate your effort and enthusiasm. I hope that you will consider volunteering for other research opportunities.

Sent if Criteria Met:
“Thank you so much for your willingness to learn about my study and answer my questions. All of the criteria are met and so I would like to arrange our initial interview.”
Appendix G North Carolina State University Informed Consent Form for Research

Title of Study: Do Work Relationships Matter? Exploratory Study on Characteristics of Workplace Interactions That Enhance or Detract From Employee Perceptions of Well-Being & Health Behaviors

Principal Investigator: Karen Mastroianni, MPH, COHN-S, FAAOHN
Faculty Sponsor: Dr. Julia Storberg-Walker

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study; however, past research has demonstrated positive health outcomes resulting from writing about experiences. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
I am a doctoral student in Adult and Higher Education at NC State University and an occupational health and safety consultant. The purpose of this study is to understand work relationships as helping or hindering perception of well-being, and how these relationships may influence health behavior practices. Other studies have shown that these interactions are important to health, and that there is a need to find out what this means and how to describe the interactions. I am particularly interested in your views of interactions that occur while working during the day that detract from or enhance well-being.

What will happen if you take part in the study?
There are 3 requirements for this study in order to capture your discussion of present and past work relationships as well as real time experience. The requirements include participating in two interviews and brief note taking, and workplace observations completed by this researcher. If you agree to participate in this study, you will be asked to participate in an initial interview lasting approximately one-hour. You will also be asked to provide basic demographic information, such as, age, gender, and date of birth. This interview will be scheduled at a time and location convenient to you such as your home or office, my office, or a coffee shop or other relatively quiet public area.
In addition, you will also be asked to write brief notes in a journal log or on a password protected computer journal file, or you may use a recorder to dictate notes for 2-weeks. The notes are about daily work interactions. These notes should take 10 minutes or less each day and no real names are to be included, only descriptions of the interactions and your feelings at the time. Finally, a follow-up interview will be scheduled at the end of the 2-week period to explore the experiences noted, answer any questions you may have and to clarify information and initial interpretations.

I will also be doing general observations at the company and attending 1 or 2 meetings when appropriate.

All information is completely confidential. The following steps will be taken to protect your privacy and the confidentiality of the research data:

- Audio-recordings of the interviews will be heard only for research purposes and will not be played in the presence of persons not involved in the research.
- Audio-recordings will be coded, so that there is no identifying information on them.
- The recordings will be kept in a secure office in North Raleigh.
- Your name and other identifying characteristics will be removed from the transcriptions so that you cannot be identified. The computer files will be maintained on a secured computer in a locked office.
- The audio-recording and transcription of the recording will not be linked to your identity, and you will be instructed to refrain from using any proper names in your responses to further protect privacy or the proper names will be erased once transcribed and a pseudonym given.
- You will also have an opportunity to review your transcribed interview and/or initial interpretations of the interview and observations completed so that you can check for accuracy and make recommendations of changes which you would like documented to more accurately reflect your meaning. This can be scheduled during the last interview or as a separate meeting. If desired, you may also review the transcription and interpretations from the second interview as well as your journal notes.
- Observations will take place in areas and with others, only when there is no expectation of privacy. Confidentiality will be maintained and names will not be included in any documentation. Anyone experiencing discomfort may opt out of this study activity or when appropriate, the observations will be discontinued for this situation.
- The audio recordings, transcripts and all written materials will be destroyed at the end of the research project.
- Your discussions will be combined with employees participating from other companies in any verbal and written reports on study findings. Participant names will not be shared. The company names will not be shared with anyone except with this student’s advisor. Individual participant quotes or stories may be used as examples. Your name and company will not be linked with the quote or story in any reports or presentations.
If the results of this research are published or presented at scientific meetings, your identity will not be disclosed nor any company name as employers. It is anticipated that publications will be completed within 1 – 3 years following the dissertation.

**Risks**

There are no anticipated physical or emotional risks to you in participating; however, the interview may cause slight stress when considering interactions during the day that you perceive detract from well-being. If you experience any discomfort, please say so. The interview can be paused or stopped at any time. If, after the interview, you experience mental distress and would like to talk with someone, you can call the company employee assistance program or the Wake County Crisis Services Hotline at 919-250-3133 (24 hours/day) or 1-866-518-6784 (toll free).

If you wish to discuss the information above or any other risks you may experiences, please do so now.

**Benefits**

No direct benefit exists at this time for your participation, except the discussions may provide you with insight on positive interactions that you may wish to enhance and others you may wish to address. Journaling is often found to be beneficial and can become a lifetime practice. Also, participation in this study may broaden the field of workplace health promotion to include factors that influence employee health and well-being. The project staff will not benefit from this study beyond gaining data for research and publications.

**Confidentiality**

The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in a locked office with limited access by the researcher only. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write your name on any study materials so that no one can match your identity to the answers that you provide. Faculty and students assisting with the research data will not have access to your name or your company.

**Compensation**

For participating in this study you will not receive compensation.

**What if you have questions about this study?**

Your participation in this study is entirely voluntary. You are free to refuse to be in the study. You are also free to withdraw your consent and stop participation in this study at any time without penalty. If you have questions at any time about the study or the procedures, you may contact the researcher, Karen Mastroianni, at (919) 676-2877 ext 12 or kmastro@ncsu.edu. You should also call the researcher for any concerns, or complaints
about the research. You may also call the research advisor, Dr. Julia Storberg-Walker (919) 513-1658.

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-4514).

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-4514).

Consent To Participate
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature______________________________ Date _____________

Investigator's signature______________________________ Date _____________
## Appendix H Demographic Background Information & Interview Guide

<table>
<thead>
<tr>
<th></th>
<th>Gender:</th>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race or Ethnicity:</td>
<td>Country of Origin if appropriate</td>
<td>Country of Family Origin if appropriate:</td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td>Are you employed Full-time?</td>
<td>Position:</td>
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<tr>
<td></td>
<td></td>
<td>Hourly Salary</td>
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<td></td>
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<td>Supervisor</td>
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<td>Manager</td>
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<tr>
<td>Length of Time in This Position:</td>
<td>Length of Time at This Company:</td>
<td>Length of Time in This Field:</td>
<td></td>
</tr>
<tr>
<td>Best # to reach you:</td>
<td>Best e-mail address:</td>
<td></td>
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</tbody>
</table>

1. **What is the highest level of education you have completed?** (please check one of the following):

   - ________less than a high school degree,
   - ________graduated from high school (or got a GED),
   - ________attended some college,
   - ________graduated from college,
   - ________got a post-college degree (e.g., law degree, Ph.D.)

2. **What is your current relationship status?** (please circle one):

   1. single       2. separated       3. divorced       4. widowed
   5. married/living with partner       6. other:___________________________

Please answer the following question by marking the most correct response.

1. In general, my overall health is…

   - _____ Excellent
   - _____ Fair
   - _____ Very Good
   - _____ Poor
   - _____ Good
Appendix I Interview Guide

This is a semi-structured interview guide. It is meant to be a guide only and additional questions will be based on the interviewee’s previous answers, ideas, and discussions as well as previously completed interviews. Questions similar to those below may be included, and follow up probes will enhance the data collection efforts. Remember, do not use full names or identities of others.

<table>
<thead>
<tr>
<th>Question</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does health mean to you? Well-being?</td>
<td>Tell me more about your wellness rating</td>
</tr>
<tr>
<td>Tell me more about your wellness rating</td>
<td>Take a minute to think about all the people you come in contact during the day to get your work done.</td>
</tr>
<tr>
<td>Tell me about situations you try to avoid? How do they make you feel?</td>
<td>Tell me about situations you feel good about when you go to them.</td>
</tr>
<tr>
<td>Tell me about how your day goes on these days?</td>
<td>Tell me about how your day goes on these days?</td>
</tr>
<tr>
<td>What about when you get home?</td>
<td>Tell me about how your day goes on these days?</td>
</tr>
<tr>
<td>Tell me about a time when you felt energized and vibrant at work</td>
<td>Tell me about a time when you felt energized and vibrant at work</td>
</tr>
<tr>
<td>-in what ways does that change those feelings or rating of well-being?</td>
<td>-in what ways does that change those feelings or rating of well-being?</td>
</tr>
<tr>
<td>Tell me about a time when you felt bad at work</td>
<td>Tell me about a time when you felt bad at work</td>
</tr>
<tr>
<td>-describe those feelings</td>
<td>-describe those feelings</td>
</tr>
<tr>
<td>-in what ways does that change your rating of well-being?</td>
<td>-in what ways does that change your rating of well-being?</td>
</tr>
<tr>
<td>Tell me about a time when you’ve heard others talking with a co-worker that made you feel happy or good. (Describe. Characterize. Feelings)</td>
<td>Tell me about a time when you’ve heard others talking with a co-worker that made you feel happy or good. (Describe. Characterize. Feelings)</td>
</tr>
<tr>
<td>Question</td>
<td>Details</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>How about a time when you’ve heard others talking that made you feel uncomfortable:</td>
<td></td>
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<tr>
<td>Tell me about how your day goes on these days:</td>
<td></td>
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<tr>
<td>What about when you get home:</td>
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<tr>
<td>What else happens during the day that influence how good or bad you feel?</td>
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<tr>
<td>How does what happens influence your lifestyle? Example, foods you eat, family relationships, energy at end of day. What activities you do after work and HOW you do these?</td>
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<tr>
<td>If you exercise or not?</td>
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<tr>
<td>Tell me about observations of people talking to each other at work? Such as during meetings, etc.</td>
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<tr>
<td>Tell me about how that makes you feel</td>
<td></td>
</tr>
<tr>
<td>Describe examples of talking between managers and you or other employees</td>
<td></td>
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<tr>
<td>Describe examples between co-workers?</td>
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<tr>
<td>Tell me about your feelings during these? Tell me about the difference between managers and between co-workers?</td>
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<tr>
<td>How are the interactions different between (manager to manager); manager to employee compared to co-workers?</td>
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<tr>
<td>Describe characteristics of interactions at work that are draining and negative</td>
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<tr>
<td>Tell me how you feel at the end of most work days? What is uplifting and what is de-energizing?</td>
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<tr>
<td>In what ways does that influence your behaviors &amp; health practices?</td>
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</tbody>
</table>
Describe for me what a healthy work place would look like in your opinion?
Appendix J Journal Log

This log is provided for your convenience as well as a guide for how to make notes.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Reason</th>
<th>Characteristics</th>
<th>Feeling</th>
<th>Enhance or Detract</th>
<th>Reflection/Comments</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Reason or Person: Initial or Fake names are requested to protect their privacy; brief reason for interaction

Characteristics: describe the characteristics of the interaction and purpose

Feelings that arose: examples: neutral, happy, angry, frustration, funny, sad, positive, negative. These are only examples. Use what arises naturally

Enhance or Detract: Feelings of Well-Being and/or Energy level: energized or de-energized; feel great or feel bad.
Appendix K Addendum Approval Letter

From: Deb Paxton, IRB Administrator
North Carolina State University
Institutional Review Board

Date: 6/21/11

Title: Do Work Relationships Matter? Exploratory Study on Characteristics of Workplace Interactions That Enhance or Detract From Employee Perceptions of Well-Being & Health Behaviors
IRB#: 1964

Dear Ms. Mastroianni:

Your addendum to the study named above has been reviewed and approved by the IRB office. This approval does not change the original IRB approval expiration of the project.

If you have any questions please do not hesitate to contact the IRB office at 919.515.4514.

Sincerely,

Deb Paxton
NC State IRB
Appendix L Transcription Confidentiality

Research Transcription Statement of Confidentiality

This letter serves as a confidentiality agreement between any contracted transcriptionists for assisting with transcribing dissertation interviews. The information shared is completely confidential and not to be divulged to other parties. Identifying information is removed from the tapes, unless the participant mentions the company name or co-workers during the interview recording. This information is not to be shared with anyone else.

Thank you so much for your help and for understanding the importance of complete confidentiality. Please sign and date below.

Regards,

Karen Mastroianni
Doctoral Candidate NC State Adult Learning and HRD
Research: Do Relationships Matter? Exploratory Study on Characteristics of Workplace Interactions that Enhance or Detract from Employee Perceptions of Well-Being and Health Behaviors

***************************************************************
***************************************************************
I understand the sensitive nature of this research and maintaining complete participant confidentiality. I will not discuss the research topic or share any names learned while transcribing.

Print Name  
Alison Machles

Signature  
Alison Machles

Date  8/7/11

Please keep one copy for your records and return the signed copy to me.

Thank you!
Appendix M Open Coding Verification

Thank you so much for agreeing to code the following interview segments. Through open-coding I identified patterns of characteristics that enhanced or detracted from well-being. The patterns were combined into the following main themes. Please code each of the interview segments with the following codes. If you feel that another characteristic is needed please code as such and explain why.

<table>
<thead>
<tr>
<th>Listened to</th>
<th>Trust</th>
<th>Communication</th>
<th>Lack of Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valued</td>
<td>Team Work</td>
<td>Lack of Integrity</td>
<td>Social</td>
</tr>
<tr>
<td>Flexible</td>
<td>Not Valued</td>
<td>Injustice</td>
<td>Disrespect</td>
</tr>
<tr>
<td>Fair/Just</td>
<td>Condescending</td>
<td></td>
<td>Accountable</td>
</tr>
</tbody>
</table>

Lack of Transparency

Collaboration/Mutual Respect

<table>
<thead>
<tr>
<th>Me: Collaboration</th>
<th>#1: Valued; Collaboration</th>
<th>#2: Communication; team Work; Mutual respect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“When people get excited there's an exchange of ideas. Now they don't have to be, you know, completely in agreement with you but there's that thought process that, ‘Ah, we're doing something together about it.’ And you see that there's a change for the better.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Me: Lack of collaboration</th>
<th>#1: Condescending; Lack of collaboration</th>
<th>#2: Injustice; Not heard/listened to; not valued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People who want to be heard but aren't that interested in hearing what you have to say. And in that sense I will absolutely receive what they have to say because that's what they want. They're not interested in receiving what I have to say.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Me: Collaboration</th>
<th>#1: Collaboration; Team; trust</th>
<th>#2: Collaboration; communication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“It's the social-slash-collaborating yeah. And working on a common purpose and you know, yeah. I think you know, creative spark and so you say what about this? And then you confirm or dis-confirm what you think…I’ll bring different people together, having these conversations and having this interaction and we can kind of learn from each other and I like to do that… I get the people together and so we can have these sort of interactions…”</td>
<td></td>
</tr>
</tbody>
</table>
| Me: Mutual respect  
#1: Collaboration; Team work  
#2: Collaboration; Team Work | Being able to come together, everyone putting in their ideas and then they bring on a game plan and going forward with it.  
* Discussed that collaboration and team work required mutual respect |
| Me: Social  
#1: Mutual respect social  
#2: Social | A personal interaction makes all the difference. And I don’t understand why management is so, you know, you’re not here for blah, blah, blah. I get that but there should be some allowances for getting to know each other and talking to each other. Is day different? Definitely. Without a doubt. When you can go do your job and just crack a joke at somebody. Or something silly and just get back to work. Like someone trips over their feet and you cut up and they say yeh, I know. That bantering makes it pleasant work environment. |
| Me: Lack of Communication  
#1: lack of collaboration and communication  
#2: communication (lack of); lack of transparency | Working with sales rep on shipment:  
If they would have told me all the details I could’ve planned a little better and thought of questions they would ask rather than going between people several times. |
| Me: Team Work  
#1: Trust; Team work; Valued  
#2: Social; Team Work; Valued; Communication; | “I like when I'm feeling like I'm getting things done. People joking and working together, talking, laughing, but getting work down. I like the whole; we're watching each others' backs. It’s a ‘safety net’. OK, this person has my back because they care about me doing well, I care about them doing well, and we want to make sure that nobody gets any {errors}. And it's almost like your little family.” |
| Me: Mutual respect  
#1: Collaboration; Team work  
#2: Communication; collaboration; team work | Just when everyone kind of shares ideas and gets along. Um, When things get done. That’s awesome  
Changed to Collaboration and Team Work |
<p>| Me: Communication | I'll tell you what made the other one good was with the analytical group, again, it was the sharing of information. I shared |</p>
<table>
<thead>
<tr>
<th>Me: Lack of Transparency</th>
<th>But to me the, the solution for all of the distrust is transparency. If you're transparent and you treat us, you know, with respect, I'm not, not every job can tell every decision but there is so many cases on a daily basis where there is very little transparency in decision making that impacts our daily lives that we feel like there is a level of distrust and there is certainly a level of disrespect. It's like, a: we're adults; b, we're professionals; and c: we're, most of us are scientists. And when we don't, that sort of thing causes the most frustration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Me: Trust</td>
<td>I mean, we don't always agree, sometimes we have a little bit of friction but it's okay, it's because of respect and trust.</td>
</tr>
<tr>
<td>Me: Social</td>
<td>What enhances or energizes him the most? Um, they're almost entirely non-work related. It's the personal, getting to know an individual, cracking jokes with them, exchanging stories about, “This happened to me in the back,” or, “I...,” exchanging stories and interactions that they've had and interactions that I've had… But in doing that we establish personal relationships, they get the work done very quickly.</td>
</tr>
<tr>
<td>Me: Listened to</td>
<td>They listen. Uh... they uh.... it's somewhat of a vaguer thing---like they're approachable… you can tell when people are willing to listen. And not just willing to listen but actually sometimes come to you first and engage you and say, “Hey, I really want to hear your thoughts on...” even if in the end it didn't get implemented or whatever, but that it was at least listened to and acknowledged.</td>
</tr>
<tr>
<td>Me: Social</td>
<td>Call by name and talk personal stuff and business. We’re all people; show concern in your voice. I'm talking to a kindred spirit, when everybody's all jolly and everybody's appreciating each other and recognizing that we're all humans.</td>
</tr>
<tr>
<td>Me: Valued</td>
<td>I get more of the directors coming to me. And I guess I really feel more of a connection with the {supervisors} and bouncing ideas. And that's rewarding, that they value what I think and my opinion. You know, they'll run something by me before they do something or coaching moments...They came to me and asked me! They actually care what I think!</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>#1: Valued; accountable</td>
<td></td>
</tr>
<tr>
<td>#2: Valued; listened to/heard; trust</td>
<td></td>
</tr>
<tr>
<td>Me: Listened to</td>
<td>Someone had a complaint, and I said, “What is it you would like me to do?” And sometimes people just want to vent. [Like,] “I really don't want you to do anything about it, I just want you to listen to me. And that’s what makes them feel good. Someone heard them.”</td>
</tr>
<tr>
<td>#1: Listened</td>
<td></td>
</tr>
<tr>
<td>#2: Listened to/heard</td>
<td></td>
</tr>
<tr>
<td>Me: Trust</td>
<td>Commenting on a journal notation: “That really felt good after talking to a co-worker. He’s just real honest and I trust him and that he’s going to tell me the truth. When I talk to {him} it gives me a happy feeling. It doesn’t matter what I talk to him about.</td>
</tr>
<tr>
<td>#1: Trust; valued</td>
<td></td>
</tr>
<tr>
<td>#2: Trust; mutual respect</td>
<td></td>
</tr>
<tr>
<td>Me: Flexibility</td>
<td>There would be more, um, more flexibility..being 5 minutes late, I mean, we’re all adults. Trusting that you have the people there and they really have, you know the best intentions and are there to do their job.</td>
</tr>
<tr>
<td>#1: Flexibility</td>
<td></td>
</tr>
<tr>
<td>#2: Flexible; trust</td>
<td></td>
</tr>
<tr>
<td>Me: Valued</td>
<td>Journalled that accepted a challenge and was thanked. Said it felt good.</td>
</tr>
<tr>
<td>#1: Valued; recognition</td>
<td></td>
</tr>
<tr>
<td>#2: Valued</td>
<td>“And it's just, you can challenge someone and say this is not where it should be but thanks for working on it. And thanks for continuing to work on that. That's huge. Yeah. And [if] there's just more of that; No, you never get thanks. You get lengthy discussions when you do something wrong. ‘This is wrong, this is wrong.’ You know, you don't put a band-aid on a, you know, hit someone in the face with a hammer, put a band-aid on it and everything's fine. That's not how it works. But its better, I mean, no one does it so I recognized it and I appreciated it.</td>
</tr>
<tr>
<td>Me: Not valued</td>
<td>The all-employee meeting where CEO kept talking about all that the 2 others in HR were doing and left her out. I think I will talk to someone about that. Um... Oh, I was just in a funk. I mean, he may think the things that I do are, what's the word, you know, inconsequential.</td>
</tr>
<tr>
<td>#1: Disrespect; not valued</td>
<td></td>
</tr>
<tr>
<td>#2: No Valued</td>
<td></td>
</tr>
<tr>
<td>Me: Fair</td>
<td>[A good company] recognizes and supports the advancement of everybody. Not just your sister because your sister works here</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>#1: Justice</td>
<td>I think that will be great if we get there and everybody's held accountable and you come in because you want to, because you want everybody, you know. You don't do it because, 'I've got to be here for me and I'm getting paid'</td>
</tr>
<tr>
<td>#2: Just/fair; accountable</td>
<td>A colleague was working on this project and this project required a safety analysis so the person who was doing the safety analysis knew everything about the project, knew everything that was happening. Well, he went into a meeting to talk about this project and what they were going to do and this other person was in that meeting with some of the managers. Well, when he was talking about his project and he said, “Oh, this is what I am going to do.” The other guy who was on that safety committee came out and said, “Well, I've already done this work.” You know, “We don't need to do this. I don't see what the reason for you to do this is, I've already done this work.” Although, he's been on the safety team he could have shared this information but he waited until... The point of, you know, where he could show this other guy up in front of management</td>
</tr>
<tr>
<td>Me: Accountable</td>
<td>Email 12/5/11: #2: Not sure I can explain my thinking on this one in an email so if you need to call, let me know. Here is how I took it - there seemed to be a lack of collaboration on the safety team and between that person and the colleague doing the work; also, the person waited until they were in front of the managers to say they had already done the work and it didn't need to be done again and he felt that it was done that way to show up the other person (that is where I got the disrespect and injustice) - I could also see lack of integrity.</td>
</tr>
<tr>
<td>#1: Valued; Collaboration</td>
<td>.. in this company more than any company I've worked with favoritism is a huge problem. There are the selected few, the protected, they call them sacred cows, and everyone knows who they are. )… a few years ago to point out some of the misbehavior by these people, they're not the one who gets in trouble, you're the one who gets in trouble for having dared criticize them.</td>
</tr>
<tr>
<td>#2: Accountable; team work (is the ideal)</td>
<td></td>
</tr>
<tr>
<td>Me: Injustice/Unfair</td>
<td></td>
</tr>
<tr>
<td>#1: Unjust</td>
<td></td>
</tr>
<tr>
<td>#2: Injustice; not valued</td>
<td></td>
</tr>
<tr>
<td>Me: Not valued</td>
<td>(journal entry) review candidates, I just thought this was fascinating. Open, honest, everybody was in agreement an somebody else got the job. I don’t know if this was in the journal or not but that happened three times. So the director would get two other members besides the team leaders to interview and then he would pull us all into a meeting and we’d talk about it. by the time we got to the third candidate I’m like, I don’t even know why I’m here because I don’t think my opinion really matters.</td>
</tr>
<tr>
<td>#1: Not heard; Not valued</td>
<td></td>
</tr>
<tr>
<td>#2: Not valued; lack of transparent; disrespect</td>
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</table>

| Me: Condescending | And one of things she said is, “Well, it doesn't really matter what YOU think it’s how, it’s what I think at the end of the day because I'm the manager.” |
| #1: Condescending | |
| #2: Not valued; Condescending | |

| Me: Lack of Integrity | (something was performed, but not documented. There was a contamination and a co-worker checking into it……) “started looking at the log books and paper work and found that. I think that was the case. So, I think that an operator saw that and said, told me you know, “Sign it, right now for that date!” You know, because that could be an issue. Like a deviation, which was frowned upon if you receive one. But the problem I had was the person that was telling me to do that was someone that I looked up to and thought was a role model for myself, my senior operator. |
| #1: Lack integrity | |
| #2: Lack of integrity; I would also add a code for something like disappointment | |

| Me: Disrespect | And, you know, a lot of times the people that are hostile to each other are the ones that are in the these two separate groups because one of them feels as though we're not taking their advice on anything and the other one thinks, well you know, you’re not willing to look at the ideas. And so, there's a division that's maintained. |
| #1: Lack of collaboration; disrespect | |
| #2: Lack of collaboration | |
Researchers answers noted in bold below

**Please answer the following:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Do you consider collaboration and mutual respect to be the same?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>#1: No;</td>
<td></td>
<td></td>
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<tr>
<td>#2: No</td>
<td></td>
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<tr>
<td>Do you consider condescending and paternalistic to be the same?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>#1: Yes</td>
<td></td>
<td></td>
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<tr>
<td>#2: Not entirely but very similar;</td>
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<tr>
<td>Is not listening to someone the same as disrespect?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>#1: NO</td>
<td></td>
<td></td>
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<tr>
<td>#2: No, but could be an indicator of disrespect;</td>
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Appendix N Community of Practice Coding Verification

Thank you so much for agreeing to code the following interview segments. I am coding for meaning, identity and learning. Please type your code for each segment in the box in the column to the left of the segment. Community of practice is a broad conceptual framework or theory of learning that starts with the assumption that the fundamental process for learning is through engaging in social practice. CoP is defined as engaged social networks where learning takes place, meaning is constructed, and identities evolve through participation. Learning is more than acquiring knowledge; it is about an identity change through social participation. Understandings and learning do not exist in isolation but are part of the broader systems of relations in which they have meaning.

**Meaning**  It is about negotiating meaning as an experience of everyday life and engagement in the world. The meaning creation cannot be separated from the context in which it is created. The employees ask others for their understanding of a situation or to verify how others interpret the meaning of a situation.

**Identity**  Identity refers to the various meanings attached to a person by self and others, and has long been seen as constructed and negotiated in social interactions. Individuals develop an understanding of who they are through participating and learning. Identity is not static or stable, but evolves in day to day practices, especially as people move between communities.

**Learning**  CoP provide the learning processes to share knowledge or information. Members of the CoP learn through the practice and through sharing with others in the community.

In the left column please write M, I, or L. Please include why you coded the segment that way. For example, was it to verify (an understanding) learn something, or did they learn something about their identity.

| #1 WEAK L: sharing with CoP members | “This is what happened,” you know, blah blah blah. But one of them is like, you know, “This could happen to anybody.” And the other person says, “Well you need to not let this get to you that bad.” You know?  
And then the one that I said I had the issue with she's like, “You know, I just don't understand.” Because everybody deserves to be able, you know, what do you do to redeem yourself at that point? So that made me feel good that there was some understanding. |
| #3 L; possibly I | |
| #2 M: Interpreting understanding |  
Researcher – I |
<table>
<thead>
<tr>
<th>#1 L</th>
<th>#2 L - Others sharing knowledge to inform</th>
<th>#3 I; Agreed that L Me - L</th>
</tr>
</thead>
<tbody>
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<td>Because I was like, who's gonna want me? They know that I've been put on an action plan. And they're like you know, “Don't let that bother you. Everybody knows that was just a, you know, this is one of the managers that that was just a misfortunate kind of event.” So, that kind of helped me. And then also kind of realizing that some people who've been successful, they were successful because they have risks, you know? And sometimes you have to take risks and learn from them you know?</td>
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<td></td>
<td>All Agree</td>
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<table>
<thead>
<tr>
<th>#1 I: I am the prankster for the CoP</th>
<th>#2 I How I am perceived; negotiated experience</th>
<th>#3 I Me - I</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>They trust me and you know… they would join me and then we would just have fun, I mean, that's what they do. I mean even over here, they call me trouble and I call them naughty… They know that I joke… you know somebody did a joke on somebody else it's me (laughing) they come for me. I may not have done it myself but I'm going to get blamed so.</td>
<td></td>
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<td></td>
<td>All Agree</td>
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<table>
<thead>
<tr>
<th>#1 L: person is trying to learn here</th>
<th>#2 – L: Tuning practice</th>
<th>#3 – M; that became L Me - L</th>
</tr>
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<td>(When he didn’t get a job because he helps co-workers) …one person from the group said, “Mitch,” and he did not know what the reason was. So it's like, “Mitch, you know, being a manager I think there are certain things that you have to be aware of and things that you want to do but you cannot do it. And, you know, trying to know the difference between those two are the important ones.” So I asked, “Okay, what do you think I should be doing?” [And they were like,] “I think you should be getting out and then, you know, doing…[teaching]” I said, “That's the exact reason why I don't get it …” [Laughs]. No one can believe it</td>
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<td></td>
<td>All Agree</td>
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| #1 M: I think this could be “M” because everyone 'sees' the roles created for |
|------|-----------------------------|
|      | And there is a subset of individuals who have cycled through here and it's like, we were all vying for the same thing, for the same jobs, for the same roles. And in those situations it was as |
the ‘guys’ Also: “I’ because the speaker knows she is not a ‘guy’

#2 M: Negotiating meaning (“it’s a perception that’s out there”)

#3: M
Me: M

if, you know, a platform had been built for them and things were easier, you know, the roles were easier to come by for those guys. And it created some tension. Not just for me but within the department because other people see it, you know, other people see it. And they come to me and they’re like, you know, “How did that happen? What is that about?” You know? “When are you really going to get your time?” And then I have, you know, I'll have people call me and say, “Well, it's hard to win when the deck is stacked against you,” that kind of stuff. So, it's a perception that's out there and it's not just me who sees it or feels that way

All Agree

#1: None (clarification below segment)
#2: I - Role of self as “outlet”
#3: M; agreed to L

I had L – learned from others that the co-worker 'recycles’

NOT USED

A co-worker came in to vent about other employees and the company. “At first I feel like everyone needs an outlet somewhere. So, and I'm like, okay, it's cool, I don't have anything to add but I don't mind being her outlet. .. But then, I have a couple of friends there and as I talked to them [I find out] she's talked to them. And one of my friends was like, “Yeah, she was telling me, [the same things] And I'm like, “Well, my goodness. She don't need, why is she telling....?“ It's just recycling the same information. And then, I think when I made the realization I'm not helping her at all, she's not just getting everything she wants off her chest, so why is she here?

#1 - 12/9/11: FOR THIS ONE I THOUGHT ABOUT WHAT THE COP DOES--WHAT IS ITS 'PRACTICE'? AND BECAUSE I THOUGHT THAT THE TOPIC OF THIS SENTENCE WAS OUTSIDE OF THE 'PRACTICE' OF THE COP, SO I DIDN'T THINK IT NEEDED A CODE.

#1: - Don’t know
#2: - L - Reflects change in perspective
#3: - I

Me - M

NOT USED

An error was made: And he was like, “But so-and-so signed for it.” And I was like “Dag!” You know? Immediately I was like, like that was us and that person's name is on it and it made me feel bad but immediately the first thing was, [In angry mocking voice] “Yeah, and I signed for it!” And I'm like, “First of all, you weren't suppose to anyway so why?” You know? It was, my first reaction was, “Dag! I hate he did that!” And again, his verification was like he looked at it and everything, he saw the same thing I saw so he felt comfortable signing it but in actuality me and the other person did it. And it was, for me it was like, looking at me like I can't believe you did that. So, and then later on some people told me they
overheard that person bad mouthing me about it. And that's when, and I'm the type of person like, I already feel bad on my own. If I feel like you're trying to make me feel bad, like, just picking picking picking, like I don't feel bad anymore because you're getting on my nerves

<table>
<thead>
<tr>
<th># 1: Strong M and I here</th>
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<tbody>
<tr>
<td>#2: I ‘this is who I am’</td>
</tr>
<tr>
<td>#3: M ; agreed to the I as well.</td>
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<tr>
<td>Me: I</td>
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It means that the reason people continue to do a good job here, or continue to motivate and continue to stay here, are doing it for reasons that are not coming from management. You're doing it for self-satisfaction. You're fulfilling your own, this is who I am and this is what I want to do, and this is not just me. These are conversations that are fairly equally held here. Agreed

<table>
<thead>
<tr>
<th>#1: M “a lot of speculation in the department’ signals shared meaning. Clarified in paragraph below segment</th>
</tr>
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<tbody>
<tr>
<td>#2: L Learning through sharing info/speculation</td>
</tr>
<tr>
<td>#3: M Agreed could be L</td>
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<tr>
<td>Me - L</td>
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{another manager getting away with something}: And there’s been a lot of speculation in this department and the company of DDD’s turning sixty-five, we think, this year. And is he going to retire? And who’s the heir apparent? And is it indicating or is this a leading indicator that JJJ knows maybe he is the heir apparent? And therefore.... He can do whatever he wants and it doesn’t matter and it bodes very ill of the future under him

#1 Clarification: 12/9 AGAIN, I THOUGHT OF THE WORK OF THE COMMUNITY AND SAW THIS INTERACTION AS RELEVANT TO THE ‘PRACTICE’ OF THE COMMUNITY. EVIDENTLY MEMBERS OF THE COMMUNITY THOUGHT THIS TOPIC WAS INTERESTING AND SO THEY ENGAGED IN 'A LOT OF SPECULATION' ABOUT IT. THIS COMMUNICATION PROCESS SIGNALS, TO ME, THAT THE COMMUNITY FELT THAT THE TOPIC WAS IMPORTANT ENOUGH TO COLLECTIVELY UNDERSTAND IT OR DIALOGUE ABOUT IT--IN OTHER WORDS, MAKE MEANING OF IT.

<table>
<thead>
<tr>
<th>#1: M and I - (the other TLs)</th>
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<tbody>
<tr>
<td>#2: M - Going to others for verification</td>
</tr>
<tr>
<td>#3: M</td>
</tr>
<tr>
<td>Me – L: Changed to M</td>
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And so I actually, after the meeting, because I’m thinking maybe I’m just way off base and I heard something different. I went to the other TLs to make sure everyone was on the same page as I was thinking, you know, where did that come from?

All Agree
<table>
<thead>
<tr>
<th>#1: I (struggling to come to terms with her identity in the Cop?)</th>
<th>I work with one guy that's difficult. And it bothers me sometimes and then I have enough people around me that I'll go and talk to them and you know, kind of… buffers it, helps me feel okay.</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2: I - self/role in relationship</td>
<td>I used to think it was me. Because you kind of go oh, I was great at what I did. Because you know (pause) {to have} someone then yell..I learned how to deal with it I'm fine. I have lots of other people who are very, um, you know they love working with me so I know it's not me… You know, I really try you know, occasionally try not to go around and say, “blah blah blah,” and spread something. You know, I don't think that's professional. But I've had enough people say, “Oh my God this guy is unbelievable,” so yeah. Which is unfortunate so it’s not ya know, and I think I probably would have reached a point where I know it's not me.</td>
</tr>
<tr>
<td>#3: I</td>
<td></td>
</tr>
<tr>
<td>Me: I</td>
<td></td>
</tr>
<tr>
<td>All Agree</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>#1: M</th>
<th>There's always going to be that one person that nobody likes or they're just different or they'll be a challenge to work with.” And he was right. But it's not just me, it's everyone [that] feels the same way. Changed to M</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2: M - Consensus via others</td>
<td></td>
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<tr>
<td>#3: M</td>
<td></td>
</tr>
<tr>
<td>Me: M &amp; I</td>
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<table>
<thead>
<tr>
<th>#1: M</th>
<th>I thought it was important for that manager to know that they had support, even if it was support from un-empowered, lowly people. That they were in the right. And I talked with other people in my group, at my same level, and they all agreed. And that's of course, people feel better knowing or having their opinions validated. All Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2: M - Opinions validated</td>
<td></td>
</tr>
<tr>
<td>#3: I; agreed to M</td>
<td></td>
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<tr>
<td>Me: M</td>
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<table>
<thead>
<tr>
<th>#1: I (past manager) &amp; L</th>
<th>I called a past manager and he was just like, “No. You were a great worker and if anything you were always harder on yourself.” And he was like, “Start taking notes on everything, keep documentation on everything.” All Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2: I - Perception of self</td>
<td></td>
</tr>
<tr>
<td>#3: L &amp; I</td>
<td></td>
</tr>
<tr>
<td>Me: I</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#1: M and I</th>
<th>So I have these meetings we call Friday, late afternoon, vent relief. It's like a steering committee and so it's “flavor”. It feels good hearing other people maybe having the same issues with the same people or the same issues within job. …And it validates how you feel even if you don't say anything.</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2: M - Sharing with others, validating feelings</td>
<td></td>
</tr>
<tr>
<td>#3: L – agreed that M</td>
<td></td>
</tr>
<tr>
<td>Me: M</td>
<td>All Agree</td>
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<tr>
<td>#1: I - ‘sought the advice of others’ and L</td>
<td>When a co-worker told her that she wasn’t qualified to do her job, she wasn’t sure what to do. She said she would, ‘just roll’ with something like that, but sought the advice of others. “I wasn't going to tell my supervisor. Because that's the way I roll. I just don't, I don't, you know, I don't do that. I did talk to people who've been here awhile and they thought I should tell them and I was like, “Well, I don't know what to do.” And it's kind of hard.”</td>
</tr>
<tr>
<td>#2: I ‘not how I roll’ that was her identity.</td>
<td>Kept as L</td>
</tr>
<tr>
<td>#3: M to L</td>
<td></td>
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<tr>
<td>Me: L was she learned NOT to roll through talking with people</td>
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<tr>
<td>#1: M, I ‘some of the people in my group’</td>
<td>I talk to many people, most people that I talk to about that, because I do the first few, especially the first few times I'm like, 'Man, what a jerk!' And like, I'll talk to some of the people in my group and I'll, “Is it just me or did this come across as pretty rough and uncalled for and very unprofessional, bad behavior?” [And they're like,] “Yeah, well, that's just YYYYY.” Yeah, that's just the way it is. And it's acceptable and you just have to take it with a grain of salt, blah, blah, blah.</td>
</tr>
<tr>
<td>#2: M - Verifying with others</td>
<td>All Agree</td>
</tr>
<tr>
<td>#3: M</td>
<td></td>
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<tr>
<td>Me: M</td>
<td></td>
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<tr>
<td>#1: Don’t know, possibly ‘I’ because of mention of two different groups. Clarified below segment</td>
<td>My group recently was told that we were taking on a responsibility for writing reports and managing, um... work that's being done by, traditionally it's been done by another group… the reason we were given by our upper-management was that it was a resource issue. We had more resources, they didn't. And I started talking to some of the people in that group, um... that's not the story they were told. I heard through them that there was a lot of disagreement and wrangling.</td>
</tr>
<tr>
<td>#2: M Validating info</td>
<td></td>
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<tr>
<td>#3: L</td>
<td></td>
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<tr>
<td>Me: L: Not validating information, but learned from other group. Could be identity from 2 groups.</td>
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</tr>
<tr>
<td>#1: LIKE I SAID ABOVE, EVERYTHING COULD BE AN 'L' BUT I STILL LIKE 'T' BECAUSE OF THE DIFFERENTIATION BETWEEN THE GROUPS. YOU CAN CODE ONE SENTENCE IN TWO WAYS IF YOU WANT.</td>
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Appendix O Vignettes

Each participant had a story to tell. These stories are shared in quotes throughout this Chapter as well as in short summary paragraphs or vignettes for each participant.

**Vignette 1: Midge**

Midge felt that she was constantly haunted by a mistake she made the previous year. Although others made mistakes and acknowledged that mistakes happen, this one had greater ramifications and was not easily forgiven by management. “Many times I've wanted to leave the company. And I thought, you know, I wish I could find another job, you know, I'm so tired of feeling this way, you know, nothing I do is good enough. You know, I could take, last spring [there] was an incident that happened and it just seemed like I could not get past it. It just seemed like it was following me around, and it's still kind of followed me through this year”.

Midge used the term, ‘whipped’, that she was constantly getting whipped by someone regarding the incident. She said that she was a hard worker and really liked her job, but was treated like she purposely tried to sabotage the company. Her immediate supervisor ignored her for two weeks before finally calling Midge into her office. Midge described feelings of, “…failure, inadequacy, like I was stupid, inept. I remember saying you know, I feel inept now because... And then when you make a mistake like that you feel like you're on eggshells like, “Oh God please don't let me.....” The health impact? Her sleep and health suffered.

Midge likes to know why she is doing something. She felt that understanding increased her confidence and allowed her to be more effective in performing her job.

**Vignette 2: Chelsea**

Chelsea had a wonderful sense of humor. She enjoyed her job and coming to work. She felt energized every day. She knew what it was like to have a job that you hated and you had to make yourself go to work. She would go home from there
and would not want to be touched; not even to hug her children. And she felt she had no recourse. In her current job she felt listened to, respected, and had flexibility. Chelsea said because of this she would go the extra mile. Health impact? “It makes me feel energized, it makes me feel awesome, it makes me feel like I have a worth. Does that make sense?” Not that there were not issues in the current position. When she learned of co-workers talking behind her back about going to Human Resources to report how she dressed for work, it was not necessarily what was said, but that her values were compromised. “It's gonna sound crazy [but] it felt like betrayal. How could you betray me like that? I would do anything for you. And you're going to take me to HR? You're going to compromise my, how I make a living and feed my kids over [how I dress] (emphasis)? And it was actually crushing. How could you betray me like that?” Chelsea is a single parent with three boys who are home schooled. Keeping her job as an administrative assistant with this company was important to her.

Vignette 3: Bridgett

Bridgett had much to say at once and so it took extra time during the interviews to peel back the layers. She moved to this area for the current job position, leaving her home and family. She believed it was the right move, not just based on the position, but the feel of the company. She commented that she just knew it was right when the cleaning person smiled at her and everyone was friendly. But situations and work teams changed. Her new boss became upset with her because a volunteer organization thought Bridgett was the boss when Bridgett had to make decisions and take charge while her boss was away.

The situation escalated, which Bridgett attributed to an event the week before when her boss reacted to something cynical Bridgett said to her by hitting her. “And she [boss] came looking for her [a new employee] and I said, “Not my day to babysit her.” And she hit me in the head. And she didn't just tap me, she hit [emphasis] me hard in the head. And at the time I thought, 'I deserved that.' I was, you know, being sarcastic... [So I was like,] ‘I know, I know.’ Well... it's not, I mean, I know it's not normal, but I don't think I realized at the
time how upset she really was at me. I didn't realize where it was at because she was not, (PAUSE) I mean, I just didn't think it was true. I just didn't, you know, even though she hit me in the head I didn't realize it or realize how angry she was at me.”

The health impact? Without realizing the inappropriateness of her boss’s behavior, Bridgett went home and did not have the energy to walk her dog. Her sleep suffered. And she was considering leaving the job. Yet she still stated that she ‘deserved’ to be hit by her boss.

**Vignette 4 Lois**

Lois enjoyed the people she worked with and her job activities. When work was slow she would volunteer for other projects, many times just completing the projects without asking because she knew doing so would be of benefit. One of her projects was recognized by the CEO.

She said any detracting interactions had been limited to between a few interactions with certain people. Lois explained that, “I mean, it's never been a situational thing or a company-wide thing. It would just, you know, it's more on a deeper, you know, it's not like, I don't know if you know what I'm trying to say. It's always been people interact, and down to a person to person interaction that hits deeper than, I don’t know, regular stuff…if it upsets me enough, it’s all I can think about and I won’t be focusing on the work I should be doing. So, you know, I don’t know, probably everybody handles the stress differently but that’s, you know… because personally I start focusing on that. Like, I should’ve said this, or I could have said this, or I could have handled it this way. Or, you know, kind of focus on the would-of, could-of, should-of”.

She said that she shared interactions at work with her children to teach them how not to behave. She is married and has 2 children. One of the children had a serious injury which delayed Lois’s journaling assignment and second interview.

**Vignette 5 Kirk**

Kirk was married with no children. He moved to this area when the company he was working for merged with the
current company. He does not have children, but he acknowledged that work interactions that he views as detracting from his health and well-being impact his relationship with his wife. The fatigue on those days affects his not wanting to socialize or do anything. His journal was a mix of frustration and satisfaction. The satisfaction was when he and his co-workers collaborated to try to solve an issue. He described himself as outspoken and being honest about the facts, which he acknowledged some times placed him at odds with managers. However, during the second interview with Kirk I had an opportunity to overhear a telephone conference between Kirk and two managers. From my perspective the conversation seemed challenging; however, Kirk was receptive and approachable. He politely answered questions and interjected facts. He listened and verified facts, yet there was light banter and some joking as well between the three.

There were times when he stated he felt compelled to take action against perceived injustices, even when his co-workers advised him that doing so could be detrimental. Kirk’s wife called him the ‘little defender of justice’. For example, it concerned him when a person in a high position was rude and kept interrupting during a meeting. He went to management, but nothing seemed to change and he felt targeted as a complainer. Kirk stated that he kept, “…seeing him skate by, not only often times with no repercussions but they seemed to prosper. I'm like... it's boggling to me! And sometimes you get, ‘Oh, well that's just so-and-so,’ but that's not acceptable.”

Kirk also found it ironic that there were motivational posters displayed that stated to hire motivated people and try not to de-motivate them. “I thought that's interesting since it's a motivational poster for us. Here's a motivational poster that's talking about a very successful CEO not having to motivate people that you hire – like in here. I point it out to some people, they kind of like...hm.”

**Vignette 6. Murray**

Murray recently took a new position at a company. Adjusting to the position and helping to create it had been both exciting and frustrating. Being new, he and his counterpart looked forward to connecting with the department that would
support their role. Although serving a different area of the company their roles were tied to this other group. He stated that early on there, “…seemed like there was some friction with the transfer of power. Or not power but just duties. So {we} felt like they were kind of being threatened so there was some, and there still is some things that {we} feel like we should be able to do. Yeah, they won’t give us, they won’t train us and allow us to have that access. He contrasted the interactions with this group and another group he was working with on new technology. “…they're just really helpful and I didn't feel like they were withholding any information. You ask the question and you get some good answers.

Murray said that he taught himself, “… not to take work really personally. That's part of my mental health. And I can compartmentalize things pretty easily”. Murray is married with three children and stated that the job is secondary to that. However, he admitted that some of the interactions deplete his energies “… my first job is going home to my kids and it just seems like I don't have the time or energy to do that, you know? And if I'm at home worrying about something that I did at work, you know, it just doesn't seem like very healthy and it's very distracting”. For Murray, ethics and morals were components he used when defining the meaning of health.

**Vignette 7. Spock**

Spock wrote that he wanted a cool pseudonym and Spock seemed appropriate. He was articulate and his discussions were intellectually stimulating and included topics as diverse as his philosophy on religion, politics, work and life. Much of the discussion was not pertinent to the research questions and was deleted from the transcript. He and his partner recently had a baby. He spoke at length about almost losing family insurance coverage because they were not married. Spock argued the injustice since same sex partners were eligible and won his case. He rated his health as, ‘very good’, but felt the rating was excellent. “To be perfectly honest I think I am amazing. I think that I am very flexible and adaptable and can function at a very high level of effectiveness in virtually any culture. I think physically speaking I'm in very good shape… If I tell other people I'm amazing I will get negative reactions and that will interfere with my ability to
function in my surroundings…what they think is you think you're better than me. And that gets them defensive. And from my perspective, everyone can be amazing and everyone is amazing so there's no reason to be threatened by anyone else's ego.

He labeled himself as a ‘cynical optimist’, but admitted that at times he was, “…disheartened because every time your cynicism is justified, it is disheartening. Because like I said, I'm a cynical optimist so I still believe things can be better and I want them to be better and so whenever you've got hope you got a chance”. He believed that work was accomplished through cultivating relationships so he would spend time to get to know employees on a personal level. He acknowledged that at times this could be interpreted as being manipulative, admitting, “I am totally a manipulator. I am absolutely an, a manipulator but I don't think that's a negative thing. I think if you're manipulating people to their detriment that's not a good thing. If you're manipulating people and they're feeling better about it and everything gets everything done and there's an over-all positive, I don't see anything wrong with that.”

Vignette 8 Lindsey

Because Lindsey felt that her own self assurance was being impacted, she described going to great lengths to consider all angles of a situation and to question her manager’s motives as well as others in her group. She described that there were, “the selected few, the protected, they call them ‘sacred cows’, and everyone knows who they are.” Lindsey felt they could not only do whatever they wanted without retribution, but that their behavior was rewarded. Lindsey said she loved her job and what she did. It’s how she had to do it, including dealing with the sacred cows that she disliked. “If I were to design my perfect job it would be a whole lot of what this job it. A whole lot of it. But it would have more, [pause]. We're doing the right thing because it's the right thing”. This further chipped at her self-assurance since she felt hampered in making the right decisions. “My well being is outside of work, not at work. The only part of well being at work is, I know I'm doing a good job, I know I'm doing the right thing. I'm trying to help in very small ways. But I go home most days feeling
defeated. And not defeated from my own lack of skill or ability but defeated because I'm prevented from doing what’s right”. She stated that her family can tell what her day was like. On one of those days they decided to go out to eat. “…And all through dinner he's like, ‘Now, just calm down it's gonna be OK.’ And it wasn't; I was angry with him but he said, ‘You're in go mode. You're thinking and moving at 100 miles an hour’…and on weekends, it is not till like Sunday afternoon where I have let go of the week before. And then by two hours later you're gearing up for Monday.” Lindsey mentioned that she really had to find activities where she could totally immerse herself to let go of work interactions.

One of the only ways now was going to Disney. “I have to really engross myself in something and the one thing that we have found in, since I've worked here, is that we really love going to Disney. And the reason for me, it is the only place on earth that I can relax because their culture is so overwhelming”.

**Vignette 9 Ginger**

Ginger realized that she could be a ‘bulldozer’, which she described as both a strength, as well as a weakness. “…you know, I can kind of drive forward and be that driving force and I'm not aware that I'm bulldozing but, you know, it's more like I'm taking charge and I'm getting it done and I'm organizing. But on the back side of that, you know, you often close people off. And if you're dealing with a passive person, one of those ambient types, then you sort of don't give them the chance to say what they need to say… So it can be a weakness in that you do lose the perspective of other people.” What sparked the realization was observing someone else who Ginger felt was bulldozing and realizing the effect it had on the individual. “I definitely got to see how it could be a weakness and people just kind of turned off and, you know,... I see it in myself. You don't hear anything. You hear nothing anybody is saying.”

Ginger felt protective of the employees who report to her and tried to make sure they had what they need. She described this as similar to your own children and being proud of them when they succeed. She was happy at this company and the opportunities she had to be creative. She described her
previous company as really negative. “I mean the negativity just absolutely consumed me. I wasn't even aware that it was happening until one day I was absolutely just miserable. Everything that came out of my mouth was just negative. I couldn’t stand myself …the negativity, it absolutely is contagious. It drains everything out of you, it does.” At her current company Ginger feels she can explore things and implement ideas.

**Vignette 10 Cybil**

Cybil was a project manager at her company. She expressed enjoying networking with others to solve problems and bringing people together to get perspectives on different issues. She also said that this would be helpful as the company reorganized since she knew many people in different positions. She talked fast and jumped from topic to topic as her excitement increased. Cybil volunteered as a mentor in a program at work. She also volunteered in the community because she liked to stay busy and be involved. She discussed travel with friends and co-workers and had a trip planned the week after our first interview. She is married, and stated that her husband did not like to travel, but supported her interests. Cybil shared experiences dealing with a difficult co-worker and how the situation made her feel. “I work with one guy that's difficult. And it bothers me sometimes but then I have enough people around me that I'll go and talk to them and you know, kind of...buffer it…” She mentioned that he literally blows up at her and on more than one occasion, sometimes in front of others. She said, “Oh yeah and then he'll come back and apologize, but it's like being in an abusive situation. That's what I was telling my boss”. Yet, despite telling her boss, the verbal abuse continues.

To deal with the situation she read books and talked to co-workers both of which she said helped her. She discussed her ability to leaves work at home and that she can let go; however, when talking about an upcoming party mentioned that he was not invited and that her husband would not let him in the house if he was.

**Vignette 11 Scarlett**
Scarlett was a divorcee raising three boys. She had several physical injuries and recently her father died following years living with a chronic disease. She discussed how difficult this had been and felt that her manager was not empathetic or supportive. “And I had to miss a month of work and I didn't meet deadlines. None of my goals got adjusted. There was no caring for what I was going through, nothing. …Like, when my Dad died I didn't get a card. And it really hurt me, a lot. … I went to my regular doctor and he's like, ‘I can just see you look in pain, you look tried, just can't sleep.’ And I'm sure I was walking around looking like, they probably thought I was just mad or something”. The personal relationships were important to her. She recalled a time, “…enjoying to come to work with people. Even, like way back when, people were nice to each other. They had your back. But there's people here now that are just, if there was somebody that came in and to start shooting, they would not blink before they would grab you and use you as a shield to block the bullets. And most of them are in management.

She discussed attempting to take the time to take care of herself despite the draining year. Scarlett mentioned that just trying to get to the gym or do something for herself was difficult, “…like, Monday I had a massage and it’s just too stressful to try to make it on time to these things. So I’m like, ‘Crap.’ Like, it sounds so great to do it, but it’s all the stress.” Similar to Noel, Scarlett’s manager would come to her to talk about other co-workers or managers, only for Scarlett this was inappropriate. “And I’m like, I don’t think a boss should be talking to other coworkers about somebody. Because all I know is if she complains about her doing stuff to me, I’m like, she must be going to her and talking about me”. After being told that she was “worthless” (quote from beginning of this Chapter), “I was in depression”. “I mean, I get feedback from people that I do a good job all the time…”, but that was devastating for her.

Vignette 12 Simon
Simon felt that honesty, open communication, and respect were keys to a healthy workplace. He felt his health was impacted on days when these were missing. His good eating habits didn’t change, but his sleeping patterns and
energy levels were greatly influenced. When he got home on
days when his co-workers were collaborating, “…I feel more
willing to do the things that just, you know. It just drains you
when you have your bad day. It drains you… I need an hour or
two by myself. You just want to kind of numb the pain.” Simon
was skeptical about the validity of qualitative research and
keeping a journal. However, he began to reflect on our
discussion and found that keeping the journal was beneficial to
him. The interview and journal crystallized the toll the lack of
respect and honesty had on him and motivated him to take
action. “I had put my name in, I mean, after our discussion and
we were, you know, I mean, it's not, it is a lot of things going
on, but one of the things that I was paying attention to was how
normal conversations, how normal behaviors, you know,
inflicted upon, you know, my personal life all the time. And
just conversations, how people treated you, how things were
being done. And it kind of, you know, made me think let’s put
my name out, see what type of things, I know the job market is
 kinda opening up a little bit in some certain areas. So I put my
name out and I rang in, you know, was very specific on what
type of position I wanted.”

His entire demeanor was different during the second
interview. He was more receptive to discussions during the
second interview and seemed much more relaxed.

**Vignette 13 Sienna**

Sienna was one of the three participants who recently
married. She was very expressive during the interview and
seemed passionate in her discussion. For her, trust was the key
for her community of practice; knowing that everyone “had
each other’s back and best interests”. She described it as her
safety net. Sienna, “Liked the feeling of accomplishment I
guess you could say. And when we’re all doing it as a team,
usually like we might be laughing and talking and joking with
each other, but we’re working, getting it done.” She would
walk away from a coworker who said racist remarks, assessing
the situation as his ignorance and so it did not impact her well-
being. But it did bother her when her supervisor ignored her for
days after she called off sick. Her mother had been ill and
Sienna had to miss work to care for her. She tried not to let
things bother her, but there were times when she, “came home
and cried or “I just came home and went right to sleep because I was so drained and irritated.”

**Vignette 14 Madison**
Madison had been in her current position for 10 years. She prided herself on working hard and giving it her all. She tried for other positions at the company at least 7 times; jobs that she knew would be more in-line with her strengths and interests. She mentioned racial tension and inappropriate comments, but compartmentalized these. Madison had finally been promoted. She attended a week long workshop with her new group, and commented that no one there ‘looked like me’. “And I had a guy come up and he's like, ‘You know, you're different.’ [Laughing] And he just came right out and he said, ‘You know, you're different here. How do we get more of that?’ You know, he meant well. Well, it wasn't very comforting to me. …It was just, like, wow… I remember feeling, okay, wow, he's bold to say it. I mean, I'm sure everybody was thinking it, but he was bold to say it. And I think the motive behind his question was, it was genuine, the motive was.”

But what detracted from her well-being were when someone spoke behind her back without ever discussing an issue with her and when another reacted angrily for something the person blamed Madison for without listening to her side of the story. For Madison it wasn’t what was said, but the lack of integrity and respect that were the issues.

**Vignette 15 Monique**
During the first interview Monique seemed reserved and leery of revealing too much information. Later she revealed that the interview sessions and journal notations were like therapy for her. She planned to continue journaling. Monique discussed that it was a hard year at home and work. At work there were organizational changes and layoffs. At home she had a teenager daughter who was having trouble in school. Both impacted her health and although young, Monique was now on medication for high blood pressure. She described being extremely busy at work and that her job required her to
talk to employees as well as managers. However, Monique stated that she avoids those that talk for too long. “I don't chat and so, I have a little bit of time for that and I want to do a little bit of that, but there are some people that take that to a thirty minute time and so I can just feel my, you know, getting tense and my blood pressure rising and thinking, Oh my gosh, you're sitting here telling me how busy you are”. She described this ‘chatting’ as, “people that are all about themselves and every conversation you have with them, any time you're talking you can tell that they're thinking of the next thing that they want to say about themselves. You know, they're just self-promoters, maybe that's a good word. And there are several people here that are like that. That it's all about them and they will go to no end to get what they want to get.”

She enjoyed when people sought and listened to her advice. She recalled once though when her new boss asked her how a certain situation was usually handled. She told him and said that, “Well he just bit my head off and said, “Quit arguing with me!” I said, I'm not arguing. You asked me what we've done historically and I'm telling you we've never done that. He just went off. And I was just like. He was banging hands … So I held it together on the phone and then my instinct is to just lose it when I hang up. So I lost it and just cried for a minute”.

**Vignette 16 Mitch**

Mitch had a job that he enjoyed. He described getting along with his co-workers and manager. He used to teach and so fostered a learning environment within his work group and other departments. An opening within another department meant a promotion. “I applied for it and most of the people were thinking that I would be a top candidate for it. And then all of a sudden the person who was hiring, the manager, had sent me an invitation for the meeting and then we met. And at the meeting I was told, “Well, you know, you're leadership style is not what I want for the group.” Mitch felt the manager was patronizing him. He told Mitch that his employees didn’t need taught; that he didn’t want that in his department. Mitch described it as, ‘a downer’. The people in that team wanted him to get the job. “You had a meeting with the person? You're going to get the job, right?” “ And I said, Unfortunately nooooo and I've been told that I've been teaching you guys too
much. And she felt really bad.” “There are a couple of people who thought I was going to get it and said they were sorry.” The impact to his health and health behaviors? He described being pretty down, de-energized, and deflated. He thought he would ‘let it go quickly’ but could not. Instead of cooking as he usually does when getting home, he went out to eat and drank beer.

Mitch liked to teach others. That’s what enhanced his well being. Similar to Midge, he believed people wanted to know why they were doing something, but no one took the time to explain why. He described that this was what got him in trouble. He thought he perhaps got too much exposure and so was ‘a target.’ “It’s safer to just lay low…and so now we are keeping to our group now. We have, you know; try to keep it closer, so. At least trying to get our people educated.” But he won’t help others outside his department anymore for fear of retribution. Instead, he volunteers to teach for a community project.

Vignette 17 Madeline

Madeline was separated from her husband a year ago and is raising their 4 year old son. She’s been at this company for 10 years and stated that she had seen positive changes. When she started at the company she was given a position that others in the department wanted. Several were friends with the supervisor. Stories began circulating about her and she was not given an opportunity to explain. “ He (a co-worker) would go to her [the supervisor] and tell her things that were not true. And then the supervisor would go to the manager and say something like, “Well, I asked Madeline to do something and she wouldn't,” which was completely, I mean, false. And she never talked to me at all. So then he would come to me and say, “Why didn't you do this?” And I would say, “I had no idea.” And he's like, “Well, she's the boss. You're just an analyst. She's right one-hundred percent of the time,” so why, you know? And this is when they took me into the corner office and started screaming at me.” She described it as awful. Other co-workers helped in getting Madeline her current position which she enjoys. However, Madeline began to cry during the interview when she recounted a recent situation
where a co-worker told another co-worker that Madeline was not qualified to be in her position.

Madeline did not complete the journal assignment and said that a second interview would not provide any additional information. Data from her first interview was included in the coding though since the stories add value to the data collected.

**Vignette 18 Thelma**

Thelma was divorced with no children, but was close to her family and had friends she socialized with frequently. Thelma was in a supervisory position and had to interact with employees throughout the company as well as vendors. Looking from her lens provided a different perspective on interactions and the impact that employees in certain roles could have on others. A co-worker in another department told Thelma that she was defensive and that people did not want to interact with her. She stated it really bothered her and that she realized how it could be perceived as such. “I want people to feel like they could approach me and I wasn't being approachable. So, people weren't wanting to come to me I feel like, now. Nobody's told me that, but this is my thinking. You know how hind-site is twenty-twenty on some things.” She said it was not being defensive so much as wanting to please everyone. “So, sometimes I do it in frustration for the people doing the work or the situation or whatever. It's not because they're coming to me with a problem. Because I'm the first one that wants to make everybody happy.” An example she gave was when human resources came to her regarding creating space for an office. “He just made a comment, you know? I said, ‘Are you crazy? Where's all of that stuff going to go?’ You know, just left it at that. Because when you think about that, where is all of that going to go?” She then turned around and decided it could work. She discussed making arrangements and presented her plan to the SLT, taking full credit for the idea and process.

In another instance Thelma discussed a decision made to divide a large office to create two smaller offices. Her and her manager planned the configuration even though it would impact another supervisor in their department. After the plan was completed, “…we showed it to him. Well he said, ‘Well I had thought maybe if we do something we'd get some of [the
other employees in the department} back here,“ and da da da da da da. And the manager said, “No, we really needed this.” And he said, ‘Well why are you asking me then if you already knew what you wanted to do?’ He [the manager] said, ‘Well, we wanted to show you the plan.’ He had, it was the first time he had the plan. You know he just kind of went on and on and on and on about it and the manager just finally said, “Okay, I hear ya,” you know? So I thought that was interesting that he had that reaction with his manager because that’s his boss.” Then she admitted, “But you know, at the same time, here she is, that level employee, with a huge office. She’s not a supervisor, nothing, you know what I’m saying? I mean, she's just a basic data entry clerk.”

The main reason for realizing her defensive nature and deciding to change was when a new strategic department was being organized and the manager met with Thelma to let her know that one of Thelma’s employees was tapped to be a member. They informed her that the employee had the character that would benefit the group. This was touted as an honor and advancement for the employee. Thelma discussed feeling left out and hurt. She said that was the ‘icing on the cake” for her. “I didn't realize what a role that plays, not in just getting defensive but, you know, it's a subconscious behavior I think. So, if you're always looking at it in that light, that's a negative light, that's negative energy”, which she felt was the reason that she herself was not invited. Thelma made the decision to change her interactions with others, but first went to her manager to provide documentation regarding why the employee should not be permitted to leave her current position. The transfer was blocked.

**Vignette 19 Noel**

Noel was an administrative person at a company that was reorganizing and therefore her position changed. She discussed interacting with different people throughout the company and that there were some people who she avoided, those who talked too long and those who were negative. “There's one person who she's just always positive, you know? And I find talking to somebody who's a positive person always is good, you know? And just the opposite, you know, you know the negative people. You try to avoid them just because it's easy to pull somebody down but hard to pull them up. So
if you go to the positive person, even if it's just to vent, you know, you always have that one person, hopefully you have one at work, that you can talk to just to vent, you know? Just listen and don't judge me, you know what I mean?”

She discussed hearing rumors and gossip from employees, but also from managers about other managers. She believed that when managers said it then it gave credibility to the rumors being true. At times Noel would lapse into repeating gossip and rumors most of which were deleted from the interview. She discussed an ice cream party that employees did not attend. This was confirmed to be true. She stated the reasons were that, “… what I heard, some of them [employees] are working fifteen days in a row, you know? And they're not happy. And they're not happy if they just throw an ice cream party for you”. She recalled that one of the parties was scheduled by the manager during the night shift and that the manager never showed up. Apparently the employees and other managers knew about the incident leading to distrust and lack of credibility. Noel was focused on these types of interactions, believing that clear messages were sent which impacted all other interactions within the company.