

# Chapter IX

## Pitfalls and Successes of a Web-Based Wellness Program

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### **ABSTRACT**

*In this chapter the author discusses several marketing principles and issues related to pitfalls and successes of Telehealth application in the case of a Web -based wellness program called Wellness Online Program (WOLP). WOLP takes a holistic approach to health or 'wellness' and runs for six weeks. It aims to help individuals to manage and improve their own wellbeing regardless of geographical location. Two groups have been recruited, doctor-referred group (DRG) and self-referred group (SRG). The acceptance of WOLP between the two groups was measured by using the technology acceptance model (TAM) at midway (Week 3) and study exit (Week 6). Findings show that the creation of WOLP to deliver wellness among individuals outside the primary healthcare environment is possibly cheaper, convenient, and more accessible than in the primary healthcare setting. However, issues regarding Web -based wellness program implementation are very important and it is crucial for service providers to thoroughly analyse as this will determine the success of the program.*

### **OVERVIEW**

Rapid changes in today's lifestyles resulting from industrialisation, urban and economic development, as well as market globalisation have led

to a significant impact on our lifestyle. There is no doubt that the changes have the potential to improve and enhance the standard of living and provide greater access to services (such as transportation, education, communication and

healthcare). However, there are also significant negative consequences on our overall health and wellbeing where people are becoming more sedentary and have poorer eating habits due to lack of time and overwork. Physical inactivity and diet disorders for instance, are associated with the development of many chronic diseases, such as coronary heart disease, diabetes, hypertension, and cancer in both developing and developed countries. It has been reported in a projection study of future mortality and disability worldwide that non-communicable disease mortality could increase from 28.1 million deaths in 1990 to 49.7 million in 2020 (Murray & Lopez, 1997). Death from injury may increase from 5.1 million to 8.4 million. The leading causes of disability-adjusted life years (DALYS) are predicted to be heart disease, unipolar depression, road-traffic accidents, cancer, hypertension, and HIV. Deaths from substance exposure, such as tobacco-attributable mortality, would increase from 3.0 million deaths in 1990 to 8.4 million deaths in 2020. Promoting an appropriate holistic approach to a “*healthy lifestyle*” may therefore play an important role in health and wellbeing.

The advent of new information, and communication technology (ICT) applications, especially the Internet and the World Wide Web (WWW), facilitates health information transfer, providing opportunities for programs that may bring changes in behaviour. Such programs potentially enhance the health and wellness of individuals both inside and outside the healthcare industry and across different cultures (Omar, 2005). The integration of ICT in the healthcare industry is referred to as *telehealth*. Telehealth is not just a technology; it is an IT-based innovation that has the potential to support and enhance physician-patient care as well as improve healthcare organisations’ competitiveness (Hu et al., 1999). The critical factor is a long-term, ongoing interaction between new ICT based programs and the individual patient.

## **WHY CHOOSE WOLP**

Over the years, the concept of health is no longer viewed as treating or curing patients of diseases. Rather the paradigm has shifted towards the prevention or elimination of diseases through the concept of *wellness* (Hettler, 1984). It involves a philosophy of self-respect and self-care that can be accessed by different persons in different ways, then nurtured and extended into other areas of their lives. Wellness is proactive rather than reactive process of making choices towards enhancing overall wellbeing through practices of *healthy lifestyle*. Healthy lifestyle refers to an individual’s health behaviour which aims, not only in reducing risk of disease and injury, but also achieving optimal wellness components of each individual namely; physical, emotional, social, intellectual, occupational and spiritual health. None of these wellness components works in isolation. For instance, poor physical health would lead to an imbalance in emotional health or spiritual health. Similarly, lack of social health can lead to poor intellectual as well as emotional health.

Encouraging evidence suggests that physicians can play a vital role in changing the physical activity habits of their patients. It has been reported that patients are more likely to engage in recommended levels of physical activity if they are asked by their doctors during their medical consultations. However, not all physicians are incorporating this awareness into their practices. Data from the US National Health Interview Survey (NHIS) in 1995 (Wee et al., 1999) showed that only 34% of 9,299 respondents reported counseling their patients about exercise at their last visit. The reasons for not integrating this approach into their practices included limited consultation time and fee, no proper training, work pressure, doubts about the effectiveness of preventive interventions and lack of patients’ commitment to change. This situation would get even worse if patients also lose

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