Review of Literature for Group Dynamics and Faith Based Physical Activity Programs

Group Dynamics Literature Review:

Across time, culture, and societies humans have always joined with others to create social living communities. As demonstrated in other species the human is a social animal. However living in groups requires concession and compromise. The needs and interests of a group do not always completely match the needs and individual interests of its members. This leads to influential interpersonal processes that take place in groups, which can be summed up using the common word group dynamics.

According to Wikipedia (www.wikipedia.org), group dynamics also includes the field of study within the social sciences that focuses on the nature of groups. Kurt Lewin is commonly identified as the founder of the movement to scientifically study groups. He coined the term group dynamics to describe the way groups and individuals act and react to changing circumstances. William Schutz (1958) looked at interpersonal relations from the perspective of three dimensions: Inclusion, control, and affection. This became the basis for a theory of group behavior that claims groups resolve issues in each of these stages to develop on to the next stage. Conversely, a group may also devolve to an earlier stage if unable to resolve outstanding issues in a particular stage.

Wilfred Bion studied group dynamics from a psychoanalytic perspective. Many of his findings were reported in his published book, Experiences in Groups (1961). Bruce Tuckman (1965) proposed a 4-stage model, aptly named the Tuckman's Stages for a Group. Tuckman states that the ideal group decision making process should occur in the following four stages: Forming (pretending to get on or get along with others); Storming (letting down the politeness barrier and trying to get down to the issues even if tempers flare up); Norming (getting used to each other and developing trust and productivity); and Performing (working in a group to a common goal on a highly efficient and cooperative basis).

This model refers to the overall pattern of the group, but of course individuals within a group work in different ways. If distrust persists, a group may never even get to the Norming stage. Looked at for larger-scale groups, Tuckman's stages of group development are similar to those developed by Scott Peck and set out in his book, The Different Drum: Community-Making and Peace (1987). Peck describes the stages of a community as: Pseudo-community, Chaos, Emptiness, and True Community.

Recent Studies

The sixty years of research and literature on group dynamics has grown rapidly. Recent studies concentrate on many specific aspects of group dynamics within the four stages of group development demonstrated by Peck.

One of the aspects is group goal decision making. The use of work groups and teams has become common during the past decades, with approximately 80% of large organizations using work groups (Forsyth, 1999). Working in groups is believed to have
a number of potential benefits. Organizations that use work groups and teams are expected to have more involved members (Cohen, 1994; Lawler 1996), establish more challenging goals (Likert, 1961), produce more satisfaction for their members (Forsyth, 1999), and achieve higher levels of performance (Likert, 1961) than organizations that favor individual production. However, research regarding these potential benefits of groups has not always been positive (Hackman, 1990; Robbins & Finley, 1995). Researchers have consistently found that groups rarely establish challenging goals for their own performance (Hinsz, 1991, 1992, 1995).

Setting clear and challenging goals is one of the motivational techniques often used to increase task performance (Locke & Latham, 1990; Mento, Steel & Karren, 1987). Group goal-setting research has emphasized assigned goals, which are specific performance expectations given to task performers by some external agent (e.g. managers and supervisors) to improve their performance. Assigned goals can significantly differ from the goals that groups themselves establish for their own performance (Wegge, 2000). Vast differences also exist between group goals and goals that individuals choose for their own performance based on their personal motivation.

Hinsz (1991, 1992, 1995) suggested three explanations of these group and individual goal choices differences: social comparison, anticipated evaluation, and group decision processes. According to social comparison theory (Festinger, 1954), people on average see others as less capable than themselves (Matz & Hinsz, 2000). Therefore, group members select slightly less difficult goals for the other members of their own group than they would set for themselves, if they were acting alone (Hinsz, 1991, 1992). Members of a group evaluate themselves and anticipate being evaluated by other group members. As a consequence, they may become more self-critical of their capabilities (Wicklund, 1975) and less certain of their abilities (Hinsz, 1992). To avoid this discomfort they set slightly less difficult group goals. Some group decision research has found that groups reach decisions that are more cautious than those of individuals (Stoner, 1968; Zaleska & Kogan, 1971). In goal-setting situation it means choosing a less challenging goal (Hinsz, 1992). Surprising is the fact that although groups choose less difficult goals than individuals, they achieve relatively the same level of performance (Hinsz, 1991, 1995).

Another aspect of group dynamics is positive reactions to group activities. Group members tend to be more satisfied with their performance than individuals. One of the reasons is that groups fulfill their members’ social and emotional needs (Levine & Moreland, 1998). Forming a group of participants can serve as a positive mood induction (Hinsz, Park & Sjomeling, 2004), individuals generally expect pleasant experiences from participating in a group. Social identity theory (Abrams & Hogg, 2001) supports the expectation that performing in a group will be a positive experience, provided that a group member feels an attachment to the group. Group members are also more committed to goals (Lewin, 1958), and have more positive attitudes to attaining those goals (Fishbein & Ajzen, 1975) than individuals, because of the visibility and volition that come with discussing and deciding on a group goal with other group members.

Affective experiences is a third aspect studied in group dynamics and plays a prominent role in group functioning. Effective progress toward desired positive outcomes leads to experience of positive affects, such as elation or excitement, whereas the opposite leads to negative affects, like anxiety or tension (Carver, Lawrence & Scheier,
More important experiences in the group lead to more intense affects (e.g., achieving difficult goals leads to intense positive affect). More intense affective experiences then have stronger effect on the group by increasing cohesion for positive experiences and by increasing conflict and bitterness for more negative experiences (Grawitch, Block & Ratner, 2005). The intensity of an affect is influenced by the speed of the outcome and the degree to which the individual values or fears the outcome (Carver et al., 1999).

Attributing credit or blame for different experiences to oneself, those within the group or others outside the group influences the responses of group members to different events as well. If a positive event occurs within the group and the group members internalize and externalize credit for the positive experience, it may help to foster cohesion among group members (Zander, 1994). Conversely, if blame for negative situations is both externalized and internalized (i.e., everyone is at fault), then the group may be motivated to handle the underlying problems (Sherman & Kim, 2005). Effective group dynamics involves sharing both credit for positive experiences and blame for negative experiences (Marks et al., 2001). But what happens when group members contribute to group productivity at different levels? Research has been done to determine the effects of social loafing on group dynamics.

Studies discussing the analysis of effort in group collaboration discovered that group members working on uninvolving tasks tend to loaf. Conversely, when a tasks’ interdependence is high and the goals are meaningful individuals in groups often expend more rather than less effort (P. Huguet, E. Charbonnier, & J. Monteil, 1999). Researchers have also found that, in some instances, individuals who preliminary were not excited about working collectively in a group, changed their views. For example, individuals who prefer to work alone changed to prefer working in groups after experiencing the benefits of working collectively (Huguet et al., 1999). Social loafing was a key term described in this study, as well as in many others, and the research suggested that work teams composed of people with strong motives who view themselves as distinctly more talented than others are likely to express a lack of effort in contributing to the whole group, especially when the task is seen as beneath their abilities or is unchallenging.

Conclusions in Huguet et al.’s findings is that work teams of individualists should not be given collective tasks, unless those tasks demonstrate a high degree of difficulty or are particularly interesting to the group members. An alternative reading on Huguet et al.’s findings, expressed by Ruth Wageman, argues that work teams should not be comprised of individualists. If teams must be comprised of such individuals, it would be better for the group and its function if individual performance feedback is given to team members, rather than collective. Three questions are posed by Wageman on the design of teams: (a) How should tasks be designed for world teams in real organizational settings?, (b) how should performance feedback and other outcomes be provided to such teams?, and (c) how might individual differences play out over time for teams with different task and performance outcome designs (Wageman, 1999)?

Wageman finds Huguet et al.’s findings to be non-relevant in association with her first point on real world organizational settings. She discovered a low level of interdependency in the evidence used by the researchers. All the teams in Huguet’s study acted as individuals, bringing their individual work to the group at the end, and there was no collaboration necessary for task completion. Wageman states that “no conclusion can
be drawn from this research about the effects of collective tasks on group members’ effort levels.”

On the second point, Wageman finds Huguet et al.’s findings consistent with other literature, in that effort levels can suffer when tasks are independent but outcomes are collective (Earley & Northcraft, 1987; Miller & Hamblin, 1963; Williams, Harkins, & Latane, 1981). Group-level outcomes have been shown to have strong positive effects on the effort levels of individuals doing independent tasks (Mesch, Lew, Johnson & Johnson, 1988; Roseenbaum et al., 1980; Shea & Guzzo, 1987; Wageman, 1995; Wageman & Baker, 1996). Thus it was concluded that individual effort will be higher when the collaborative effort is critiqued, demonstrating group effectiveness, but the work is done individually, and that individualists usually perform better when the tasks are assigned individually. Social loafing is minimized when task are assigned individually, collaborated, and presented as a whole.

Wageman’s third question, sought to discover if Huguet et al.’s findings demonstrated that individual differences and group performance were correlated. In her study of 150 customer service teams Wageman found that individuals who were engaged in collective tasks and group outcomes changed their autonomy needs over time and exhibited high levels of cooperative behavior, regardless of their initial personal dispositions toward group work. Giving that it is difficult to determine how individual dispositions toward team or group tasks changed over time, Wageman suggests that over time the display of uniqueness among group members will equalize, and a balance of personalities will result within the group.

The multilevel influence on group dynamics and social loafing is clearly illustrated in Huguet et al.’s findings and in Wageman’s analysis. Other research substantiates that attention must be paid when designing operative teams or groups to the immediate context they will operate in, the tasks they perform, the outcomes they experience, and how individuals are shaped by their team experience overtime.

The effects of social loafing on group cohesiveness can be reduced through social compensation (the antithesis of loafing). It has been shown that social compensation is a potential fix for the instances of social loafing if individual or group inputs can be evaluated (Harkins & Szymanski, 1989; Szymanski & Harkins, 1987; Williams, Harkin, & Latane, 1981), the uniqueness of individual contributions is elevated (Harkins & Petty, 1982), and personal involvement with the task is enhanced (Bricker, Harkins, & Ostrom, 1986). Two experiments tested the hypothesis that social loafing can be reduced or eliminated when individuals work in cohesive rather than non-cohesive groups. Karau & Williams found that group cohesiveness may moderate social loafing, as compared to non-cohesive groups, who tended to reduce their collective efforts and socially loaf (1997). This research found when individuals worked with respected colleagues or friends they may work just as hard collectively as they would individually to maintain a favorable self-evaluation. This evidence substantiates the concern raised above in regards to an individualist who thinks themselves above the given task or superior to other contributing group members. Thus, group-level outcomes may have special relevance to members of cohesive groups because of their immediate implications for self-evaluation (Karau & Williams, 1997).

Group work amongst collegiate individuals from diverse experiences and backgrounds are sometimes asked to come together to achieve a common goal. As
shown, working in groups has long been used as a pedagogical tool in both academic and corporate environments. Further benefits cited for this type of active learning include versatility (Payne, Turner, Smith, & Sumter, 2006), improvements in communication (Dudley, Davis, & Mc Grady, 2001), and the development of social skills (Andrusyk & Andrusyk, 2003).

Payne, Turner, Smith & Sumter (2006) found when studying undergraduates participating in group work, these subjects defined individual goals in three stages. First, they begin with the hopes of achieving a good grade. This stage is replaced with the desire to complete the project successfully. Ultimately, the goal of getting a good grade resurfaces to complete the last stage. Finding commonalities regarding goal commitment is essential for the successful implementation and completion a particular project. This can be accomplished through using the strategy of active participation. Active participation has been linked to satisfaction (Locke & Schweiger, 1979) and goal commitment (Locke, Shaw, Saari, & Latham, 1981).

Active participation can include practices such as attending meeting sessions, delegating group member responsibilities, and speaking to the group to give opinions, suggestions, and critiques. This is known as voice behavior. Voice behavior is a verbal activity used to promote constructive change in the status quo (Rusbult, Farrell, Rogers, & Mainous, 1988). Voice behavior is distinguishable from complaining behavior, in that complaining behavior, no change is promoted (LePine & Van Dyne, 1988). Islam & Zyphur (2005) proposed that individuals with a high sense of power use voice behavior to a greater extent that individuals with a lower sense of power, and that this effect would increase with higher levels of social dominance orientation. Social dominance orientation is the degree in which social hierarchies are justified. This hypothesis is relevant to the Kinesiology 494 graduate students for several reasons.

Faith Based Physical Activity Initiatives Literature Review

The literature on physical activity and health promotion in a church setting is relatively small, but it is increasingly being recognized as a good research site for a variety of reasons, outlined below.

Physical exercise relates directly to decreasing disease and premature death and preserving a high quality of life. However, despite the proven benefits of exercise, many Americans continue an inactive lifestyle. Little is known about the relationship between religious preference, church attendance, and physical exercise. Understanding such relationships may help us better identify whether religious preference has a protective effect against physical inactivity and whether this effect is similar between religiously active and less-active members. Before delving into the limited research on church attendance and physical activity, we will briefly look at the research on the benefits of exercise in general.

Even though the benefits of exercise are becoming more widely known, people often find it difficult to incorporate structured exercise into their previously sedentary lives. Although structured exercise programs have been shown to be effective at improving health and fitness, it is clear from the Surgeon General’s Report on Physical Activity and Health that a small number of Americans engage in this type of regimented
exercise (USDHHS, 1996). Consequently, the American College of Sports Medicine (ACSM) and the Centers for Disease Control and Prevention (CDC) issued a lifestyle recommendation urging all Americans to accumulate at least 30 min of moderate intensity physical activity (PA) on most, preferably all, days of the week (Pate et al. 1995). Walking is the most convenient mode of moderate-intensity exercise and is therefore an obvious choice to accomplish this recommendation. One way to achieve the recommendation proposed by the ACSM–CDC would be to walk briskly for approximately 2 miles on most days (Basset and Strath, 2002). Because the average person walks about 2000 steps in a mile (Basset et al, 1996; Welk et al, 2000) and most sedentary individuals walk 4000–6000 steps/day, increasing daily walking by 2 miles or 4000 steps would total approximately 10,000 steps and therefore be consistent with the ACSM–CDC recommendation. Furthermore, the 10,000 steps/day recommendation has a valuable degree of simplicity and provides immediate, quantitative feedback. However, there remains a need to establish the efficacy of this recommendation on various health outcomes.

Public health evaluation funding is limited, and hence optimal evaluation principles and methods should be applied to the assessment of community-wide programs. Since sedentary lifestyles and insufficient physical activity contribute to the overall burden of disease, efforts to encourage more walking at the whole population level are an important prevention strategy. Approximately 60% of the population of the United States is insufficiently active. That is, they do not regularly attain the recommended standard of 30 min of moderate intensity physical activity 5 days per week or 20 min of vigorous activity 3 days per week (CDC, 2001). Among all the behavioral risk factors, poor diet and physical inactivity pose the greatest health threats (Mokdad, Marks, Stroup, & Gerberding, 2004). Both have high prevalence and strong association with a range of adverse health outcomes. Community interventions require multiple intervention components, including mass media, media relations, and community-based activities, which enhance social networks and social support. Engagement with community members, participatory planning, and the development of community partnerships are optimal health promotion strategies (Brenes, Strube, & Storandt, 1998). Walking remains accessible, affordable and achievable as the physical activity behavior of choice among the inactive. Effecting small changes across a large number of people in a community is more effective than making larger changes in a few high-risk people. Individual change programs, in net sum, have not contributed to overall population-level changes in physical activity and walking (Reger-Nash et al. 2006)

Thus, our goal was to find a community-based physical activity intervention that incorporated moderate walking with the idea that this could lead to longer-term adherence to the program. Community-based health promotion programs ideally should reach an entire population. Places of worship may be particularly important for health promotion initiatives because they can reach underserved populations (USDHHS, 1999). This important consideration can also occur in other settings, such as recreation centers and schools. However, from a research perspective, the opportunity to use adults makes churches a useful locale, including the use of a population that is easily traceable. Related to the research advantages of churches is the opportunity to apply research. Establishing partnerships with health professionals allows interventions to reach targeted populations. In one early study, churches were chosen as the organizational context for this project
because of the supportive influence they have on health promotion for individuals, groups, organizations, and entire communities. All churches in Rhode Island were contacted, and 65% were willing to participate in the study. All 20 churches that were ultimately selected remained in the study for at least 2 years (Lasater, Wells, Carleton, & Elder, 1986). Such interest can give research groups like ours, as well as allied health professionals, great hope that a health promotion initiative can “stick”.

Beyond the pragmatic value of churches, there are three main reasons why church-going populations generate interest in an area such as health promotion where motivation and social support are so vital to success: These populations represent presumably spiritual-minded people and/or people that engage in healthy lifestyles, plus these populations have built-in social networks.

There is a select number of research studies using health promotion in a research setting in the early 1990s (Resnicow et al., 2002). The research has grown in the past five years or so, but still much of the literature focuses on target groups such as African American women. An advantage that researchers have found with black churches is access to middle and upper socioeconomic African Americans, a group that generally is underrepresented in health promotion studies (Resnicow et al., 2002). Black churches have built-in social support networks, which is a predictor of physical activity for African American women (Levin, 1986).

Since churches represent a major social link to the African-American community (Resnicow, et al, 2002.) and have been involved in social and community projects with a mission of caring and service to others (Eng, Hatch and Callan, 1985), they are good settings to conduct research on physical activity. Resnicow’s intervention was based on social cognitive theory, which includes increasing self-efficacy, learning self-management skills, goal-setting, and modeling experiences. Supportive networks are integral to church-based settings, and may foster behavior change unrelated to the primary mission of the church (Anderson et al., 2006). The same authors states that fostering social support in culturally appropriate ways, through prayer chains and buddy systems, was a focus of the Aerobic Exercise intervention, and is implied in any church-based health behavior intervention.

A good overview of why church-based health promotion programs is an idea with great potential is the seven key elements outlined by Peterson and colleagues (2002): successful partnerships, positive health values, availability of services, access to facilities, community-focused intervention, health behavior change emphasis, and supportive relationships. Still, there is not a consensus on how effective church participation is to a healthy lifestyle. The influence of religious affiliation on self-reported health is not well understood. Although few scholars would suggest that religious (particularly conservative) affiliation has adverse effects on health, (Jarvis and Northcott, 1987) a few studies have found the impact of religious involvement to be generally inconsequential on subjective health. (Levin and Markides, 1986). Most studies show a positive relation between religious attendance and self-reported psychological and physical health (Ellison, Gay, Glass, 1989).
Recent Studies

As explained above, churches represent promising sites for the implementation of health promotion programs. Although there are good reasons to believe church-going populations might be receptive to physical activity (i.e., they are interested in spirituality and often have external forces that motivate them to pursue healthy behaviors), the studies generally don’t ask the question of whether church-goers are more physically active or healthier than non-church-going populations. Rather, the research focuses in on a target population represented by the particular church institution. Our study doesn’t address the church-going/non-church-going distinction either. It attempts to provide voice to a particular Protestant congregation’s reception to a simple physical activity/educational program that we devised. In this way, our study is valuable because it helps articulate why a church-going group might respond as it does to physical activity intervention.

Looking at health as a holistic endeavor, spirituality is an integral part of a person’s well-being. It provides a motivational factor when trying to change health behavior and meet goals (Chapman, 1986). Over 90 percent of Americans believe in God or a higher power, 90 percent pray, 69 percent are members of a church or a synagogue, 60 percent consider religion to be a very important part of their life. Studies also show that patients are interested in integrating religion with their health care (Lee, 2005).

The Ferraro study discussed in the Sun-Times notwithstanding, some evidence suggests that a religious life results in a healthy life. Religion brings many things including social and emotional support motivation, and health care resources, and it promotes healthy lifestyles (Lee, 2005). In a particular study among Utah residents, Merrill and Thygerson found that persons who attend church weekly were more likely to exercise regularly (Lee, 2005). A study by McLane and colleagues suggested that incorporating faith based practices in exercise programs may be attractive to certain people and improve participation in physical activity (Lee, 2005).

One reason given for the religious link with positive health outcomes is that religious denominations encourage eating healthier diets and abstaining from or moderating the use of harmful substances such as alcohol or tobacco. Another benefit that churchgoers likely derive from attending church services is social support, a correlate of subjective health. (Ellison, Gay, Glass, 1989). Attending church facilitates integration into social networks and, in turn, enhances emotional, cognitive, mind instrumental support. According to Levin and Markides (1986), individuals who attend church are characteristically different from those who do not attend church, and controlling for these factors eliminates the relation between religious attendance and health status by self-report.

Religion can also influence diet and physical activity by providing social support, social networks and social control (Hye-cheon, 2004). Social support can influence a physical activity in many ways including models for lifestyle change, and resources to help individuals develop and maintain healthy behaviors. In previous studies that have taken place, it has been shown that social support is linked to increased physical activity in certain populations. The studies suggest that increased levels of general support from religion may facilitate increased physical activity (Hye-cheon, 2004).
Literature References for Group Dynamics


Lawler, E.E. 1996. From the ground up: Six principles for building the new logic corporation. San Francisco: Jossey-Bass/Pfeiffer.


Literature References for Faith Based Physical Activity Initiatives:


Theoretical Framework – For Group Dynamic & Faith Based Physical Activity Initiatives

Social cognitive theory offers the best theoretical framework for studying group dynamic processes. This theory subscribes to a model of emergent interactive agency, which gives group dynamic research structure (Bandura, 1986). This theory claims that persons are neither autonomous agents nor wholly influenced by the social environment in which they exist. Individuals make casual contributions to their own motivation and action within a given system. According to Albert Bandura, individual agency operates in three different ways, as relative to group dynamic research: autonomous, mechanical, and emergent interactive agency.

A sub theory to Social cognitive theory is the Social identity theory. Organizational identification has been long recognized as a critical construct in the literature on organizational behavior, affecting both the satisfaction of the individual and the effectiveness of an organization (Brown, 1969; Hall, Schneider, & Nygren, 1970; Lee, 1971; O’Reilly & Chatman, 1986; Patchen, 1970; Rotondi, 1975). By observing the individuals and their social environment, an environment that determines the way they view the world, group dynamic processes can be systematically studied and conclusions can be ascribed, regarding group dynamics.

The theoretical framework for the group dynamics portion of our paper is carried through to the framework of the project portion of our study. In social cognitive theory, individuals are viewed as proactive agents in the regulation of their cognition, motivation, actions, and emotions rather than passive reactors of their environment.

The framework for studying church participation and physical activity needed to be directly tied to the literature on health promotion and motivational factors on physical activity. Social cognitive theory is the most appropriate framework from which to devise a program such as we have done. Bandura refers to this view as an “agentic perspective” of social-cognitive functioning, meaning that as agents, people use forethought, self-reflection, and self-regulation to influence their own functioning (Bandura, 2001). Social cognitive theory also hypothesizes a three-pronged network of causal structures that constantly interact with one another to determine motivation and behavior: Individual behaviors (e.g., persistence); Personal factors (e.g., knowledge and beliefs); and Environmental conditions (e.g., interactions with others) (Bandura, 1997). In short, social cognitive theory represents the makeup of an individual, influential people around him/her, and the environment in which they operate. It is well established in the physical activity and health promotion literature, and it is a logical fit in a health promotion/education program set with a group of church-goers.
Methodology

The main objective for our research is intended to better understand the group dynamics involved in developing a community walking program, including how to organize division of labor, how to process decisions, and how and success or failure of the implementation of this project. In this research project knowledge, previously acquired from a number of different universities, will be use to establish a walking program utilizing organizational team dynamics and qualitative research methods.

Recruitment Procedures
Flyers will be posted in the lobby of a church facility. There will also be an advertisement on the projector in between the different church services and an advertisement in the church bulletin. In the church lobby there will be a sign-up sheet for potential participants as a means to have an estimate of people who will be participating. If possible, we will ask for an announcement to be made during church services. The goal of the project is to have at least 15 participants, but no more than 100 people.

Subject Selection Process
Six graduate students participating from Class KIN 494 Qualitative Research Methods (group dynamics) and a group of up to 100 participants in a walking program at a church.

The graduate students were assigned to a group by the Professor from the Kinesiology 494 class.

The participants from the church are volunteers. No participants will be turned away as long as the project does not exceed the capacity of 100 people. Three participants from the walking group will be interviewed at the conclusion of this project, with their consent, based on the criteria of having participated in all four walking sessions. The age range will be from 18 to 65. There will be no restrictions regarding sex, race, and ethnicity. No measures or protocols will be used to screen applicants. The graduate students will discuss developing themes. No further training or experience is necessary for the participants of the walking program. One of the goals of the project is to motivate the participants to attend all four walking sessions. Anyone who does not want to be interviewed will not have to answer any questions presented by the researcher.

Research Procedures
Phase I: Graduate students will meet regularly for approximately 90 minutes once a week through the duration of the project (September-December) to design and organize a fitness walking program. Topics discussed will include getting consent from the church, developing an advertisement strategy, designing the actual walking program, and delegating the responsibilities of each graduate student. Each session will be observed and later transcribed into iLabs, the graduate students’ inquiry group page. Each member will have a chance to take notes during the meetings and write a reflection into the iLabs inquiry page.
Phase II: A walking project will be started at the church and each member of the organizing team will have their own responsibilities. Four events will occur at Meadowbrook Park, with a time to be determined. Information sessions of 10 minutes will occur before each session, and snacks and water may be provided. After the fourth session 3 people from the walking group will be interviewed. One graduate student will be conducting the interview while the other will be writing down the exact conversation. The members of the organizing team will also write a reflection after each walking session which will be used as a study material afterwards.

Phase III: The graduate students will interview each other in taped interviews one time for 30-60 minutes to focus on what they learned about the project, providing service to the community, group dynamics, and the University. The graduate students will also compile field notes and informational documents given to participants as part of the project. Interviews with each member of the organizing team will be conducted prior to the actual project implementation. Each group member will interview at least one other group member. The interviews will be recorded and then transcribed.

Phase IV: All notes, interview transcripts and reflections will be gathered, analyzed, categorized and used for creating a final report to present to the Kines 494 class.

**Data Collection**
Informed consent will be obtained from all graduate students and will be the only identifying information. Graduate students will be given fictitious names and a participant ID number for interviews and observations. All data will be kept in a computer with a secure password or a locked file cabinet. Data will be kept for five (5) years, at which point it will be destroyed. Audio-tapes will be destroyed after they are transcribed and the transcriptions will be kept on a computer with a password, in a locked office.

**Consent Process**
Participants will be read and given an informed consent form prior to beginning the study. The forms will be handed out to the participants the first time they come to participate in a session and will be handed in before they are allowed to participate. Voluntary consent will be obtained for participants in Part II (only three walking program participants) in advance of their interviews. This may not be before the community event takes place, but will occur before they are interviewed at its conclusion. After all questions and concerns have been addressed, those who still wish to participate will be asked to sign the informed consent document.

**Interview Questions**
The following questions were designed by the graduate students based on the proposed objectives from the research project.
Church Group Interview
1. What type of exercise/physical activity do you engage in during the average week?

2. How often do you walk during the week?

3. Will you please describe the importance of exercising programs in a church.

4. In your opinion how do you feel health and wellness are promoted in your church

5. What have you heard about this program? Is there any feedback that you could give us?

6. How many steps do you think you should take Daily?

7. What types of setting are you motivated to exercise or partake in physical activity in?

8. What other physical activity have you been involved in within the church congregation?

9. What do you think the benefits are of exercising in a group?

10. What are the benefits of physical activity on your health?

11. How do you feel before the start of this program?

12. How did you feel after the program ended?

13. Is there anything else that you would like to add that we did not discuss?

Interview Questions for the group

1. How did you feel meeting with your group every Wednesday?

2. Do you think that these meetings influenced the group dynamics?

3. How would you describe or interpret group dynamics?

4. How is it different being a grad student in this class and how does it effect the group dynamics?

5. How did you feel, as a grad student, about the assignment as a whole?

6. Have you had any prior experiences working with qualitative research?
7. How do you view Qualitative research as a method of gathering data?

8. What do you think the expectations of graduate students are in an intermixed (graduate/undergraduate) class?

9. If you were a pastor of a church, what would be some of the things you would do to promote physical activity?

10. How does the structure of this class add to the ethnography of the University?

11. How does working on iLab’s affect this class?

12. After experiencing this project, how do you feel the church influences physical activity?

13. What influence does religion have on levels of Physical Activity that people partake in?

14. If you had a chance to change something in this project, what would you do differently?

**Credibility, Dependability, and Trustworthiness**

To establish credibility of the proposed research, the group will use triangulation, and member checks methods.