Wellness Among University Employees: A Holistic Assessment During Traumatic Times

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There has been a growing awareness of the importance of worksite wellness among employees. Assessing the wellness needs of the University campus communities following traumatic events is a pressing topic. From 2017-2021, Butte County, including California State University, Chico (Chico State), experienced a series of extreme traumas. This research aims to provide a holistic needs assessment of wellness among University employees after experiencing traumas. This study used a survey administered from December 2020 to January 2021, the end of the second semester of remote instruction during the COVID-19 pandemic at Chico State, to assess employee wellness needs. The quantitative results from a total of 324 survey responses showed that two dimensions of wellbeing that employees rated highest in terms of what their organization engages or promotes were intellectual and relational wellbeing. The two dimensions rated lowest were physical and spiritual wellbeing. The qualitative results showed specific areas of concern that emerged from the survey, including a need for increased healthy lifestyle behaviors, a balanced workload, and a desire for a sense of value within the institution. The findings of this study provide opportunities for improving the wellness among Chico State University employees and also inform other university campuses.

Introduction

Worksite wellness has become a growing area of interest for employers in recent years (Abraham, 2019; Jones et al., 2019; Reif et al., 2020; Song & Baiker, 2019). In a report on the state of workplace health promotion and protection programs in the United States (US), the Centers for Disease Control and Prevention (CDC) (2018) noted that the workplace and the health and safety of its employees are interconnected. They also noted that improved health is associated with increased productivity at work while poor health is associated with increased health care costs.

Currently, 50% of the US population has a chronic disease and 86% of national health costs go to treating these diseases (Holman, 2020). While many of these diseases are preventable, the US invests only about 2.9% of its total health expenditures on preventative health care (Organisation for Economic Cooperation and Development, 2023). Galea and Maani (2020) suggested that the high cost of treating preventable diseases should serve as an urgent call to “invest in the conditions that generate health, creating a world where preventable disease is no longer part of our vocabulary.”

Since the workplace is where most adults spend a large portion of their waking hours, it is a setting that deserves careful examination about how organizational cultures impact wellness. The Institute for Health and Productivity Studies at the Johns Hopkins Bloomberg School of Public Health (2015) recommended that employers not only identify the risk factors of individual employees but also explore organizational factors that either support or negatively impact wellness efforts. In addition, the Johns Hopkins report advised that worksite wellness programs are most effective when they create a culture of health where the institution provides opportunities for employees to engage in healthy behaviors.

In recent years, numerous books on workplace wellness have emerged that outline strategies to create healthier organizational cultures (Day et al., 2014, Putnam, 2015; Stockley, 2016; Stringer, 2016). Suggestions to improve workplace wellness included spending time with nature, improving sleep hygiene, reducing stress, improving workflows,
increasing physical activity, offering health screenings, funding wellness coaches, and providing healthy food options.

Only a few studies have researched wellness programs among university employees. One study concluded that a worksite pedometer-based physical wellbeing program on campus effectively increased physical activity and cardiovascular fitness, decreasing cardiovascular risk factors among university employees (Butler et al., 2015). Another study found that being female, white, non-union staff, and employees who seek preventive care, are more likely to participate in wellness programming (Beck et al., 2016). There is a gap in the literature about holistic assessment of wellbeing among university employees and effective university holistic wellness programs. Moreover, little is known about university employee wellness needs during traumatic times.

From 2017-2021, Butte County in northern California experienced a series of traumatic events. Some were environmental disasters, while others were personal tragedies on the California State University, Chico campus (Chico State). The cumulative impact of these events significantly impacted residents in this rural community. Chico State has an enrollment of approximately 14,000 undergraduate and graduate students, 44% of whom are first generation students. It is a Hispanic Serving Institution (HSI) with a 56% minority majority (California State University, Chico, 2023a). Disasters tend to have negative effects on survivors and the community as a whole because these large-scale events “…create crisis in terms of community capacity and individual wellness.” Therefore, enhancing community resilience is essential to recovery from disasters (Gim & Shin, 2022). The researchers were concerned that Chico State employees may be experiencing unique health risks as a result of these tragedies. This paper aims to assess the wellness needs among university employees after the following traumatic events.

The first crisis in the community occurred in 2017. After years of historic droughts, heavy rainfall finally arrived and caused flooding that damaged the Oroville Dam (30 miles from the Chico State campus), the tallest earth-fill dam in the United States according to California Department of Water Resources (2022). Erosion on the spillway threatened a collapse of the dam (Hollins et al., 2018), which required the immediate evacuation of over 180,000 residents. Many Chico State students, faculty, and staff live in Oroville and were impacted by this crisis.

As our residential campus community was emotionally recovering from the dam crisis, another tragedy occurred in early 2018. A Chico State student died by suicide on campus while classes were in session. Many students, faculty, and staff witnessed the death. University Police, mental health providers, and Student Affairs personnel responded to support those who were present during the incident and those who were grieving.

Shortly after the public suicide, a homicide victim was discovered in front of the campus administrative building. Again, students, faculty, and staff were provided access to counseling.

Later that same year, the deadliest and most destructive wildfire in California history, known as the Camp Fire (Cal Fire, 2018), began on the morning of November 8th in Butte County and burned ferociously for over two weeks. The fire left the community devastated with 85 deaths and thousands homeless. The Camp Fire caused damage to over 18,000 buildings throughout Paradise (15 miles from Chico State campus) and the surrounding communities, including homes, businesses, schools, and a hospital. It burned over 153,000 acres according to Mohler (2019). The homes and belongings of many students, faculty, and staff were destroyed. Chico State campus closed for 14 days due to poor air quality and out of concern for those impacted by the fire.

In early 2019, Chico experienced a supercell flood that included a tornado warning, quarter-sized hail, and nearly 4 inches of rain that fell in a 15-minute period, exceeding the city’s ability to drain the water. Cars were destroyed, classrooms were flooded, and local residents faced yet another historic disaster.

The following year, Chico State, along with universities around the world, had to move to remote instruction due to the COVID-19 global pandemic. This further compounded the fear, anxiety, and uncertainty the Chico community had been experiencing for years. Depression, substance abuse, and suicide were identified as top health risks in Butte County where Chico State is situated (Butte County Public Health, 2022).

After each tragedy, University leadership communicated with the campus community and managed recovery efforts through emails, announcements, and forums. While counseling and programming were offered to support mental health and overall wellbeing, the cumulative impact of trauma and stress exposure put campus employees at risk for anxiety (Ayazi et al., 2016), compassion fatigue, and burnout.

The purpose of this study was to obtain feedback from campus employees about their health behaviors and assess their needs to inform future efforts on improving campus wellness. This paper shares the results of a survey administered from December 2020 to January 2021, the end of the second
semester of remote instruction during the COVID-19 pandemic. The cumulative impacts of the aforementioned tragedies were examined utilizing survey questions incorporating eight dimensions of wellness, identified by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2016): emotional, environmental, financial, intellectual, physical, spiritual, relational and vocational life domains.

**Methods**

**Survey Instrument**

This exploratory study used a 44-question survey to collect responses from current faculty, staff, and administrators at Chico State. The University employs 1,497 faculty including professors, lecturers, counselors, librarians, and coaches. Additionally, there are 1,031 staff who serve the needs of the campus. All participants provided consent to participate in the survey. The questions in this survey, designed to identify health and wellness needs of faculty and staff, were based on the Eight Dimensions of Wellness model used by SAMHSA (2016), adapted from Swarbrick (2006). The researchers chose this model as it provided a comprehensive measure of holistic wellbeing to expand the concept of health to multidimensional wellbeing (Geronimo, et al, 2023).

The web-based survey tool Qualtrics XM was used to create the survey. The survey included an informed consent; demographic information including age, gender identity, race/ethnicity, primary language, role on campus (faculty/staff/administrator), and length of time employed at the University; followed by quantitative and qualitative questions.

**Table 1**

<table>
<thead>
<tr>
<th>Wellbeing Area</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>Emotional wellbeing</td>
<td>ability to tune into emotions including coping with stress, regulating emotional challenges, recognizing personal resiliency, and all other aspects of emotional wellbeing</td>
</tr>
<tr>
<td>Environmental wellbeing</td>
<td>ability to connect to the dynamic relationship between ourselves and our environment, including our immediate environment, the community, and the natural</td>
</tr>
<tr>
<td>Financial wellbeing</td>
<td>ability to act on mindful financial decisions that support and enhance our personal and professional life including financial stability, fulfilling short-term and long-term goals, and/or other financial needs</td>
</tr>
<tr>
<td>Intellectual wellbeing</td>
<td>ability to stimulate our minds including engaging in critical thinking, igniting curiosity, solving problems, sparking creativity, and other pursuits to intellectual growth</td>
</tr>
<tr>
<td>Physical wellbeing</td>
<td>ability to act on intentional aspects of our bodies to enhance our health, including nutrition, movement, sleep and sexual health</td>
</tr>
<tr>
<td>Spiritual wellbeing</td>
<td>ability to establish and engage in fulfilling practices that connect us to a greater sense of internal purpose and meaning including faith, belief, morals, values, ethics, and principles</td>
</tr>
<tr>
<td>Relational wellbeing</td>
<td>ability to create and maintain personal and professional meaningful connections at the individual, group, and community level</td>
</tr>
<tr>
<td>Vocational wellbeing</td>
<td>ability to find value and gratification in our work through the interconnectedness between ourselves and our institutions, including finding value and sustenance within the institutions for which we work, along with practicing work-life balance</td>
</tr>
</tbody>
</table>
Quantitative questions included yes/no, multiple-choice, check-all-that-apply, and Likert scales. One Likert scale including eight specific wellness areas (table 1) was designed to explore the eight dimensions of holistic health (SAMHSA, 2016), ranging from 1 (Never, 0% of the time) to 7 (100% of the time).

Another Likert scale allowed participants to rate the likelihood they would participate in various health and wellness resources that were or could be provided by the institution, ranging from 1 (Not at All) to 7 (Very Likely). Health behavior survey questions asked participants to self-report their utilization of wellness programming, sleeping hours, consumption of vegetables and fruits per day, and engagement in calming activities. Other variables of interest include stress level and workload level. Stress level was reported on a 7-point Likert scale by answering the question: On a typical workday, my stress level is ranging from 1 (very low, Never) to 7 (very high, 100 % of the time), while workload level was reported on a 7-point Likert scale by answering the question: I perceive my current workload to be ranging from 1 (very low) to 7 (very high).

Qualitative measures consisted of open-ended questions including: (a) share reasoning behind rating, (b) how could participants increase their rating for each wellness domain by at least one point, (c) what wellness programming activities interested them, but had not been listed, (d) what is important to include in a wellness program, (e) what participants perceive to be their most significant wellness challenges, (f) what participants do now to enhance their health, and (g) provide additional ideas or questions about leading a healthy life.

Responses to open-ended questions were divided into four demographic groups based on their roles (faculty, staff, administrators, and those who did not identify) using qualitative content analysis (Miles & Huberman, 1994; Patton, 2002; Weiner et al, 2001). This provided insight into how each unique cohort responded to the survey. All 445 quotes from the 324 respondents were examined for themes, patterns, and categories. Data were then uploaded to Quirkos 2.4 Qualitative Analysis Software to assist with sorting and organizing the responses. After sorting responses, reports were generated with visual representations of the data to help further organize and visualize the emerging themes. To enhance trustworthiness, a series of peer debriefing sessions (Lincoln & Guba, 1985) were conducted with colleagues familiar with the survey and qualitative analysis. Peer debriefers reviewed the open-ended survey responses to determine if emergent themes were over/underemphasized and to consult about any key areas that may have been overlooked.

Procedure

The survey instrument was vetted through a piloting process using a convenience sample (n=3) of faculty and staff, and the Interim Vice President of Student Affairs gave final approval of the survey. The study received approval from the University Institutional Review Board, and the survey was administered by the University’s Office of Institutional Research. The target population included all employees on campus. Participant recruitment was conducted through Campus Announcements and individual emails sent from the Faculty Development Office and the faculty and staff unions. Department Chairs were prompted to remind faculty and staff to complete the survey. Incentive gift baskets were offered to 10 randomly selected participants. A total of 324 survey responses were received.

Statistical analysis methods

Numerical data was described using mean and standard deviation, and categorical data was analyzed using counts and percentages. Density plots were used to visualize the distribution of participants’ perceptions of the organization promoting and engaging in best practices that promote eight different wellness areas. Stress levels were visualized among different roles of employees using a bar plot after dichotomizing stress levels. A boxplot was created to compare perceived workload among different roles of employees. The Chi square test was used to compare stress levels among different roles of employees using a bar plot after dichotomizing stress levels. A boxplot was created to compare perceived workload among different roles of employees. The Chi square test was used to compare stress levels among different roles of employees because these variables are categorical. A nonparametric Kruskal-Wallis rank sum test was used to compare perceived workload levels among different roles of employees because the perceived workload levels did not follow the normal distribution.

Results

Data description

Two hundred fourteen participants self-identified as white and 36 identified as not white, while 74 chose not to respond to this query. Most respondents (246) identified as female, 67 identified as male, and 11 did not respond to this item. Regarding the position category, 24 self-identified as administrators, 109 as faculty, and 187 identified as staff; four respondents did not provide an answer to this item. Compared with the distribution of University employees at the time of the survey, participants were more likely to identify as female (75% vs 55.4%), less likely to report as white (66% vs 72.7%),
more likely to report as staff (57.7% vs 43.3%). Regarding longevity, 121 respondents reported they worked at the university for five or fewer years, 69 reported they worked on campus for 6-10 years, 58 reported having worked on campus for 11-15 years, and 60 survey respondents reported having worked at the university for 16+ years. Sixteen respondents did not respond to this query.

**How has organization helped the wellbeing of the participants?**

Descriptive statistics on participants' perceptions of the organization promoting and engaging in best practices that promote eight different areas of wellbeing on a 7 Likert scale ranging from 1 (0 % of the time) to 7 (100 % of the time) were described in table 2. A total of 246 responders completed all the survey queries. Compared with the attritors, those who completed all survey queries have the same gender distribution (78.3% female vs 79.4% female), but are more likely to identify as white (87.5% vs 78%) and faculty (35.8% vs 28.6%). The higher the score, the better the respondent perceived the organization helps with promoting and or engaging in best practices that promote wellbeing in that area. Wellbeing variables were treated as numerical variables, and the means and standard deviations were calculated in table 2.

The reported intellectual wellbeing and relational wellbeing have higher means than others. Physical wellbeing and spiritual wellbeing have lower mean scores than other areas. This pattern is also viewed from density plot shown in figure 1 with peaks representing the mode. The density plot for intellectual wellbeing is skewed more to the left than others, indicating a higher rating for intellectual wellbeing.

**Behavioral responses description**

Campus employees provided a mixed response to choices they made regarding their wellbeing. Seventy-seven percent of the respondents provided answers to the health behavior questions with the results shown in table 3. The majority (69%) noted they slept an average of six to eight hours each weekday and 22% responded they slept four to six hours. Approximately half of the respondents (51%) indicated they

![Figure 1](image-url)

*Density plot of Study Participants’ perception on how the organization helped their wellbeing.*

**Table 2**

<table>
<thead>
<tr>
<th>Perceptions</th>
<th>Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual wellbeing</td>
<td>4.84 (1.51)</td>
</tr>
<tr>
<td>Relational wellbeing</td>
<td>4.53 (1.42)</td>
</tr>
<tr>
<td>Vocational wellbeing</td>
<td>4.31 (1.54)</td>
</tr>
<tr>
<td>Environmental wellbeing</td>
<td>4.30 (1.49)</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>4.12 (1.61)</td>
</tr>
<tr>
<td>Financial wellbeing</td>
<td>3.77 (1.65)</td>
</tr>
<tr>
<td>Physical wellbeing</td>
<td>3.75 (1.61)</td>
</tr>
<tr>
<td>Spiritual wellbeing</td>
<td>3.50 (1.62)</td>
</tr>
</tbody>
</table>

*Mean (SD)
exercised one to four days per week, with 28% who did not exercise at all. A notable proportion of respondents (43%) indicated they engaged in at least one to three hours per week of calming activities, with an additional 22% reporting they engaged in four to seven hours of such activities. Regarding the consumption of fruits and vegetables on a daily basis, a majority of respondents (65%) indicated they consumed one to three servings, with an additional 28% indicating they consumed four to seven servings daily. Less than one-quarter of participants (23%) utilized wellness programs available to campus employees through health insurance.

**Table 3**
Participants’ health behavior characteristics.

<table>
<thead>
<tr>
<th>Health Behavior Characteristics</th>
<th>N</th>
<th>n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many hours do you sleep each weekday on average?</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td>Less than 4 hours</td>
<td>4</td>
<td>1.6%</td>
</tr>
<tr>
<td>4-6 hours</td>
<td>55</td>
<td>22%</td>
</tr>
<tr>
<td>6-8 hours</td>
<td>171</td>
<td>69%</td>
</tr>
<tr>
<td>More than 8 hours</td>
<td>19</td>
<td>7.6%</td>
</tr>
<tr>
<td>How many days per week do you exercise?</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td>0 days</td>
<td>69</td>
<td>28%</td>
</tr>
<tr>
<td>1-2 days</td>
<td>66</td>
<td>27%</td>
</tr>
<tr>
<td>3-4 days</td>
<td>60</td>
<td>24%</td>
</tr>
<tr>
<td>4+ days</td>
<td>54</td>
<td>22%</td>
</tr>
<tr>
<td>How many total hours per week do you engage in calming activities?</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>Less than one hour</td>
<td>62</td>
<td>25%</td>
</tr>
<tr>
<td>1-3 hours</td>
<td>107</td>
<td>43%</td>
</tr>
<tr>
<td>4-7 hours</td>
<td>56</td>
<td>22%</td>
</tr>
<tr>
<td>7+ hours</td>
<td>25</td>
<td>10%</td>
</tr>
<tr>
<td>Consumption of vegetables and fruits per day</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>0 servings</td>
<td>8</td>
<td>3.2%</td>
</tr>
<tr>
<td>1-3 servings</td>
<td>162</td>
<td>65%</td>
</tr>
<tr>
<td>4-7 servings</td>
<td>70</td>
<td>28%</td>
</tr>
<tr>
<td>8+ servings</td>
<td>10</td>
<td>4.0%</td>
</tr>
<tr>
<td>Utilization of wellness program</td>
<td>250</td>
<td>58 (23%)</td>
</tr>
</tbody>
</table>

Participants’ perceived stress level and workload

Because the expected number for each cell of contingency table should be greater than five to apply Chi square test, stress level was dichotomized into two categories: frequently or more (5 or more) and sometimes or less frequently (4 or less). Stress levels and workloads were compared among different roles of employees as shown in figure 2 and figure 3. Figure 2 shows that administrators reported having the greatest percent of higher perceived stress level, followed by faculty, and then staff. Figure 3 shows the box plot for perceived workload level among three different roles of employees. Compared with administrators and faculty, staff reported having lower workload level.

**Inferential statistics**

The results from Chi square test suggest that stress level is statistically significantly associated with roles (administrator, faculty, staff) ($X^{2} = 8.3343$, df = 2, p-value = 0.0155). The proportion of feeling frequently stressed or more among university employees with different roles showed statistically significant difference, with staff members the lowest proportion, and the administrators the highest proportion of feeling frequently or more stressed. The perceived workload is statistically significant different among employees with
different roles from the results of Kruskal-Wallis rank sum test (p < 0.0001). Faculty and administrators reported having higher perceived workload than that of staff as shown in figure 3.

**Qualitative Results**

Four primary themes emerged from coding the data: (a) a desire for workload to decrease, (b) a desire for salaries to increase, (c) a desire to feel respected, valued, and acknowledged by campus leaders, and (d) a desire for wellness programming as shown in table 4.

**A Desire for Workload to Decrease**

Decreasing workload was the most prominent theme to emerge from the data. Faculty desired reduced teaching loads, fewer students per class, fewer committee assignments, more course release time opportunities, and no teaching overloads (i.e. assignments that exceed 24 units/year).

It was noted by some employees that the workload seemed to grow incrementally each year. One staff member articulated, “There is an expectation to do more (work) and at a higher quality all the time.” Another staff employee mentioned the connection between workload and health by stating “…a lot of the people I work with are tired and stressed from massive workloads with virtually no available time to do anything which could help our health in the long run. People are starting to burn out. Even younger staff are second guessing if they can maintain the unhealthy work-life balance perpetuated by the university.”

When asked about solutions to workload, staff most often mentioned the importance of hiring. “Quickly filling vacant staff positions rather than having the remaining staff member do the extra work uncompensated” was one suggestion offered. Another recommended that the university, “Hire more individuals so work loads aren’t so high that people can’t get a moment to breathe.”

Faculty also noted challenges with balancing work and health. “I feel as though I’m too busy with work related matters to allow time for my physical health” wrote one professor. Faculty mentioned that, over the years, preparation time for teaching has increased as a result of new educational technologies that need to be implemented (Blackboard, Polleverywhere, Kaltura, textbook publisher content, Zoom, etc.). Additional time was noted to be required to address equity gaps, connect better with first-generation students, and ensure that all course materials are accessible compliant. One faculty member noted frustration with workload by saying, “We talk about wellness and self care, then expect you to give your life over to your job. The demands are unrealistic…”

**A Desire for Salaries to Increase**

The desire for higher salaries was also a prominent theme that emerged from the survey. One faculty member wrote, “The CSU could give raises without forcing employees to almost go to strike every contract.” Faculty also expressed the desire to be paid for work they do while off-contract. Said one professor, “Faculty (are) expected to work in summer but are not paid.” Another faculty member suggested that “when additional workload is added above and beyond what’s normally expected, stipends would be nice.”

Staff were the most vocal about salaries compared to the
other three employee groups. One staff member proposed that the university “pay staff a salary they can live on. People who work here full time should not have to apply for food stamps and stand in line at the food pantry.” Another staff member connected income to health outcomes by recommending that the university “increase staff salaries so we can afford to take care of our physical wellbeing.” With inflation and the increasing cost of employee contributions to health insurance plans, one staff noted, “The pay is low and people are struggling with no hope of raises or increases. Our benefits keep getting cut and our pay does not go up with the cost of living.”

Several staffers expressed the desire for salary increase opportunities as a result of performance evaluations. One staff member called for the University to “Provide meaningful ways for staff to advance…instead of creating an environment where staff must fight with their institution to qualify their value. It’s demeaning, especially as administrators get annual and automatic raises.”

### Table 4.
Categories of response themes to qualitative questions in questionnaire

<table>
<thead>
<tr>
<th>Themes</th>
<th>Representative Responses</th>
</tr>
</thead>
</table>
| A desire for workload decrease                           | • “I feel as though I’m too busy with work related matters to allow time for my physical health.”  
• “Hire more individuals so work loads aren’t so high that people can’t get a moment to breathe.” |
| A desire for salaries to increase                        | • “The CSU could give raises without forcing employees to almost go to strike every contract.”  
• “When additional workload is added above and beyond what’s normally expected, stipends would be nice.”  
• “Pay staff a salary they can live on. People who work here full time should not have to apply for food stamps and stand in line at the food pantry.”  
• “Provide meaningful ways for staff to advance…instead of creating an environment where staff must fight with their institution to qualify their value. It’s demeaning, especially as administrators get annual and automatic raises.” |
| A desire to feel respected, valued, and acknowledged by campus leaders | • “We are told to have compassion for students, but sometimes I don’t feel that same compassion from admin towards faculty/lecturers.”  
• “More listening from leadership,”  
• “respect for the duties performed,”  
• “acknowledgment of work well done”  
• “wellbeing check-ins during department meetings” |
| A desire for more wellness programming                    | • “Campus resources for staff and faculty that mirror students would be a vast improvement”  
• “Current institution focus seems to be only on students’ well-being”  
• “Some onsite counseling for staff” |
A Desire to Feel Respected, Valued, and Acknowledged by Campus Leaders

Survey respondents also expressed a desire to feel a greater degree of respect, value, and acknowledgement from campus leaders. Employees indicated they wanted “more listening from leadership,” “respect for the duties performed,” “acknowledgment of work well done,” “wellbeing check-ins during department meetings,” and “ways for an employee to feel valued.” One employee specifically wanted their manager to “stop treating me like a machine that can work 60+ hours week after week in a high stress environment.” Another staffer was specific in their justification for not feeling valued by stating, “It’s hard to find value in your work when you don’t feel valued. When you are passed over for promotions and have to fight tooth and nail for an (in-range progression), while ‘new’ positions are ‘created’ out of the blue and the people hired to fill them are paid hundreds of dollars per month more than you after working here for almost 20 years.”

Much of the evidence that supports this theme was about more than just being acknowledged verbally. Employees also wanted to be acknowledged in ways that demonstrate tangible value such as reduced workloads, increases in pay, or changes to policy. As an example, one respondent said, “Hey when someone is asked/told to do additional work to fill in because of a vacancy, then compensate them during that time. Let them know they are valued and not used.” Another employee desired “feeling valued from the top of the hierarchy, this includes actions, not just words. Please no more words lacking action. It makes me want to scream.” Specifically regarding wellness, one employee expressed a need for “having managers that value and ensure work life balance. I feel like a lot of managers say to take care of yourself, but they don’t really respect that.” In some cases, employees simply wanted compassion from leadership. “We are told to have compassion for students, but sometimes I don’t feel that same compassion from admin towards faculty/lecturers”, noted one employee.

A Desire for More Wellness Programming

The data indicated that wellness is important to campus employees. As an example, one employee explained, “Healthy people...are happier people, happier people are more productive at work and enjoy (their) jobs and lives more. All of this (wellness) is extremely important to the success of our University.” When asked about strategies to enhance wellness, respondents mentioned a desire for various types of wellness programming and access to wellness resources. One respondent suggested that the university “implement (an)

employee physical wellbeing program (open gym use, yoga, coaching in exercise and nutrition).”

In many instances, employees expressed a desire to engage in these wellness offerings as part of their workday such as one individual who wanted “availability of wellness opportunities on campus during 9-5 work shift. Build it into our work day so that it isn't one more thing to have to do after work.”

In general, employees indicated they wanted access to similar wellness resources that students have access to. As one faculty respondent noted, “Campus resources for staff and faculty that mirror students would be a vast improvement.” Another faculty stated, “Current institution focus seems to be only on students’ well-being.”

As part of a desired wellness program, employees expressed wanting to access the campus gymnasium called the Wildcat Recreation Center (WREC) or another fitness facility in town for free or at a reduced-cost. Presently, the cost of the WREC is approximately $50/month and thus may be one possible barrier to accessing it. Since the WREC is typically open before and after standard work hours and group exercise classes are offered throughout the day, employees felt that this facility would be an ideal place to be active if it were more accessible. One respondent noted, “At the very least, having a place for faculty and staff to be able to workout or use athletic facilities without having to pay a fee would go a long (way) towards balancing work and healthy habits in the workforce.”

In addition to accessing the WREC as part of wellness programming, employees also expressed a desire for mental and emotional wellness policies such as “including a mental health day as a legitimate sick day” and “some onsite counseling for staff.” Another element of wellness programming frequently mentioned was a desire for on-campus childcare. One employee articulated, “Childcare on campus would be lovely for staff and faculty. It would transform my ability to do my job more effectively.”

Conclusions and Discussion

The two dimensions of wellbeing that employees rated highest in terms of what their organization engages or promotes were Intellectual and Relational. The two dimensions rated lowest were Physical and Spiritual (table 2). Chico State employees rated highly (6 out of 7) that health and wellness is important to them personally. However, employees gave a lower rating (4 out of 7 on average) that Chico State promotes a culture of wellness. This indicates a gap between the degree
of wellness that employees value compared to what they perceive is promoted at work.

In recent years, Chico State has implemented numerous wellness initiatives that could potentially close this gap. Chico State has made strides to provide wellness opportunities for employees, covering many of the eight dimensions of wellbeing. On the physical and emotional wellbeing levels, health insurance is available to all full-time employees, which offers wellness programming in addition to providing physical and mental health care. Employees are able to buy memberships to the campus gym. A June wellness month has been instituted which encourages 90-120 minutes/week of wellness woven into the work schedule that also provides one pass per week to the campus gym. Emotional wellbeing is promoted via Employee Assistance Programs and grant funds offering onsite counselors for campus employees. Sitting meditation groups, an on-campus yoga classes, and forest therapy walks are regularly offered to develop physical, emotional, relational and spiritual wellbeing. Financial wellbeing dimensions are covered via recent pay raises, retirement plans and for those who were impacted by the Camp Fire, FEMA and local grants offered aid. Vocational wellbeing offerings have been in the form of trainings to manage workload stress. The study revealed that only 23% of respondents took advantage of these programs, revealing a gap between the availability and utilization of wellness programs. More research is needed to further explore the barriers to accessing wellness programs.

The limitations of the study include several aspects. First, approximately 320 staff, faculty and administrators responded to the survey out of over 2,500 possible meaning that there was roughly a 13% response rate. The poor rate of response could be attributed to the timing of the release of the survey near the end of the Fall semester. Typically, this is a busy time of the academic year when grades are submitted, then followed immediately by winter break. Second, the survey instrument consisted of 44 items which, combined with poor timing of the release of the survey, likely contributed to an incompletion rate that grew larger the further the respondents went into the survey. Specific questionnaires were used instead of previously validated questionnaires. Finally, the Chico State community had been heavily stressed by a string of incidents which when experienced in isolation may be perceived quite differently than when those same incidents occur within an abbreviated time frame. While all survey respondents may not have been directly impacted by the tragedies, the indirect impact of these events was felt by the entire campus community.

As noted earlier, the University administration was responsive to the traumatic events by offering support and resources. In 2022, the administration instituted June Wellness month. But as with many organizations, there is a need for an ongoing, comprehensive wellness program to support overall employee wellbeing. This study sets the necessary groundwork for the University to accomplish the Johns Hopkins (2015) and the CDC (2017) recommendations, as the findings identified areas to improve overall wellness.

Specific areas of concern that emerged from the survey included a need for increased healthy lifestyle behaviors, balanced workload, and a desire for a sense of value within the institution. Also of note was the high levels of stress identified among administrators. Resources for health behaviors are available but could be better utilized. The on-campus resources available to employees, such as the WREC and counseling services, could be better promoted. Partnerships with off-campus resources could also be developed, including options for discounted childcare. Collaboration with the University health insurance company might provide opportunities for a comprehensive evidence-based wellness program which could include a funded Wellness Coordinator position. Other practices could include prompt hiring to fill vacant positions, opportunities for faculty and staff recognition, and building a culture of wellness on campus where each department builds wellness routines into each workday.

A natural next step for future research would be implementing and evaluating different wellness programming that would further promote the holistic wellness of employees in a university setting. Of the few studies available on workplace wellness interventions in higher education, many have reported encouraging results. For example, Radler et al. (2012) examined quality of life and clinical measurements after implementing a workplace wellness program for university employees. After 26 weeks, participants showed significant reductions in weight, waist circumference, blood pressure, fasting glucose, and days with anxiety. Participants also showed a significant increase in vitality days. More recently, an educational wellness intervention at East Carolina University was conducted that resulted in modest increases in physical, emotional, social, occupational, spiritual, environmental, and intellectual dimensions of wellness (Das, et al., 2019).

These studies demonstrate that improving workplace wellness in a university setting is possible. The University of California (UC) implemented one of the largest wellness interventions in higher education in 2017. The “Systemwide Well-Being Initiative” was implemented shortly after the
University of California System Campus Climate Project Final Report was published in 2014. Some of the data in the final report indicated a positive climate, however, 38% of staff and 39% of faculty indicated that they had seriously considered leaving the campus in the past year (UC Systemwide Final Report, 2014). The mission of the wellbeing initiative that began soon after publishing the climate report is to improve the collective emotional, financial, nutritional, and physical wellbeing of faculty and staff across the system of universities (University of California, 2019).

The results of the UC climate report are similar to the most recent climate report at Chico State, where 34% of staff and 44% of faculty indicated that they were very likely or somewhat likely to leave Chico State in the next three years (California State University, Chico, 2023b). With over one-third of employees indicating a likely departure from the institution soon, it is imperative that holistic wellness in the workplace be considered as part of the organizational culture. University employees who stay at the university and have a high quality of life are necessary to serve students and carry out the mission of the institution. The findings of this study, and outcomes of any programs implemented, could not only positively impact the Chico State community, but could inform other university campuses as well.

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