

**OVERSEAS FILIPINO WORKERS' BEHAVIORAL INTENT FOR HEALTHY
LIFESTYLES AS INFLUENCED BY CORPORATE COMMUNICATION MATERIALS
IN DUBAI, UNITED ARAB EMIRATES**

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U.P. OPEN UNIVERSITY
2018**



UNIVERSITY OF THE PHILIPPINES
OPEN UNIVERSITY

MASTER OF DEVELOPMENT COMMUNICATION

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"Overseas Filipino Workers' Behavioral Intent for Healthy Lifestyles as Influenced by Corporate Communication Materials in Dubai, United Arab Emirates"

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Acceptance Page

This Thesis entitled "Overseas Filipino Workers' Behavioral Intent for Healthy Lifestyles as Influenced by Corporate Communication Materials in Dubai, United Arab Emirates" is hereby accepted by the Faculty of Information and Communication Studies, U.P. Open University, in partial fulfillment of the requirements for the degree of Master of Development Communication (MDC).

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Biographical Sketch

Joanne Gerio originally hails from Balanga City in Bataan, Philippines but she now resides in Dubai, United Arab Emirates. She earned her bachelor's degree in Psychology major in Human Resource Development at Bataan Polytechnic State University in 2005. She has 11 years of human resources experience abroad. She currently works in a construction company known for delivering landmark projects across diverse sectors in Dubai. Her goal is to foster relationships that value diversity, human development, and professionalism through learning that she earns from development communication studies.

Acknowledgement Page

This study would not have been possible without the participation of some individuals, to whom the author expresses her utmost gratitude.

First of all, the author wish to express here sincere appreciation to her thesis adviser, Dr. Benjamina Paula G. Flor, for all the incessant support she has provided to the author. To her thesis committee members, Dr. Jean A. Saludadez and Dr. Alexander G. Flor, for sharing their knowledge to better improve the outcome of this study. To the very helpful UPOU personnel, Ms. Emely Amoloza and Ms. Yrelle Mae Lleva for their generous assistance.

Special appreciation goes to Rodelia N. Ligores, Jaysie Mher Tiongson, Patricia Esteves, Riomara Laguerta, Winnie Aurea Corcuera, Leah Nemis, Ena Marie Olivares, John Lemuel Dalisay, Ted Franscisco, and Jhayson Ryann Corpuz, who were all instrumental in shaping and reshaping this study.

The author also wishes to convey her gratitude and appreciation to the selected OFWs in the Dubai Airport Free Zone Authority who served as the respondents of the study. To the congregation of Victory Church Fellowship in UAE, for their physical assistance and spiritual support. To the project team of ASGC Construction in Bluewaters - Residential Dubai Marina, for the financial assistance as well as moral support they extended to the author.

Finally, the author deeply acknowledges the unceasing love and support of her parents, and her in-laws, most importantly, to her husband, Mr. Ruben Hernandez Vitug, Jr., for his constant love, understanding, care and thoughtfulness.

The trials and hardships that the author went through to be able to complete and finish her thesis were indeed challenging, but nonetheless, it made her even stronger and wiser.

Dedication Page

This study is lovingly dedicated to the author's eldest brother, Teetlee C. Gerio, whom she is very proud to say is born with autism. The author hopes that the knowledge that she acquired from development communication will position her to help, assist, and support individuals who are in a similar condition like her beloved brother.

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Abstract

One hundred selected OFWs employed in a private company in Dubai, U.A.E. were surveyed on how corporate communication materials influence their behavioral intention to adopt healthy lifestyles. Premised on the Theory of Reasoned Action by Fishbein and Azjen (1980), the study described how independent variables (printed and electronic corporate communication materials) with the mediating variables (attitude, subjective norms, and perception) influence the dependent variable (OFWs' behavioral intention) to adopt healthy lifestyles. Descriptive statistics such as frequency distribution and percentages were used to describe results. Data analysis shows that OFWs' perception towards corporate communication materials was positively accepted; OFWs' attitude when exposed to communication materials was found to be favourable; subjective norms that influence OFWs' behavioral intention was the social group or organization they belong to. These positive and favorable results led to moderate behavioral intention to adopt healthy lifestyles as influenced by corporate communication materials.

Chapter 1

INTRODUCTION

Rationale and Background of the Study

A corporate health wellness program is every company's initiative that aims to improve employees' health, morale, productivity as well as reduce healthcare costs. As part of this initiative, many companies have produced communication materials to promote good diet and healthy lifestyles. However, despite the abundance of information provided by these communication materials, various studies suggest that many employees continue to have unhealthy lifestyle behaviors (Barreto, 2013; Conlon, 2013; Fenton, Roncancio, Sing, Sadhara & Carmichael, 2014; Chermiack, 2015; Huber, Lechner & Wunsch, 2015 & Zabaeda, 2015).

Many companies all across Dubai have produced health communication materials designed to encourage employees to adopt and maintain healthy lifestyles (Zabaeda, 2015). While there is a massive organization-wide health campaigns that motivate employees to adopt a healthy lifestyle, several studies reveal that both local and international companies are still facing challenges on finding ways on how to better encourage their employees to adopt a healthy lifestyle (Fenton et al., (2014); Chermiack, 2015; Huber, Lechner & Wunsch, 2015).

Fishbein et al. (2001) suggest that for people to adopt, change, and maintain behavior, it is important to understand what causes a person's willingness or readiness to perform certain behavioral change, which could be a function of attitudes and subjective norms. Called the Theory of Reasoned Action (TRA), Icek Ajzen and Martin Fishbein (2001) developed TRA to explain the relationship between attitudes and

subjective norms on human behaviors where behavioral intention is the proximal antecedent to human action.

Working in Dubai enables Overseas Filipino Workers (OFWs) not only to support their families in the Philippines but also have a better quality of life. Yet, this condition also positions OFWs in an environment filled with numerous unhealthy lifestyle habits and practices that can become detrimental to their overall health and wellbeing. A significant number of OFWs are among expatriates living in Dubai that are also afflicted with chronic illnesses and other serious health complications because of unhealthy lifestyles.

Fenton et al. (2014) suggest that a more in-depth research studies are essential to determine the appropriate health intervention that may have a long-term impact and that can increase employees' adoption rate towards a certain health initiative. Cherniak (2015), on the other hand, highlights the need for improvement in communication to achieve a good response rate in all kinds of public health promotion. There is, however, a lack of thorough understanding on people's behavior and in determining the influential factors that may explain why people do or do not adopt public health messages and campaigns (Huber, Lechner & Wunch, 2015).

In Dubai, the importance of having a "healthy workforce" is central to every business corporation. Hence, both the local and private health authorities persist on reminding the public that unhealthy habits and practices may often lead to health problems such as high blood pressure, obesity, high cholesterol, heart attack, stroke, and diabetes (Bell, 2016). Yet, despite the abundance of corporate communication materials designed to promote healthy lifestyles, many local health news still report alarming statistics of people with lifestyle – related diseases that are causing an enormous cost in Dubai's health care system and are significantly affecting the local

government, private sectors, and civil society in many ways (Masudi, 2013; Uiherr,2014; Ahmed,2015, Healy, 2016 & Al Nowais,2017).

With this in mind, the study attempted to examine and describe OFWs' behavioral intent to adopt healthy lifestyles as influenced by corporate communication materials in Dubai, UAE.

Statement of the Problem

A sizeable number of OFWs are not spared from an unhealthy lifestyle trend in Dubai. A Filipino healthcare provider, The Medical City, warned OFWs that ignoring their health might put them at risk of certain diseases. The Medical City's health experts cited hypertension, cardiovascular disease, and Type 2 diabetes as the top ailments affecting most Filipinos in Dubai (Filipino expatriates' should eat... 2016). In addition, The National (2016), also a local-based newspaper in Dubai, reported that OFWs are among the many foreign workers who have extremely unhealthy lifestyle habits and practices. In spite of the OFWs' knowledge on the important benefits of having a healthy lifestyle being promoted in the workplace, OFWs are still finding it difficult to stay in good shape and to maintain a physically active and healthy lifestyle (Maceda, 2017).

In general, the study attempted to answer the question: how corporate communication materials on healthy lifestyles influence OFWs' behavioral intent to adopt it in Dubai, UAE?

Specifically, the study aimed to answer the following questions:

1. What corporate communication materials about healthy lifestyles do OFWs receive?

2. How were these corporate communication materials communicated?
3. How do OFWs perceive a healthy lifestyle that could influence behavioral intention to adopt it?
4. What is the attitude of selected OFWs towards having a healthy lifestyle?
5. What are the subjective norms that influence behavioral intention to adopt a healthy lifestyle?

Objectives of the Study

In general, the study aimed to determine how do corporate communication materials on healthy lifestyles influence OFWs' behavioral intent to adopt it in Dubai, UAE.

Specifically, the study sought to:

1. find out what corporate communication materials on healthy lifestyles do OFWs receive;
2. identify channels used in communicating these materials;
3. describe how selected OFWs perceive a healthy lifestyle that could influence behavioral intention to adopt it;
4. ascertain the attitude of selected OFWs towards having a healthy lifestyle; and
5. determine the subjective norms that influence behavioral intention to adopt a healthy lifestyle.

Scope and Limitations of the Study

The findings of this study described the importance of effective communication in health promotion programs in business corporations. However, it did not look into how the communication materials were developed or what were the bases in

conceptualizing the objectives of these communication campaign materials towards having a healthy lifestyle. In addition, what was measured in this study was behavioral intention only and not behavior per se. The locale of the study also became a limitation. The study was held in a privately – owned food and manufacturing company situated in Dubai Airport Freezone Authority where security measures were very tightly observed. The data gathering was collected in a very discreet manner as a form of respect to other nationalities working in the same company. Actual survey was conducted only to OFWs who were available during the specific time periods indicated in the study. Respondents were approached by groups to participate in the study. Taking photos was not allowed inside the company premises. However, minimal photos were obtained for documentation. Prior to the actual survey implementation, the Operations Supervisor checked, verified and confirmed to the Head of the Operations Department that the study did not pose any violation or harmful threats to their entire workforce.

Another limitation is the duration for the conduct of the study because respondents had a limited time in answering the questionnaire. Results and findings of this study, however, may provide a baseline for future comparative studies.

Importance of the Study

The conduct of the study can lend credence to how communication materials promoting healthy lifestyle can be crafted to motivate OFWs to adhere to the message. Knowing the most effective communication strategies in companies run by foreign employers can help in pursuing a healthy lifestyle as one approach in achieving Sustainable Development Goal number 3, good health and wellbeing among the people of the world. OFWs in general spend for their families first but not for their health. This study is an attempt to establish what would entice OFWs to adopt a healthy lifestyle based on corporate communication materials disseminated in the workplace.

Chapter 2

REVIEW OF RELATED LITERATURE

This chapter presents various literature and studies that became the bases in developing the theoretical and conceptual frameworks to bridge the research gap.

Communication Materials on Healthy Lifestyle

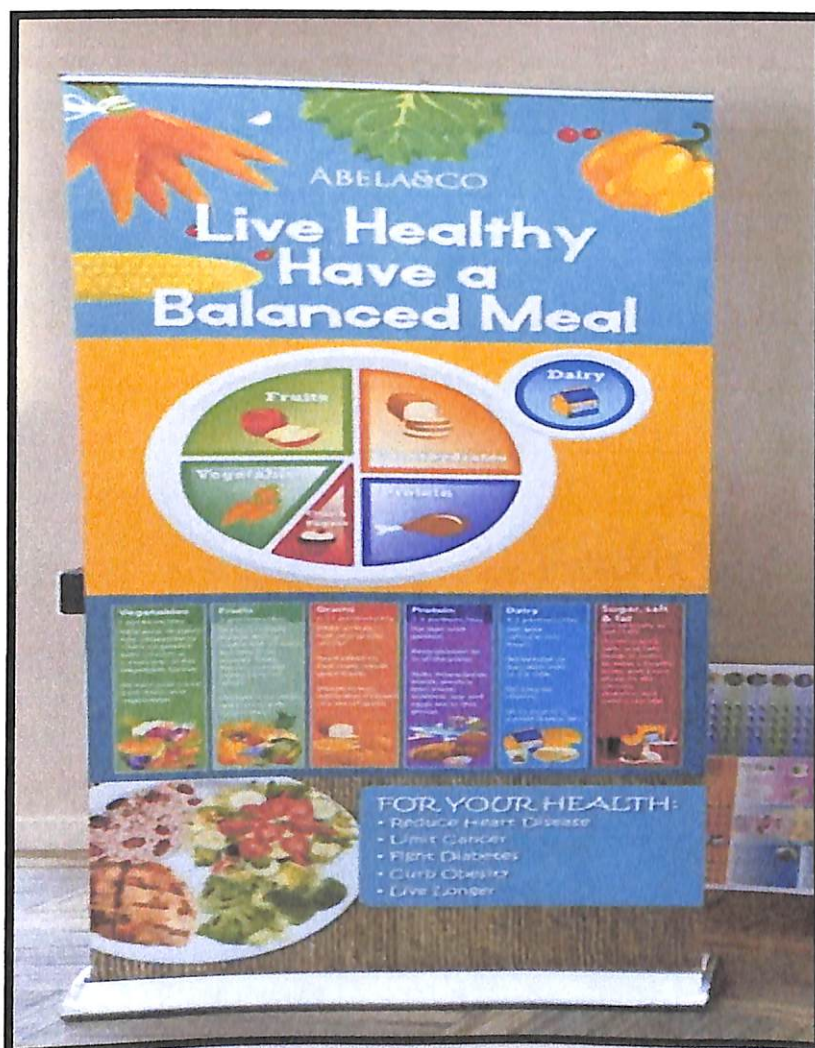
Studies claim that adults spend mostly around 60 percent of their time at work and that, in return, may affect their health and also life outcomes (Knox, Musson & Adams, 2017). In some cases, most overseas workers hold multiple jobs to be able to send a big amount of money to their loved ones back home as well as to pay for their own daily expenses. Thus, many companies produce communication materials for the purpose of disseminating health information that can influence personal health choices among their employees (Bernhardt, 2004; Goetzel, 2008; Barreto, 2013; Michael, 2013 & Cherniak, 2015). Health topics related to obesity prevention, stress management, mental health, smoking cessation, increasing lifestyle physical activity, healthy food options are some examples of communication materials that companies produce to promote healthy lifestyles at work.

Communication materials can be considered as scientific and technical (S&T) information material because it contain information which are scientific and evidence-based (Velasco, Sison, Moran & Flor, 2005). In this study, the two types of communication materials being examined are divided into two categories:

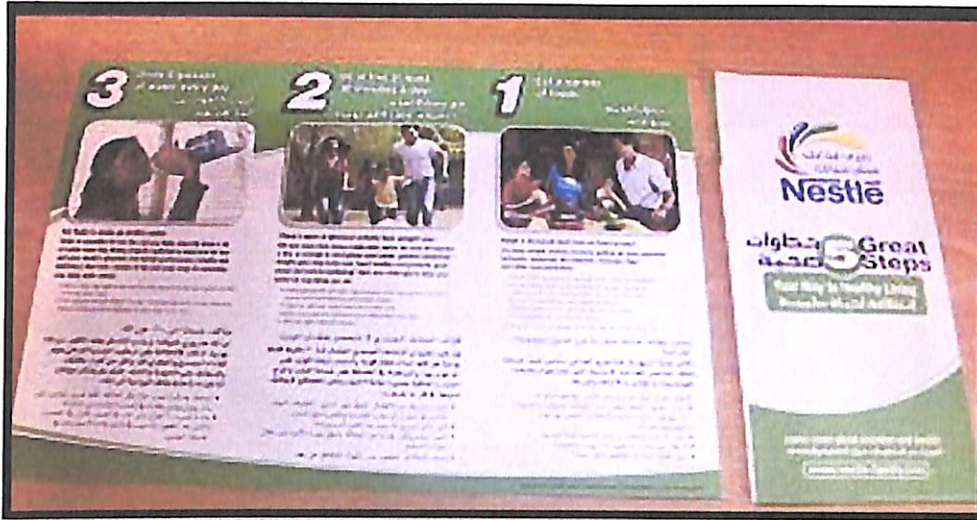
1. Printed materials

These are materials that used physically printed media for information distribution. It is one of the oldest and most popular forms used in health promotion due to its ability to reach a wide audience (Paul, Redman & Fisher, 2004). Printed media is found in many different forms, from

newspapers and magazines to newsletters, brochures and posters. Other forms of printed media used in communicating health are flyers, handouts, pamphlets, banners, billboards, storyboards and press releases. These materials are displayed in highly-visible areas such as break rooms, stairways and employee lounges that are meant to communicate messages about having a healthy lifestyle. In Dubai, many companies are investing on a variety of printed communication materials to promote healthy lifestyles among their employees. These printed materials are written both in Arabic and English language. Below are some examples of those printed materials:



Photograph 1. Stand-up banner (Source: www.abelaandco.com)



Photograph 2. Leaflet (Source: www.nestleme.com)



Photograph 3. Press release (Source: www.dm.gov.ae)



Photograph 4. Magazines (Source: <http://razasiddiqui.net/medical-tourism-in-uae-holistic-healthcare-the-cosmopolitan-way/>)

According to Paul, Redman and Fisher (2004), communication materials that are used for health promotion are usually in printed forms or layouts. However, these are now increasingly being replaced through electronic forms as the decreasing cost of technology has made these materials more feasible (Guazzi et al., 2014).

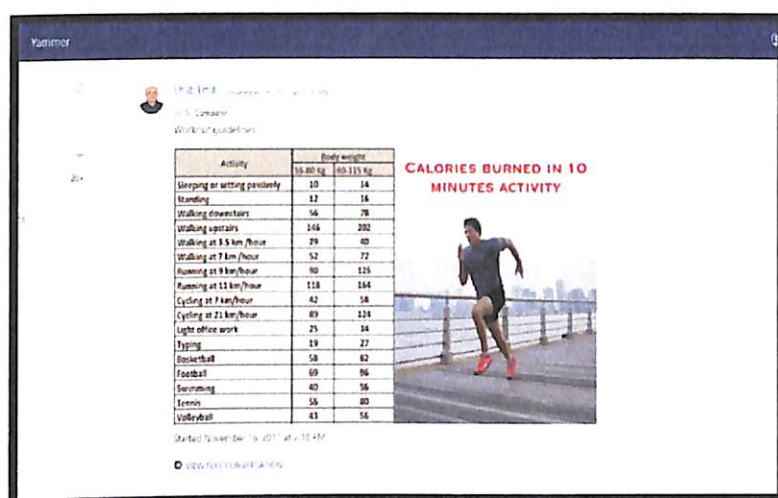
2. Electronic materials

This is a particular type of communication material that uses electronic media to communicate with others. It uses advanced techniques such as internet, computers, fax and telegraphs, voice mail, electronic mail, teleconferencing, radio, television, films, text messages, compact discs, and video-cassettes to transmit messages and information with others, either individually or in groups (Business Communication, 2015). Few examples of the electronic communication materials produced by various companies in Dubai are illustrated below:



Photograph 5. Business electronic email

(Source: R. Ramos, personal communication, June 30, 2018)



Photograph 6. Online social forum (Yammer)

(Source: E. Emil, personal communication, June 30, 2018)

Considering there are various kinds of corporate communication materials that are produced to promote healthy lifestyles and habits and influence personal health choices, several studies revealed that in most cases, the actual adoption and practices of employees towards a healthy lifestyle are still very low. Hence, Sequeira (2013) suggests that when developing health communication materials or messages,

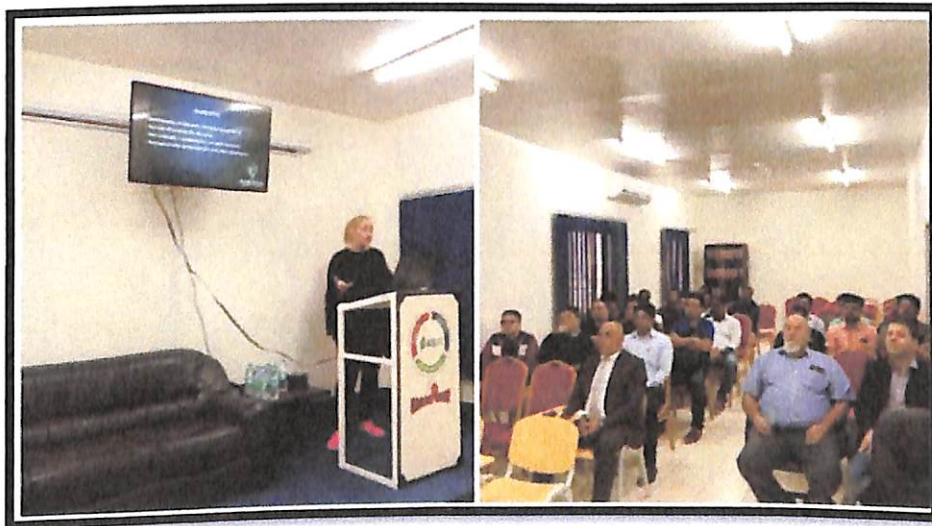
it is key to understand the factors that have a considerable impact on employees' behavior, intention, adoption, and actual practices.

Channels of Communication

Communication materials are transmitted and disseminated through the means of communication channels. In workplace setting specifically, communication channel refers to as the way information flows in the organization, internally or externally (Spaho, 2012). The common types of communication channels used in the workplace are: face-to-face, broadcast media, mobile communication, electronic channels, written messages.

- **Face-to-Face**

Ongkiko and Flor (1998, p. 53) mentioned that a face-to-face communication is sometimes referred as “interpersonal communication”. It allows one person to communicate with a room full of people at one time but still on a person-to-person basis.



Photograph 7. Face-to-face health seminar session among ASGC employees
(Source: S. Thomas, personal communication, June 30, 2018)

An example of face-to-face communication is shown on the above photograph 7. In this photo, a resource person from Camali Clinic – Dubai provided electronic as well as printed health communication materials among ASGC employees that would help them to improve their health and well-being.

- **Written Communication**

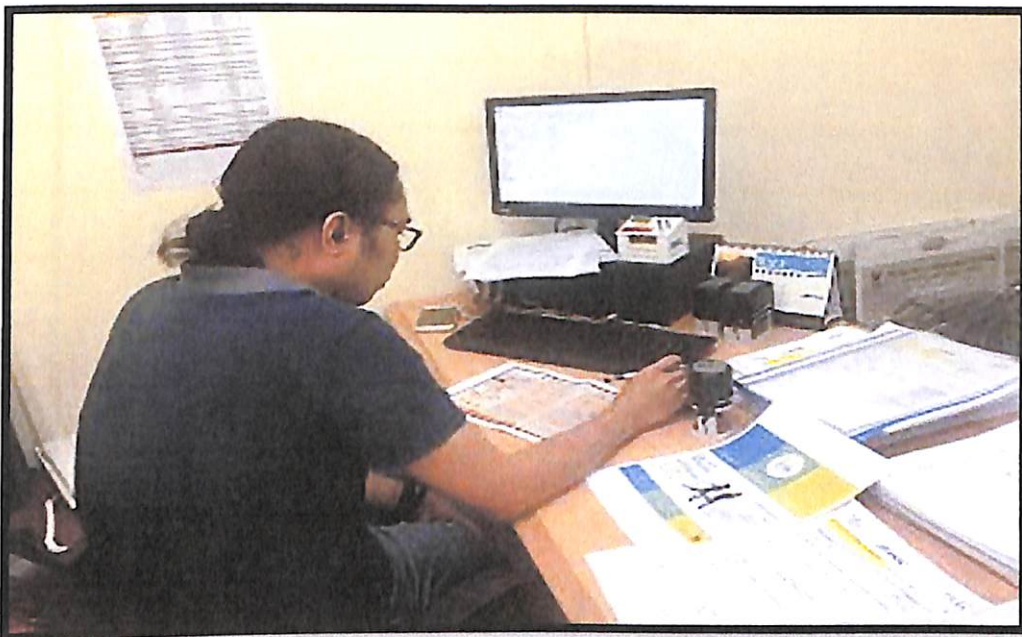
Business Communication (n.d.) states that written communication is a process of exchanging or communicating messages or information through any written word or document. Policies, letters, memos, manuals, notices and announcements are few examples of this communication channel (Velasco et al., 1999). An example of this channel is shown in the below photograph 8.



Photograph 8. Distribution of communication materials on healthy lifestyle through company's announcements and events (Source: www.abelaandco.com)

- **Electronic Channels**

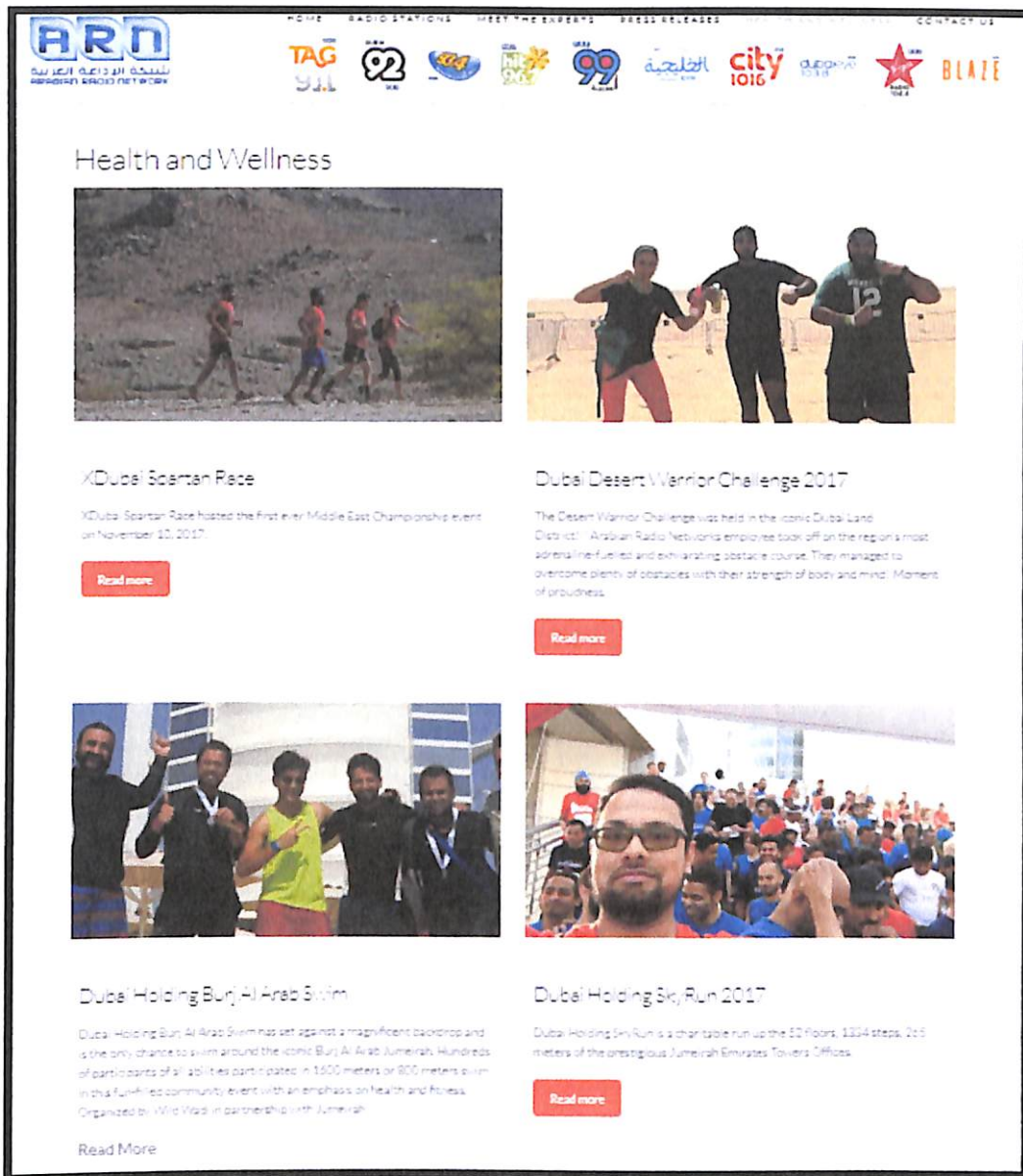
Electronic communication channels encompass email, Internet and social media platforms (Baruah, 2012). It can be used in face-to-face, group or mass communication. Although electronic communication is seen as less personal method of communication (Lang & Fingerman,2004), it is also considered as more efficient because it allows both the sender and the receiver of the message transmit and exchange messages quickly and easily (Eastman, 2013).



Photograph 9. Provision of health informational material through electronic communication channels

- **Broadcast Media**

Broadcast media is a type of mass communication used to distribute audio or video content with a large groups of people at one time through the use of mass media such as the TV, radio, and film (Ongkiko & Flor, 1998, p. 53). As an example, some companies in Dubai promote and advertise their health and wellness programs through various local radio and TV stations (Photograph 10).



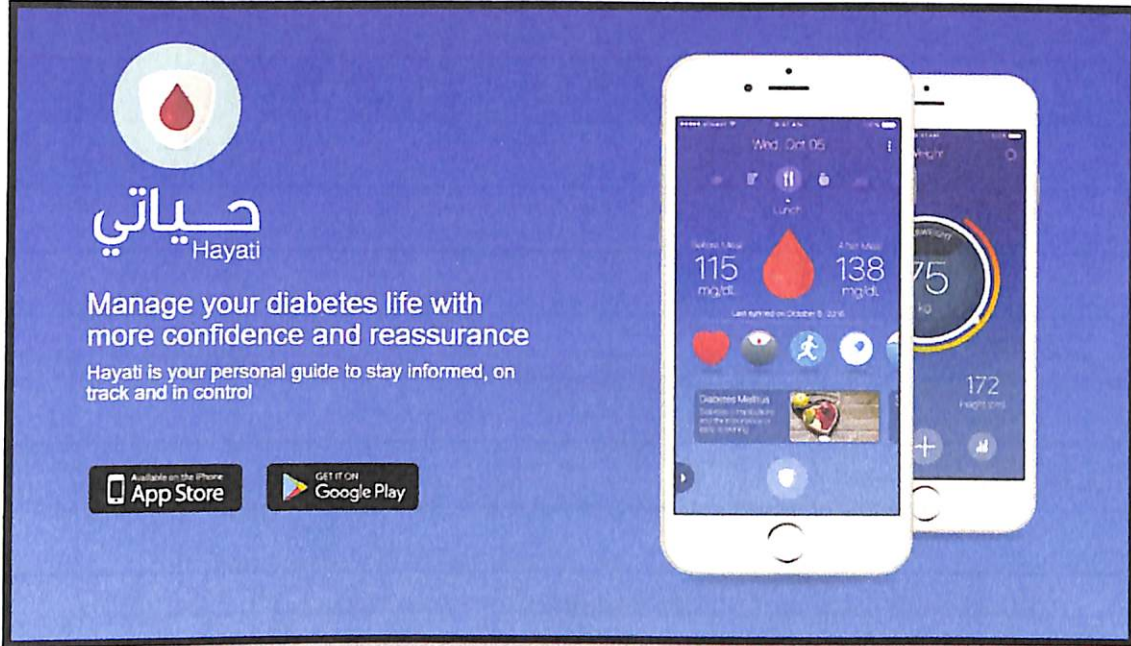
Photograph 10. Local Radio and TV stations in Dubai

(Source: <http://arn.ae/health-and-wellness/>)

- **Mobile Communication**

The International Journal of Sensor Networks and Data Communications (n.d.) defines mobile communication as a wireless form of communication in which voice data information is emitted, transmitted and received via microwaves. Some companies opt to use this channel to save on the time and effort it would take to coordinate a face-to-face meeting. For instance, a mobile application named Hayati developed by Dubai Health Authority was used by some companies in Dubai to

provide instant messages that can increase their employees' awareness on diabetes prevention. It also provides tips and information concerning healthy lifestyle.



Photograph 11 . Communicating health messages through mobile communication

(Source: <https://www.dha.gov.ae/hayati/>)

The Role of Communication in Promoting Healthy Lifestyle

Both local and international health organizations claim that communication is a significant factor in addressing multifaceted health issues and problems globally (Azad & Zakaria, 2016). For instance, the Center for Disease Control and Prevention (CDC) states that communication is always the core of every kind of health promotion (Bernhard, 2004). In addition, the Food and Agriculture Organization (FAO) of the United Nations also affirms that through communication, project beneficiaries can become the principal actors to make development programs a success.

Communication is defined as a process of transmitting information and common understanding from one person to another (Keyton as cited by Lunenburg, 2010). As

shown in Figure 1, communication is characterized as ongoing, cyclic, ever – changing, no specific beginning or ending point, interdependent, and interrelated (Ongkiko & Flor, 1998).

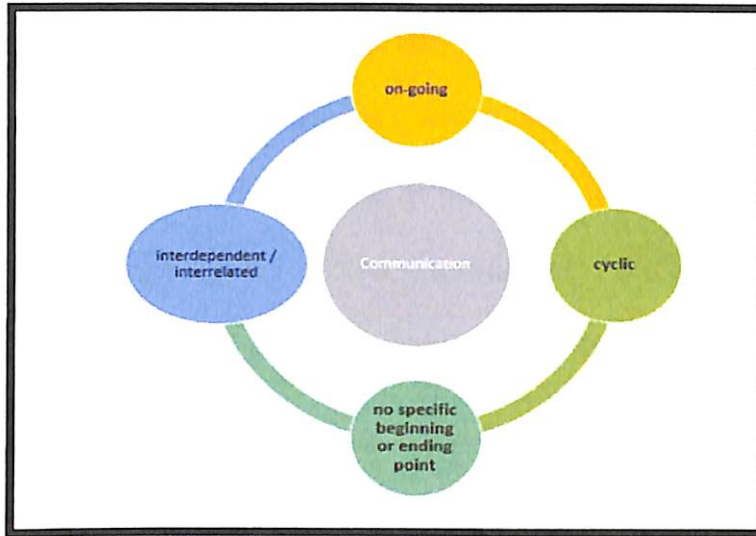


Figure 1. Characteristics of Communication (Ongkiko & Flor, 1998)

The common elements of a communication process are the: sender, receiver, message, context, noise, channel and the feedback (Vennapoosa, 2011). The sender is the individual who initiated the communication while the receiver is the one whom the message is sent. A message may be in the form of a verbal and non-verbal communication. The verbal communication entails the use of written or spoken words in delivering the intended message while the non-verbal communication is expressed through the use of wordless messages such as facial expressions, body movements and posture, gestures, physical appearances like eye contact, touch, voice and space (Nayab & Scudder, 2017).

Moreover, Spaho (2012) states that every message or information begins with a context – or otherwise known as the setting or environment of certain communication event. Communication contexts vary depending on the need, purpose,

number of communicators and the ways exchange is taking place. It can be intrapersonal, interpersonal, group, organizational, cultural, public or mediated. On the other hand, there are certain barriers to effective communication that every individual or organization faces (Ishtiaque & Habib, 2016). These potential interruptions in the communication process is called as “noise”, which inhibits the effective delivery of intended message (Kort, n.d.). Examples of noise in the communication include: environmental noise, physiological noise, semantic noise, syntactical noise, organizational noise, cultural noise, and psychological noise (Goldhaber, 1990.).

As stated earlier, communication channel refers to as the way information flows in the organization, internally or externally (Spaho, 2012). Radio, television, mobile phones, Internet, fax machines are among the common examples of communication channels used in any kinds of businesses in order to transmit messages from one person to another. Vennapoosa (2011) also adds that the type of channel used by the sender to relay his or her message can have a profound impact on the way a message is interpreted by the receiver. The last element of communication is called feedback. It determines whether or not the receiver has received the message and understood in the same way as the sender meant it (Čekerevac, & Ristić., 2006). In health promotion, obtaining feedback from audience is deemed vital in the planning and evaluation of health promotion programs (Tseklevs & Cooper, 2017).

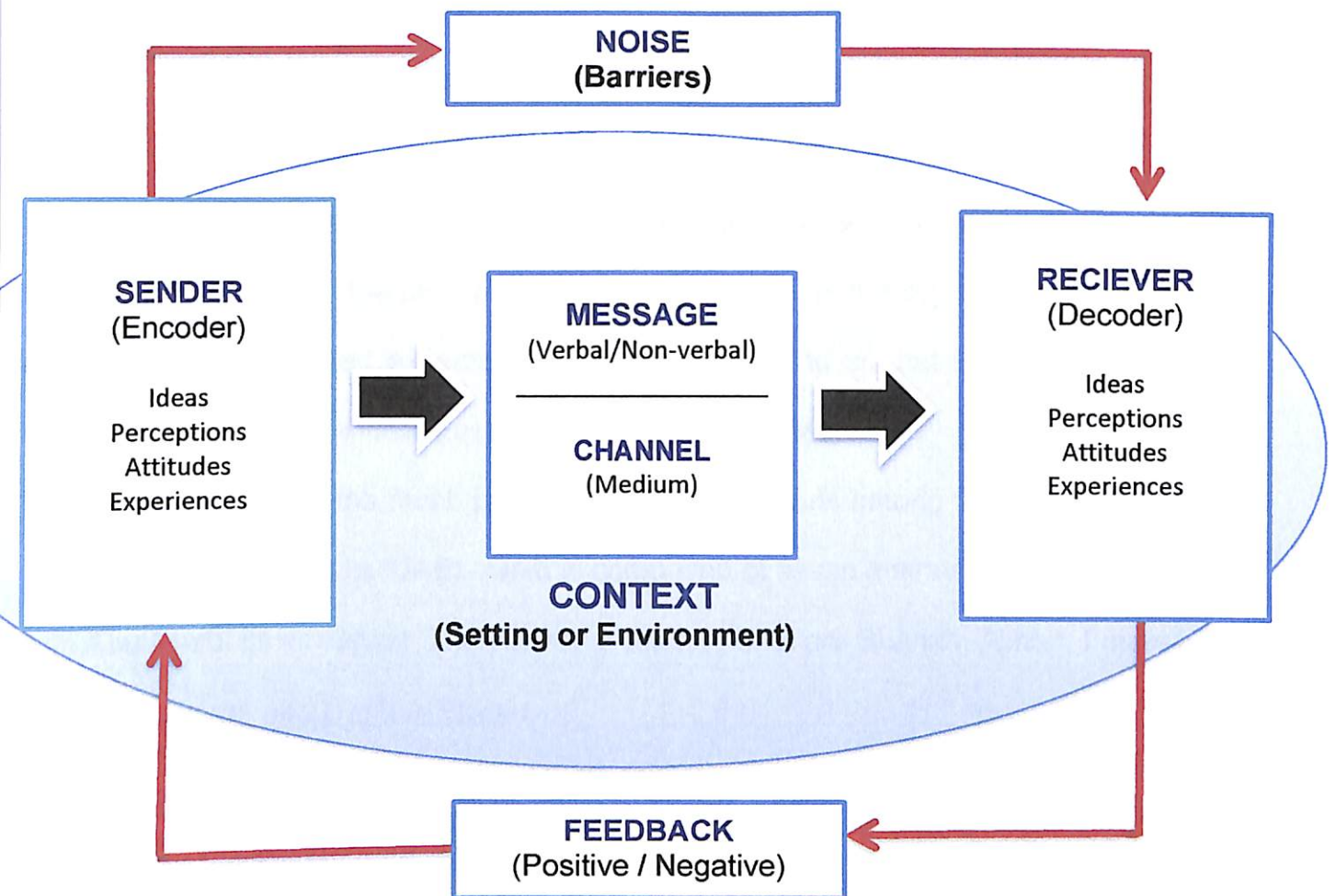


Figure 2. Elements of a communication process (Vennapoosa, 2011).

Berry (2007) claims that people constantly convey their thoughts, information, ideas as well as their perceptions, attitudes, and experiences intentionally or unintentionally. It means that if the source intended to send his or her message to a receiver, it is called intentional. On the contrary, due to some noise that may occur in the communication process, unintended messages could be sent inadvertently. Communication is deemed unintentional when the source sent a message that is not intended to be received by a receiver (Spaho, 2012).

The Context

Some decades ago, no one would have thought that the most futuristic city in the world was just a vast area of barren land, practically a desert, and was thus considered uninhabitable (McQueeney, 2012). That barren land is the economic powerhouse that is now called Dubai. In the past, people were doubtful about the city's ambitious vision, but Dubai has exceeded expectations and has proved to all that it can be a highly progressive city in the Middle East, despite being in the desert.

Dubai is one of the most popular tourist destinations among the seven cities of the United Arab Emirates (UAE). UAE is composed of seven emirates similar to cities, with Abu Dhabi as its capital. The other five cities of UAE are Sharjah, Ajman, Fujairah, Ras Al Khaimah, and Umm Al Qwain.



Figure 3. UAE Map (Google Maps, 2018)

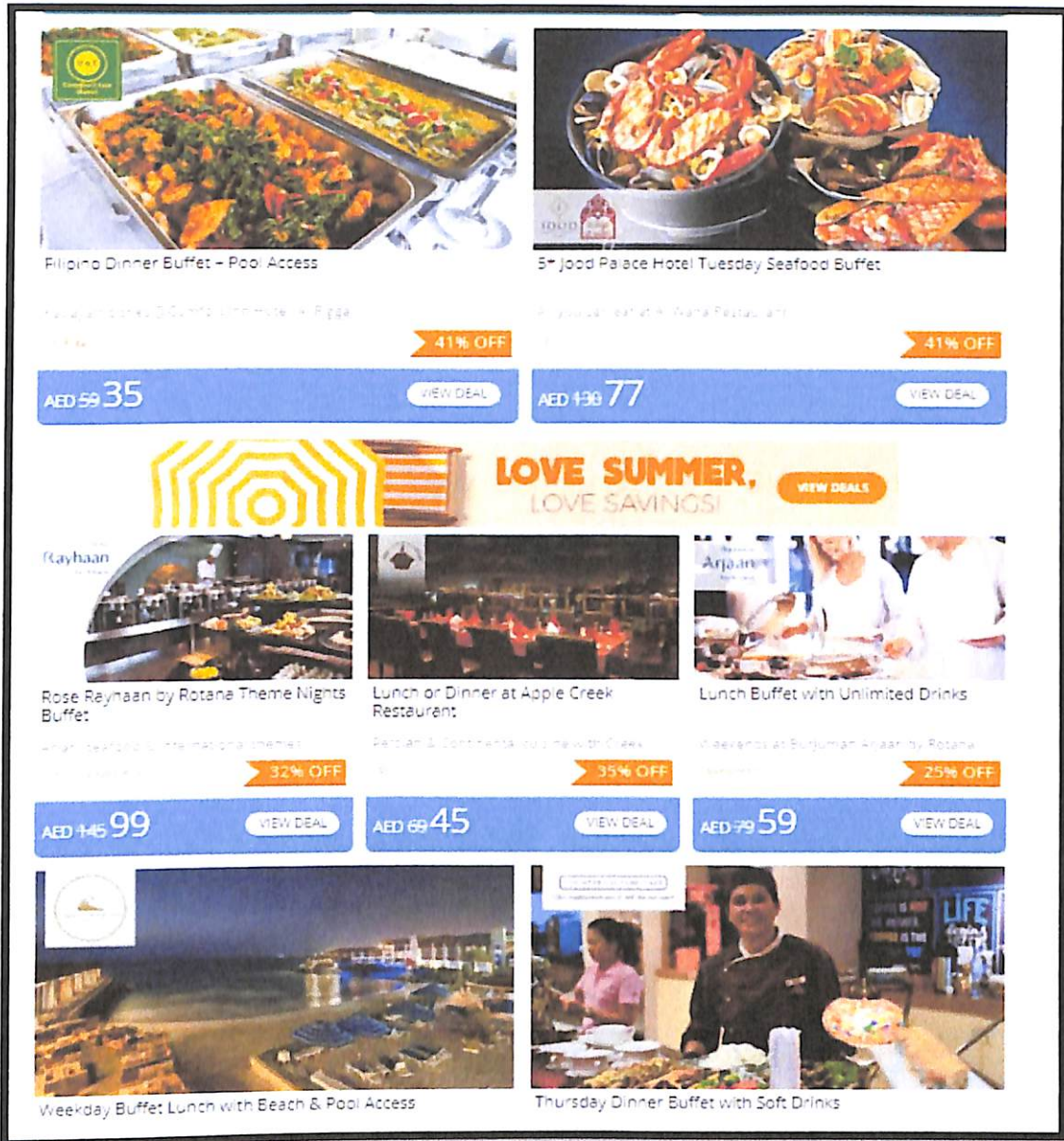
Dubai is located in the eastern coast of the Arabian Peninsula, and has a population of 9.4 M. The Emirati have become the minority in Dubai, holding a share of only 10% of the total population. This makes the city of Dubai home to over 200 nationalities. In fact, Dubai has one of the world's highest percentages of immigrants (Medical Tourism Index, 2016).

Many economic experts believe that the city of Dubai has undergone a remarkable transformation for the past 60 years (Townsend, 2017). Based on the annual report titled "Ease of Doing Business 2017" published by the World Bank, Dubai is considered as one of the fastest growing cities in the world (Dudley, 2017). Moreover, the International Monetary Fund (IMF) recently reported that Dubai is set to double its economic expansion rate this year (2018), despite the decline in oil prices in the last few years (John, 2017). As described by different international financial institutions, Dubai has truly emerged as one of the biggest cosmopolitan cities in the world, known as a prime business hub among the Middle East region (Wordlatlas, n.d.).

Aside from being an economic miracle, Dubai is also well known for its teeming population. Dubai is considered as the most populated city in the UAE, with migrants taking up a big chunk of the population. According to the data published by the Dubai Statistics Center (2016), OFWs alone constitute a total population of 700,000, with around 450,000 people working in construction, cargo shipping, design, energy, information technology, marketing, food supply and manufacturing, medical, telecommunications, tourism, and domestic sectors.

Dubai: A City of Modern Conveniences that Foster Poor Lifestyle Choices

However, the accustomed prosperity and certain luxuries in Dubai are like a double-edged sword. Many local health experts claim that unhealthy habits and practices brought by a variety of affordable foods and commodities made available for everyone have become a major health problem in the region (Loney et al., 2013 & Healy, 2016). As shown in Photograph 12, the affordability of buffet foods and leisure activities in Dubai has a tendency to spur unhealthy lifestyles among its residents (Saber, 2012).



Photograph 12. Affordability and availability of buffet foods and leisure activities in Dubai
 (Source: <https://www.cobone.com/en/deals/food-dining-dubai/filter/food-beverage/buffet>)

It is curious to observe that the luxurious attractions, modern conveniences, and modest indulgences that are meant to provide those working away from home with an easier life – thus making Dubai an appealing employment destination – are also the very same features of the city that can eventually become detrimental to the immigrant worker population’s health and well-being.

Thus, Glasgow, McCaul and Fisher (1993) suggest that work organizations, body, or institute must have a type of communication that focuses on strategies that can enhance information-sharing in the organization as well as understand employees' behaviors. Jirathanannuwat and Pongpirul (2017) also concur that through communication, people are empowered to take action, and can possibly gain institutional support.

Communicating Healthy Lifestyle among OFWs in Dubai

In the case of people working in Dubai, in particular the OFWs, as prescribed by the UAE's labor law, the maximum working hours allowed for an individual worker is eight hours daily or 48 hours per week. The working hours may be extended up to nine to ten hours per day for people working in commercial establishments such as sales, hotels, cafes, malls, guard duties, and other operations (Al Serkal, 2016). In addition to that, the estimated time that a worker needs to travel between his home and place of work is from 2 to 3 hours (Hill, 2017). So, if a person spends merely 3 hours a day in transit, 9 hours in the office, 8 hours of sleeping, that person may only get 4 hours to do other kind of activities such as preparing healthy meals and doing physical exercises.

Hence, many companies look at various ways on how to improve the welfare of their employees. One way is through healthpromotion efforts directed towards improving the health of their entire workforce. Health promotion uses the power of strategic communication to inform and influence public health choices (Velasco, Cadiz & Lumanta, 1999).

According to Gabcanova (2011), people are the most valuable asset of every company or work organization. With this in mind, the authors Brown et al. (2006), Berry (2007), Rojas-Rajs and Soto's (2013) and Suggs, McIntyre, Warburton,

Henderson and Howitt (2015) believe that communication plays a crucial role in health promotion.

Berry (2007) upholds that health is an area where effective communication is particularly important, knowing that having good and effective communication can result to better health outcomes. Brown et al. (2006) concur on this statement and supports Berry's (2007) claims that communication is a critical aspect of healthcare in both individual and wider public level. In addition, the Centers for Disease Control and Prevention that primarily conducts and supports health promotion, prevention and preparedness apply the tools and strategies of communication to develop an effective health messages that brings about behavioral change among their target audiences as well as enhance existing health policy issues at the local, state, national and international level.

For this reason, the United States Department of Health and Human Services considers communication as an indispensable factor that has a major role in public health improvement (Beato and Telfer, 2010). Thus, confirms Soledad and Soto (2013) statement that communication boosts any kinds of health programs or activities which could improve people's health and wellbeing.

According to Asnani (2009), no matter how knowledgeable a health professional might be, if he or she is not able to open good communication lines with the patient, he or she may be of no help at all. Healthcare professionals, and other healthcare providers depend on their ability to communicate effectively in order to gather relevant diagnostic information from their clients or patients by asking pertinent questions, interpreting responses, and probing for more detailed information (Kreps, 2002).

Likewise, patients also depend on their own ability to communicate with health-care providers when seeking help, identifying health problems, interpreting health-care recommendations and treatment strategies, and negotiating their way through the often

complex modern health-care systems. Thus, Suggs et al. (2015) stand that communication is the primary mechanism that health professionals and their clients rely on for prompting cooperation and coordination.

Furthermore, Corcoran (2007) coincides in Brown et al. (2006) and Berry (2007) statement that communication has a crucial role in communicating public health activities because it can provide a research-based foundation in developing strategies that inform and influence every individual and community-wide health decisions. In addition, Corcoran (2007) posits that the related communication theories and models used in health promotion brings rigor in developing public policy planning and health management.

Theories and Models Used to Explain Behavior and Behavior Change

Fishbein et al. (2001) suggest that in order to encourage change in behavior, it is important to understand the factors underlying a person's decision to perform or not to perform a given behavior. Hence, many behavioral theories were applied in various studies to understand human behavior that were used to develop effective and strategic behavioral change communication interventions (Littlejohn & Foss, 2009; Huff, Kline & Peterson, 2014 & Batras, Duff & Smith, 2016).

Some of these behavioral theories are (1) Social Cognitive Theory (SCT); (2) Trans theoretical Model/Stages of Change (TTM/SoC); (3) Health Belief Model (HBM); and (4) Theory of Reasoned Action (TRA).

Social Cognitive Theory (SCT) is derived from Social Learning Theory (SLT) developed by Canadian psychologist Albert Bandura in the 1960s. SCT describes how people learn new behaviors through observation, imitation, and modeling (Corcoran, 2007). While, TransTheoretical Model (TTM) or referred to as the Stages of Change Model was developed by Proschaka and Diclemente in 1983 and is

often used to understand and modify a broad range of health behaviors (Littlejohn & Foss, 2009). TTM is a model of intentional change based on the premise that people do not change behaviors quickly and decisively. In brief, TTM posits that people move through six stages of change: pre-contemplation, contemplation, preparation, action, maintenance, and termination. In addition, Corcoran (2007) indicates that in TTM, an individual may start at any of these stages and may move between stages.

Similarly, HBM is used in health communication interventions (Littlejohn & Foss, 2009). The underlying concept of HBM is that the whole range of intrapersonal factors affecting health behaviors influences personal beliefs or perceptions. In brief, Corcoran (2007) postulates that HBM can be used as a pattern to evaluate or influence individual behavioral change. The six constructs of HBM are: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self – efficacy (Corcoran, 2007). Each constructs of HBM can help to explain why individuals may accept, reject or adopt certain health behaviors.

Lastly, developed by Icek Ajzen and Martin Fishbein, the Theory of Reasoned Action (TRA) explains the relationship between attitudes and subjective norms on human behaviors wherein behavioral intention is the proximal antecedent to human action (University of Twente, n.d.). TRA postulated that the stronger a person's intention to perform a particular behavior, the more likely an individual would perform the behavior (Corcoran, 2007).

Theoretical Framework

Of the many behavioral theories and conceptual models available in the literature, TRA has been proposed to explain the influence of beliefs, attitudes, and intentions on human behavior. In this study, TRA was used to describe OFWs' behavioral intention to explain the adoption of a healthy lifestyle as influenced by

corporate communication materials provided in the workplace. TRA submits that people's behavior is determined by their intention to perform the behavior, and that this intention is a function of their attitude toward the behavior and subjective norm (Littlejohn & Foss, 2009).

As illustrated in Figure 4, the two factors that play an important part in determining whether or not a person would perform a given behavior are: (1) Attitude, which refers to the person's attitudinal judgments, or attitude toward the behavior consisting of behavioral beliefs and outcome evaluations, and (2) Subjective norms, which refer to the social normative considerations, and the combination of normative beliefs (what the person believes others think about performing the action) and motivation to comply (Ham, Jeger & Ivkovic, 2015).

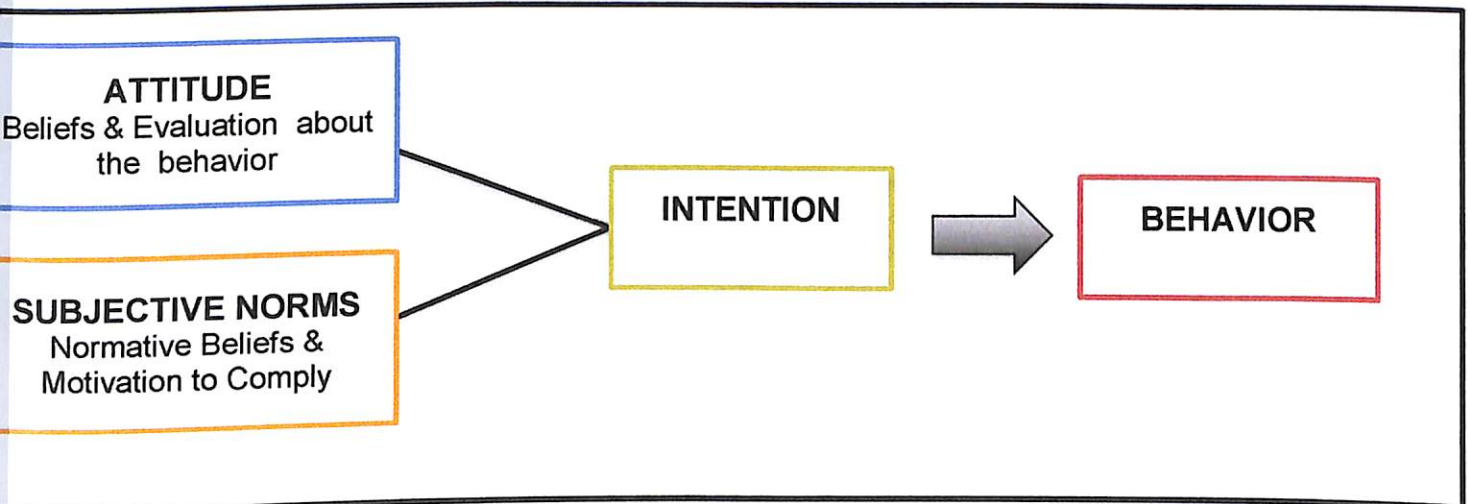


Figure 4. TRA Framework (Ajzen & Fishbein, 1980).

However, Bandura (1999) submits that behavior is not the only factor that influences a person's character, values, and preferences but through cognitive functions, people give meaning to the information presented to them through their surrounding environments. Glisky (2007) explains that cognitive function refers to the mental performance that enables a person to process information, and it involves

various cognitive domains such as memory, attention, executive functions, perception, language, and psychomotor functions (Harada, Natelson & Triebel, 2013).

Pickens (2005) calls “perception” the process through which people assess, select, organize, and interpret sensory stimulations into meaningful information. McGaan (n.d.) states that perception is unique to the individual and is strongly influenced by communication. Supportive to this argument, the authors Schermerhorn Osborn & Uhl-Bein (2011) submit that perception serves as a screen or filter through which all information passes before it can take effect on people. Otara (2011) further explains that in any type of communication, there is always a chance that the intended meaning will be lost or distorted due to individuals' different personalities, cultural differences or past experiences. Thus, Wieber, Thürmer and Gollwitzer (2015) suggest that it is important to understand how people assign meaning to the information they have received from their environment because these mental representations may, in turn, influence their intention to act on certain behavior.

On the other hand, Pickens (2005) holds that when people communicate, they carry certain attitudes, which can positively or negatively affect individual behaviors. In psychology, attitude is defined as the cognitive and emotional entity that characterize a person (McLeod, 2014). Attitude encompasses a person's feelings, thoughts, actions and can be shaped either consciously or unconsciously by peers, communities, policies, affiliations, and traditions (Broekhof, et al., 2015).

While in TRA, Ajzen and Myers define attitudes as a disposition to respond favorably or unfavorably to an object, person, institution, or event that can be expressed through his or her beliefs, feelings, or intended behavior (as cited in Langdrige, Sheeran, Connolly, 2007). Based on the context of TRA, the two components of attitude are behavioral beliefs and evaluations (Ajzen & Fishbein, 1980). To define each terms, Trafimow (2015) explains that a behavioral belief is a person's subjective

probability that a certain behavioral performance is also associated with certain attributes or performance, while evaluations is the value attached to a certain behavioral outcome or attributes. In brief, TRA posits that people weigh their own attitudes, and only act based on their beliefs and the strength of the extent to which they positively or negatively value those outcomes (Fishbein et al., 2001).

Moreover, TRA also describes how social pressure, or also known as subjective norm, shapes people's intentions, and, in turn, this intention to act precedes the behavior change (Asare, 2015). The two components that constitute subjective norms are: normative beliefs and motivation to comply. Normative beliefs are defined as the individual's wish to behave with the approval of each referent (person), who they value most and are important to them, which might be a person's spouse, parents, peers, affiliations etc. (Albarracín, Johnson, Fishbein & Muellerleile, 2001).

Furthermore, Trafimow (2015) adds that normative beliefs are weighted by motivation to comply with what the referent (person) expects to do. Hence, TRA also addresses the role of social norms in achieving behavioral change (Lapinski & Rimal 2005). According to Bicchieri and Muldoon (2011), social norms are the customary rules that govern the behavior of particular groups and societies. Social norms represent the individual or certain group standards of behavior, values, customs, and traditions (Macky, Moneti, Shakya, & Denny, 2015). In addition, Strickland and Smith (2014) state that an individual behavior is often influenced by social and physical environment. Hence, Mefalopulos (2011) argues that social norms play a definite role in shaping groups or organization's behavior and intention to act, and they are vital to consider when developing communication strategies that promote change, since changing individual's behavior does not happen in a vacuum.

To put it simply, TRA is a theory of understanding which claims that people will take action if they believe that a behavior change will achieve a desirable outcome and

if they believe that other people whose opinion is important to them also believe that it is desirable. However, TRA does not take into account the role of perception as contributory to behavioral intention. In this study, therefore, perceptions are assumed to influence behavioral intention as well.

Henceforth, constructs of TRA as outlined can be summarized into three basic propositions: (1) People's perception influence their abilities to adopt or not certain behavior or information, so it is essential to understand an individual's perception to determine behavioral intention; (2) Attitudes about a behavior shape intentions, and the intention to act precedes behavioral change, hence, understanding the attitudes of an individual or group towards a certain object, people, things, or information is important to motivate people to take action, and lastly (3) the more a person perceives that others who are important to them think he/she should perform a behavior, the more he/she will intend to do so the given behavior, hence, it is important to understand the function of subjective norms in the formation of an individual's behavioral intention. The studies, arguments, and views provided herein support these three basic propositions.

Conceptual Framework

The study assumed that corporate communication materials on healthy lifestyles such as printed and electronic formats could influence OFWs' attitudes, subjective norms, and perceptions that will affect their behavioral intent to adopt those..

A person's attitude towards healthy lifestyle can be shaped by what they read i.e. the corporate communication materials, which eventually affect their intention to adopt it. Thus, understanding each behavioral beliefs and how people evaluate those beliefs are important factors to take into account to encourage people to change their behavior, hence, achieving organizational goals of having healthy employees.

Subjective norms, on the other hand, are determined by normative beliefs (an individual's belief about the extent to which other people who are important to them think they should or should not perform particular behaviors) and motivation to comply. In this study, normative beliefs refer to the influence of immediate supervisor and peers at work, parents and sibling/s, close friends, and social group, club or organization that OFWs are part of.

Considering the influence of individual perceptions in shaping organizational behavior, it may be argued that when communicating healthy lifestyle messages to OFWs in the workplace, it is imperative to know how these messages are perceived and the amount of importance they give to these messages to be able to craft strategically-designed materials that may foster a positive attitude.

Mathematically, the proposition can be expressed as:

$$BI = f(A + P + SN)$$

Where:

BI - refers to behavioral intention

A - refers to attitude

P -refers to perception

SN- refers to subjective norms

In this study, perception was measured by asking respondents to rate statements based on how they perceive a healthy lifestyle using the following responses: True (3) if respondent believes in the statement; Maybe (2), if they are not sure; and False (1) if they do not believe. This assumption was anchored on the premise that perceptions largely influence attitudes. Statements rated were about general concepts and benefits of having a healthy lifestyle such as:

- 1) improving one's quality of life;
- 2) lowers risk of being seriously ill or dying early;

- 3) helps people enjoy many aspects of their life;
- 4) not about deprivation but about finding balance of what the body serves best;
- 5) balanced diet and regular physical exercise are two important aspects of a healthy lifestyle;
- 6) has variety of benefits to the health of individuals, families, organizations, and communities;
- 7) plays a huge part in how people live and work;
- 8) taking responsibility and making smart choices for today and for the future;
- 9) reduces the incidence and impact of health problems; and
- 10) influence on physical and mental health of human beings.

Attitude refers to OFWs' behavioral beliefs and evaluation outcomes about having a healthy lifestyle. Behavioral beliefs are those that respondents believed about what is a healthy lifestyle. Respondent's beliefs about the behavior were measured by asking them to rate statements based on degree of agreement using a five-point scale with 5 as the highest. The statements were as follows:

- 1) the provision of communication materials about healthy lifestyle will help me to achieve my goal to maintain a healthy lifestyle;
- 2) communication materials about healthy lifestyle can improve employee's productivity at work;
- 3) communication materials about healthy lifestyle will also assist in weight maintenance and health improvement;
- 4) following the communication materials about healthy lifestyle has a reduced chance of getting sick/ill; and

- 5) following the information about healthy lifestyle can lead to a longer and happier life.

Evaluation outcomes, on the other hand, refer to what will be the outcome if one has a healthy lifestyle. This was measured by asking respondents to complete the statements with the following adjectival descriptions of degree of importance using a scale of 1-5 with 5 as the highest: not important (1); little importance (2); average (3), very important (4) and absolutely important (5)

- 1) maintaining a healthy lifestyle is...
- 2) increased work productivity is...
- 3) for me, maintaining weight and health improvement are...
- 4) reduced chances of getting sick/ill is...
- 5) a longer and happier life is...

Subjective norms in this study refer to factors that would motivate OFWs to adopt a healthy lifestyle and normative beliefs. The individual's normative beliefs and their motivation to comply with those beliefs were measured in the study. The normative beliefs referred to this study were the people or person that the respondent's put high importance on. This was measured using a five-point Likert scale degree of agreement with 5 as the highest. Statements were as follows:

- 1) my immediate supervisor thinks that I should follow the information about a healthy lifestyle;
- 2) my colleagues think that I should follow the tips and suggestions about a healthy lifestyle;
- 3) my parents and sibling/s think that I should practice a healthy lifestyle;
- 4) my close friends think that I should practice a healthy lifestyle; and
- 5) the social group, club or organization I am part of thinks that I should practice a healthy lifestyle.

The respondents' motivation to comply with those normative beliefs were determined by respondents' rating on statements to what extent do they want their significant other think about they should do using a scale of 1-5, with 5 as the highest, with adjectival descriptions of not at all (1); to a little extent (2); average (3); to a moderate extent(4); and to a large extent(5). It is assumed that that significant others think can influence intention to adopt a healthy lifestyle such as:

- 1) What immediate supervisor thinks you should do?
- 2) What colleagues think you should do?
- 3) What parents and sibling/s think you should do?
- 4) What close friends think you should do?
- 5) What social group, club or organization you are part of think you should do?

Thus, OFW's attitudes, perceptions, and subjective norms when exposed to communication materials are then assumed to influence behavioral intention. Behavioral intention in this study then becomes the result of the summation of attitudes, perceptions, and subjective norms. In this case, computation to determine strength of behavioral intention would be as follows:

$$\text{Behavioral Intention} = (A (18+24) + P(27) + SN (17+14))$$

$$= 42+27+ 31$$

$$BI= 100$$

The total was divided into three resulting to three categorical interpretation of scores:

Category 1 = 1-33.33 = low intention to change behavior

Category 2 = 33.4-66.66 = moderately intends to change behavior

Category 3 = 66.67-100 = highly intends to change behavior

Three questions were formulated to determine likely adoption of healthy lifestyles measured by adjectival ratings as follows: not likely (1), somewhat likely (2), and very likely (3).

Statements rated were:

- 1) I plan to adopt the messages about healthy lifestyles...
- 2) I will try to practice the messages about healthy lifestyle...
- 3) I intend to follow the messages about healthy lifestyle...

The degree of adoption was formulated by adoption levels from (1) planning to adopt; (2) will try to adopt; (3) and intend to adopt. Conceptually, therefore, it can be assumed that a high score in BI can result to option 3, which could be indicative of behavior change since the study was only limited to finding out behavioral intentions to change and not the change in behavior per se. Figure 5 presents the conceptual framework of the study.

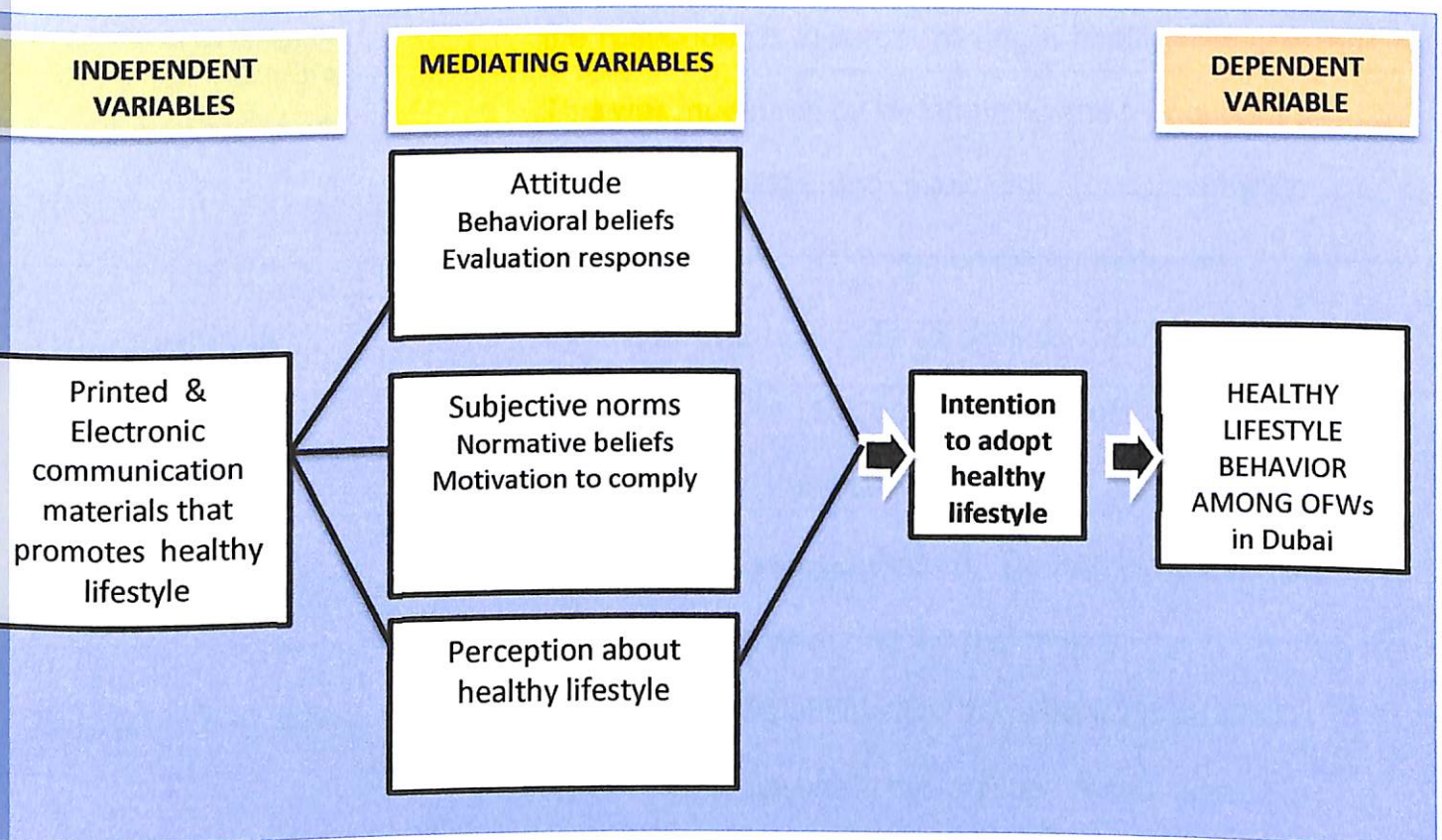


Figure 5. Behavioral intention for a healthy lifestyle as influenced by corporate communication materials among OFWs

Operational Definition of Terms

Perception

refers to the respondents' views about healthy lifestyle communicated in their workplace. This was measured by asking respondents to rate statements based on how they perceive healthy lifestyle using the following responses: True if respondent believes in the statement; Maybe, if they are not sure; and False if they do not believe.

Attitude

refers to the favorable or unfavorable disposition of the respondents towards having a healthy lifestyle. This was measured by determining the respondent's behavioral beliefs and evaluation response when exposed to corporate communication materials.

Behavioral beliefs

are those that respondents believe about what is a healthy lifestyle. Respondents' beliefs about the behavior were measured by asking them to rate statements based on degree of agreement using a five-point scale with 5 as the highest.

Evaluation response

refer to the value attached to those behavioral beliefs. This was measured by asking respondents to complete the statements with the following adjectival descriptions of degree of importance using a scale of 1-5 with 5 as the highest: (1) Not Important (2); Little

importance (3); Average (4), Very important; (5) and Very Important.

Subjective Norms

refer to the social factors that would influence OFWs' behavioral intention to adopt a healthy lifestyle. This was measured by determining the respondent's normative beliefs and motivation to adopt corporate communication materials.

Normative beliefs

refer to the people or person that the respondent's put high importance on. This was measured using a five-point Likert scale degree of agreement with 5 as the highest.

Motivation to comply

refers to rating on statements to what extent do respondents want their significant other to think about what they should do using a scale of 1-5, with 5 as the highest, with adjectival descriptions of (1) Not at all (2); To a little extent (3); Average (4); To a moderate extent; and (5) To a large extent

Behavioral intention

refers to the respondents' willingness or preparedness to adopt the messages about healthy lifestyle promoted through corporate communication materials. Adjectival ratings were: (1) Not Likely; (2) Somewhat Likely; and (3) Very Likely.

Corporate comm. materials.

refer to the printed and electronic format of communication materials being disseminated among the respondents.

Chapter 3

METHODOLOGY

Research Design

The study employed a one-shot survey research design to describe the characteristics of a sample population. As the term “one-shot” implies, the data was collected at one point in time and was described as it exists (Mertler, n.d.).

Locale of the Study

The study was held in a privately – owned food and manufacturer company in Dubai Airport Freezone Authority (DAFZA). Photograph no. 13 as shown below is the exterior view of the locale of the study.



Photograph 13 . Setting of the study

The company has over 40 years of expertise in the food industry and a leading manufacturer and supplier of high quality food products across the Middle East Region. The company employs over 5,000 multi-cultural nationalities working for three different

work shift schedules (7am-3pm; 3pm-11pm; and 11pm-7am). Roughly around 10 percent of its workforce are OFWs.

Since 2010, the company proactively encourages their employees to stay fit and maintain a healthy lifestyle despite their busy work schedules. The company has an on-site fitness facilities where employees can reduce stress through exercise. In addition, the office cafeteria provides a range of healthy food menu items for employees' consumption. Likewise, communication materials such as corporate newsletters, health brochures, pamphlets with messages communicating about the importance of a healthy lifestyle are regularly communicated through in-house health seminars and workshops. These communications materials are mostly about the benefits of a balanced diet and physical activity or regular exercise. Printed and internet-based communication materials about a healthy lifestyle were provided among employees on a regular basis. The company is also an active partner and sponsor of public health campaigns held in Dubai.

For ethical considerations, however, the company prefers not to disclose the full name of their organization in the study. Taking photos was also not allowed inside the company premises and security measures were very tightly observed. However, minimal photos were obtained for the purpose of documentation. Prior to the actual survey implementation, the Operations Supervisor and a member of the OFWs in the company were able to check, verify, and confirm to the Head of the Operations Department that the study did not pose any violations or harmful threats to their entire workforce. Related photos are shown below.



Photograph 14 . Checking of Survey Questionnaire



Photograph 15 . Actual Survey Implementation

Respondents of the Study

Respondents of this study were 100 OFWs selected in a privately – owned food and manufacturer company in Dubai Airport Freezone Authority (DAFZA). Respondents' ages ranged from 26 to 51 years old. Only those respondents who were willing to participate in the survey and who stated that they regularly receive corporate communication materials on healthy lifestyle were chosen based on the criteria of selection employed in the survey

Sampling Procedure

The study employed convenience sampling technique in recruiting the sample population of the study. Convenience sampling, commonly known as haphazard sampling or accidental sampling, is a type of nonprobability or nonrandom sampling technique where members of the target population can meet certain practical criteria, such as accessibility, proximity, and availability (Etikan, Musa & Alkassim , 2016). Given the exploratory nature of this study, convenience sampling was found to be suitable for this research (Martínez-Mesa et al., 2016).

Data Gathering Procedure

To minimize potential selection bias, only three specific time periods were chosen in conducting the actual survey among OFWs. These three specific time periods were (9:00 – 10:00AM, 1:00 – 2:00 PM, and 5:00 – 6:00PM).

Respondents were briefed on how to answer the questionnaire. The survey was implemented without offering any monetary incentives. Further assistance was provided to those who needed additional clarifications when answering the questionnaire. Data collection took place until the target sample size of 100 respondents was completed.

The data gathering was discreetly carried out to respect the privacy of other nationalities working in the same company. Actual survey was conducted only with selected OFWs who were present during the specific time periods indicated in the study. Respondents were approached silently to answer the survey questionnaire.

The research instrument was also pre-tested to avoid misleading, inappropriate, or redundant questions, as shown in (Appendix B). Five representatives of the target group (OFWs), composed of men and women, was conducted a week before the actual survey.

Ethical Considerations

According to Resnik (2015), it is important to adhere to ethical norms in research. Ethical norms or sometimes called ethical considerations serve as a guide in research to respect rights of participants. Examples of these ethical considerations are : (a) voluntary participation, (b) informed consent, (c) respect for anonymity and confidentiality, and (d) respect for privacy of subjects (Fouka & Mantzorou, 2011).

In this study, participants received the full disclosure of the nature of the study such as risks, benefits, and alternatives. Participants were also informed of the opportunity to ask questions. Data results obtained from the survey were not exposed to other research studies to keep the participants' confidentiality. Participants were assured that the information they gave was treated in a very confidential manner and handled as a group data. Likewise, the distribution of survey questionnaires was carried out in a fair and unbiased manner.

Research Instrument

A self-administered survey questionnaire was used as the data collection tool in the study. It consisted of two main parts. Part 1 of the survey was about the socio-

demographic profile of the respondents. Part 2 was about the: (a) communication materials on healthy lifestyle that OFWs received in their workplace; (b) communication channels used by the organization to disseminate information about having a healthy lifestyle; (c) OFWs' perception about a healthy lifestyle; (d) OFWs' attitude when receiving communication materials about a healthy lifestyle, and (e) factors that would motivate OFWs to adopt a healthy lifestyle.

The measurement scales used in the study were adapted from previous research studies used to examine behavioral intention (Fishbein et al.,2001; Asare, 2015;Zolait, 2016; Fang, Ng, Wang & Hsu, 2017). The research instrument is found in Appendix A.

Data Analysis

The variables of the study were the corporate communication materials (printed and electronic formats), perceptions, attitude, subjective norms, and behavioral intentions. The data gathered were analyzed using descriptive statistics such as frequency counts and percentages. A three –point, four–point, and five–point, Likert scale were used to measure the respondents' perception, attitudes, social norms, and behavioral intentions. The respondents were asked to put a check mark to the choice of answers that reflects the respondents' rating regarding the given statements. The overall percentages and frequencies of answers to the Likert-scale type of questions were computed and analyzed. For the purpose of interpretation, numerical results were described as: 50%= half, 51%=majority; 60%=big majority; 70%= great majority; 75% = overwhelming majority; 80%=most of the respondents; 90%= almost all respondents and 100%= all respondents.

Chapter 4

RESULTS AND DISCUSSION

Socio-demographic Profile of Respondents

Majority (53%) of respondents were men. Age category with the highest number (39%) belonged to the 36 to 40 years old range. This implies that since respondents are relatively young, they may be highly vulnerable to non-communicable diseases that could result from unhealthy lifestyle choices. In addition, less than 50% (45%) are married while a third (31%) are separated. A big majority (61%) live with their close friends. The cost of living in Dubai is relatively high, hence, sharing a home accommodation with friends is commonly practiced in order to save, as well as since a good number are separated. Being married and living with close friends may, thus, have an influence on their intention to adopt messages about a healthy lifestyle based on the claim that the physical environment has a contributory influence on people's behavior (Woolf & Aron, 2013).

When it comes to educational attainment, most (84%) of respondents had obtained a Bachelor's degree. It connotes that OFWs employed in this company are professionals. Given that more than the majority (52%) are employed in the company for almost 6 to 10 years, almost half (48%) can be considered high-income earners with a monthly remuneration of PhP71,000.00-PhP90,000.00. This explains earlier local reports that say that many OFWs in Dubai tend to indulge in a variety of leisure activities and lavish enjoyments because they can afford to do so, however, this condition may also have become the root of injurious dietary habits, detrimental in the long run to OFWs' health (Table 1).

Table 1. Socio-demographic profile of respondents.

Characteristics	Frequency n=100	Percentage
Age category		
26-30 years	7	7%
31-35 years	17	17%
36-40 years	39	39%
41-45 years	28	28%
46-50 years	8	8%
51 and above	1	1%
Gender		
Male	53	53%
Female	47	47%
Marital Status		
Single	15	15%
Married	45	45%
Unmarried	6	6%
Separated	31	31%
Widow	3	3%
Household Status		
Living alone	14	14%
Living with family /relatives	25	25%
Living with close friends	61	61%
Educational Attainment		
Some College or Associate's Degree	15	15%
Bachelor's Degree	84	84%
Master's Degree	1	1%
Length of Employment		
1-5 years	39	39%
6-10 years	52	52%
11-15 years	6	6%
16-20 years	3	3%
Monthly Income (in Phil. Peso Currency)		
31,001-50,000	39	39%
51,001-70,000	1	1%
71,001-90,000	48	48%
91,001-110,000	10	10%
>110,001	2	2%

Corporate Communication Materials

The first objective of the study is to find out what corporate communication materials on healthy lifestyles do OFWs receive. Hence, the respondents were asked to identify the most common type of corporate communication materials on healthy lifestyle they usually received from their workplace (Statement 1). As a result, majority

of the respondents (52%) answered that the most regular communication materials about healthy lifestyle they received from their workplace was the electronic – based communication messages posted from their company’s internal social media, called as “Yammer”. The least communication material they received from their workplace was compact discs or CDs (3%). On the other hand, some respondents confirmed that they occasionally received printed communication materials such as handouts (15%), posters (10%) and newsletters and magazines (8%).

Table 2. Communication materials about healthy lifestyle that OFWs received

	Frequency n=100	Percentage
Handouts	15	15%
Newsletters & Magazines	8	8%
Posters	10	10%
CDs	3	3%
Business emails	12	12%
Yammer	52	52%
Total	100	100

Yammer is a kind of internal “social media” tool used by companies today for private exchange of communication among their employees. It is a form of electronic media that is used to convey electronic health information materials and other health – related contents (Business Communication, 2015). This result confirms Guazzi et al. (2014) claim that printed communication materials nowadays are increasingly being replaced by electronic media as the decreasing cost of technology has made printed materials more feasible.

Hence, the results in Table 2 confirms that companies prefer to use electronic media over printed materials due to practicality reasons. Although electronic

communication materials can be transmitted quickly due to modern technology, it can also considerably reduce the cost of paper consumption and reproduction (Melzner, Heinze, & Fritsch, 2014; Paul, Redman & Fisher, 2004). Hence, the outcome results in Statement 1 implies that the company maximizes the advantages brought by electronic media to communicate health information materials to their employees without sacrificing a big chunk of financial costs from their side.

Channels used in communicating materials

The second objective of the study is to identify the channels used in communicating corporate materials, the respondents were asked on how they usually received those materials. As a result, a big majority (64%) of them answered through "internet". While few numbers (3%) of the respondents answered they received those materials through their office – installed TV sets. Results as shown in (Table 3).

	Frequency n=100	Percentage
Workplace health seminars	18	18%
Mobile phone	5	5%
Office TV Screens	3	3%
Internet	64	64%
Company Events	10	10%
Total	100	100

The results imply that the internet has become more prevalent in a wide variety of settings, including in workplace intervention due to its efficiency and easy transmission of information and messages (Eastman, 2013). Using office TV screens

broadcasting corporate communication materials was not as high as other channels communications since employees are working through their laptops or desktop computers.

In brief, the results in Statement 1 and 2 implied that the company was profoundly using electronic corporate communication materials and electronic communication channels as a cost-saving measure that can strategically deliver messages that convey the importance of having healthy lifestyles among its employees. This deduce that the company is using the power of new media communication technology as an influential approach that can help their employees improve their health and well-being.

FWs' perception on healthy lifestyle

To answer the third objective of the study which is to describe how selected FWs perceive a healthy lifestyle that could influence behavioral intention to adopt it, respondents were asked to rate 10 statements based on how they perceive a healthy lifestyle using the following responses:

- True (3) - if respondent believes in the statement;
- Maybe (2) - if they are not sure; and
- False (1) - if they do not believe.

When respondents were asked if "healthy lifestyles can improve the quality of life" (Statement 3) an overwhelming majority (75%) believed this statement as "true". Moreover, more than the majority (54%) of respondents also believed that "having healthy lifestyle lowers the risk of being seriously ill or cause of early death" (Statement 4). On the other hand, almost a big majority (57%) of respondents also believed that "having a healthy lifestyle helps people enjoy many aspects of their life" (Statement 5).

Also, an overwhelming majority (75%) believed that “a healthy lifestyle is not about deprivation but about finding a balance of what serves their body best while also enjoying life” (Statement 6), Also, in Statement no. 7 “balance diet and regular physical exercises” are two important aspects of a healthy lifestyle”, almost a big majority (59%) believed this statement as “true.” Moreover, a big majority (65%) of respondents answered “true” when asked if a “healthy lifestyle” has a variety of benefits to the health of individuals, families, organizations, and communities” (Statement no. 8). Likewise, when respondents were asked if they “believe that a healthy lifestyle plays a huge part on how they live and work” (Statement 9), more than the majority (53%) believed it as “true.”

In addition, when respondents were asked how they perceive Statement no. 10 that states that “a healthy lifestyle is about taking responsibility and making health choices for today and the future,” and Statement no. 11 that “having a healthy lifestyle reduces the incidence and impact of health problems”, both statements showed almost similar answers. A big majority (60%) and 61% of respondents confirmed this statement as “true,” respectively. Lastly, when respondents were asked if they believe that “a healthy lifestyle has an influence on their physical and mental aspects” (Statement 12), more than the majority (55%) answered “true” (Table 4.)

In sum, results showed that more than the majority of respondents perceived a healthy lifestyle positively. However, there is still a considerable percentage of OFWs who perceived healthy lifestyle messages brought by corporate communication materials differently.

4. OFWs' perception toward healthy lifestyles

	Frequency n=100	Percentage
Statement 3. Healthy lifestyle improves quality of life.		
(1)False	8	8%
(2)Maybe	17	17%
(3)True	75	75%
Statement 4. Having a healthy lifestyle lowers the risk of being seriously ill or dying early.		
(1)False	6	6%
(2)Maybe	40	40%
(3)True	54	54%
Statement 5. Healthy lifestyle helps people enjoy many aspects of their life.		
(1)False	8	8%
(2)Maybe	35	35%
(3)True	57	57%
Statement 6. Healthy lifestyle is not about deprivation but about finding balance of what serves our body best also enjoying life.		
(1)False	6	6%
(2)Maybe	19	19%
(3)True	75	75%
Statement 7. Balanced diet and regular physical exercise are two important aspects of a healthy lifestyle.		
(1)False	8	8%
(2)Maybe	33	33%
(3)True	59	59%
Statement 8. Healthy lifestyle has variety of benefits to the health of individuals, families, organizations, and communities		
(1)False	4	4%
(2)Maybe	31	31%
(3)True	65	65%
Statement 9. Healthy lifestyle plays a huge part in how people live and work.		
(1)False	7	7%
(2)Maybe	40	40%
(3)True	53	53%
Statement 10. Healthy lifestyle is about taking responsibility and making smart health choices for today and future.		
(1)False	6	6%
(2)Maybe	34	34%
(3)True	60	60%
Statement 11. Healthy lifestyle reduces the incidence and impact of health problems.		
(1)False	6	6%
(2)Maybe	33	33%
(3)True	61	61%
Statement 12. Healthy lifestyle has an influence on physical and mental health of human beings.		
(1)False	3	3%
(2)Maybe	42	42%
(3)True	55	55%

McGaan (n.d.) claims that each individual has a unique way of perceiving things around them. This explains why people act or behave the way they do, since every person has a unique way of assigning meanings to the information or things they have received from their environment (Wieber, Thürmer & Gollwitzer, 2015). The data results also reinforces the statement of Otara (2011) that in every communication, there is always a chance that the intended meaning will be lost or distorted due to individuals' different personalities, cultural differences or past experiences. Hence, Schermerhorn Osborn and Uhl-Bein (2011) assert that understanding an individual's perception is important in communication because it serves as a screen or filter through which all messages or information passes before it can take effect on people. Likewise, understanding an individual's perception is crucial to be able to craft strategically-designed communication materials that may influence people's intention to adopt a healthy lifestyle behavior and, therefore, to achieve organizational goal (healthy lifestyle among employees).

Attitude towards having a healthy lifestyle

In this study, the fourth objective is to ascertain the attitude of selected OFWs towards having a healthy lifestyle. According to TRA, attitude is defined as the person's favorable or unfavorable evaluative reactions exhibited through a person's beliefs, feelings, or behaviour (Langdridge, Sheeran, Connolly, 2007). Hence, to determine respondent's attitudes towards the communication materials that promote a healthy lifestyle, the study examined respondent's behavioral beliefs and evaluation response to those beliefs, which according to the TRA is a predictor of behavioral intention (Ajzen & Fishbein, 1980). Statements no. 13 to 17 were about the behavioral beliefs of OFWs towards communication materials received about a healthy

lifestyle. While statements no. 18 to 22 were about their evaluative response to those beliefs.

Behavioral beliefs of OFWs toward healthy lifestyles

To determine the behavioral beliefs of respondents towards the communication materials about a healthy lifestyle, they were provided five statements and asked them to rate these statements based on their degree of agreement using a five-point scale with 5 as the highest.

When respondents were asked to what extent they agree to Statement no. 13 that states "the provision of communication materials about a healthy lifestyle will help them to achieve their goal to maintain a healthy lifestyle," almost half (48%) of respondents answered they "somewhat agree." It implies that there might be some other factors that respondents believe can help them to improve their health condition aside from communication materials on healthy lifestyle being provided in the workplace. Also, when respondents were asked if "corporate communication materials about a healthy lifestyle can improve their productivity at work" (Statement no. 14), 40 percent of respondents answered that they "somewhat agree." This means that respondents somewhat believed that communication materials that promote healthy lifestyle can help increase their productivity at work.

Likewise, when respondents were asked to what extent they agree to statement no. 15 "communication materials on healthy lifestyle will also assist in their weight maintenance and health improvement," almost half (48%) of respondents replied that they "somewhat agree" This indicates the level of awareness of respondents on the primary benefits of communication materials on healthy lifestyle. Furthermore, when respondents were asked about their opinion to Statement no. 16, " following the communication materials about a healthy lifestyle can reduce chances of getting sick

or ill”, almost half (40%) of respondents again answered they “somewhat agree.” This implies that the communication materials on healthy lifestyle were not strong enough to convince readers that indeed having a healthy lifestyle can prevent a person from getting sick. Perhaps, this could be attributed to the fact that people may have different styles on how to take care of themselves like physical exercise.

Lastly, 43 % of respondents answered that they “somewhat agree” to Statement 17 that states, “following information about a healthy lifestyle can help them lead a longer and happier life.” . It therefore connotes that although communication materials provide messages that improves the quality of life, not all individuals believe that following those information make them live longer and happier (Table 5).

5. Behavioral beliefs of OFWs on communication materials on healthy lifestyles.		
	Frequency n=100	Percentage
Statement 13. The provision of communication materials about a healthy lifestyle will help me to achieve my goal to maintain a healthy lifestyle.		
Strongly Disagree	0	0%
Disagree	5	5%
Somewhat Disagree	21	21%
Neutral	48	48%
Somewhat Agree	26	26%
Strongly Agree		
Statement 14. Communication materials about a healthy lifestyle can improve employee's productivity at work.		
Strongly Disagree	0	0%
Disagree	5	5%
Somewhat Disagree	28	28%
Neutral	40	40%
Somewhat Agree	26	26%
Strongly Agree		
Statement 15. Communication materials about a healthy lifestyle will also assist in weight maintenance and health improvement.		
Strongly Disagree	7	7%
Disagree	4	4%
Somewhat Disagree	20	20%
Neutral	48	48%
Somewhat Agree	21	21%
Strongly Agree		

5. Behavioral beliefs of OFWs on communication materials on healthy lifestyles.

	Frequency n=100	Percentage
Item 16. Following the communication materials about a healthy lifestyle has a reduced chances of sick/ill.		
Strongly Disagree	0	0%
Slightly Disagree	6	6%
Neutral	28	28%
Slightly Agree	40	40%
Strongly Agree	26	26%
Item 17. Following the information about a healthy lifestyle can lead to a longer and happier life.		
Strongly Disagree	0	0%
Slightly Disagree	6	6%
Neutral	18	18%
Slightly Agree	43	43%
Strongly Agree	33	33%

In summary, behavioral beliefs of respondents indicate that they have a somewhat favorable attitude towards the communication materials about healthy lifestyle being promoted in the workplace. This means that future enhancement on communication materials related to health is required in order to further convince individuals to adopt healthy choices and decisions. Fishbein and Ajzen (1980) claim that knowing one's behavioral belief is important because it serves as an indicator of their readiness and intention to perform a given behavior. Given the stronger a person's intention to perform a particular behavior, the more likely an individual would perform the behavior (Corcoran, 2007).

Evaluation response of OFWs toward healthy lifestyles

The second component of attitude according to TRA is evaluation response, which refers to the value assigned by the individual's behavioral beliefs. Hence, to examine the OFWs' evaluation response towards messages of a healthy lifestyle

promoted through corporate communication materials, Likert-scale statements (that ranged from 1 to 5, with 1 as the lowest and 5 as the highest) were used.

Of the 100 respondents, 41% answered that maintaining a healthy lifestyle (Statement no. 18) is “absolutely important.” Nearly half (49%) of respondents’ evaluative response to Statement no.19 (increased work productivity) was also rated “very important.” Statement no. 21 (reduced chances of being ill) that indeed, information about maintaining weight, health improvement and ways in reducing chances of getting sick or ill are “very important.” Lastly, majority (51%) of respondents confirmed that following messages about a healthy lifestyle is indeed “absolutely important” to have a longer and happier life (Table 6).

Table 6. Evaluation response of OFWs toward communication materials on healthy lifestyles.

	Frequency n=100	Percentage
Statement 18. Maintaining a healthy lifestyle is...		
Not important at all	0	0%
Little importance	1	1%
Average	21	21%
Very Important	37	37%
Absolutely Important	41	41%
Statement 19. Increased work productivity is...		
Not important at all	0	0%
Little importance	1	1%
Average	25	25%
Very Important	49	49%
Absolutely Important	25	25%
Statement 20. For me, maintaining weight and health improvement are...		
Not important at all	0	0%
Little importance	1	1%
Average	25	25%
Very Important	43	43%
Absolutely Important	31	31%
Statement 21. Reduced chances of getting sick/ill is...		
Not important at all	0	0%
Little importance	1	1%
Average	35	35%
Very Important	37	37%

absolutely Important	27	27%
Statement 22. A longer and happier life is...		
not important at all	0	0%
little importance	2	2%
average	17	17%
very Important	30	30%
absolutely Important	51	51%

Results of respondents' evaluation response towards the communication materials about a healthy lifestyle reinforce the assumption of TRA that people are rational decision makers (Trafimow, 2015). People consciously think and evaluate outcomes of their actions or beliefs, and for this reason, this can be considered a good predictor of behavioral intention (Fishbein et al., 2001).

Subjective norms that influence behavioral intention to adopt a healthy lifestyle

Subjective norm is defined in TRA as the social influences that shape people's behavioral intention to act on certain behavior or information they are being exposed to (Asare, 2015). The two components that constitute subjective norms are normative beliefs and motivation to comply. In this study, to determine the subjective norms that can influence OFWs' behavioral intention to adopt a healthy lifestyle, respondents were given 10 statements that define their normative beliefs and motivation to comply to those normative beliefs. In TRA, normative beliefs refer to the people or person that the respondents think highly of. The normative beliefs in the study were provided from Statements 23 to 27. While statements 28 to 32 were about respondents' motivation to comply with those people's views or normative beliefs. This was measured using a five-point Likert scale degree of agreement with 5 as the highest.

Normative beliefs towards healthy lifestyles

In this study, normative beliefs come from respondent's immediate supervisor, co-workers, parents and sibling/s, close friends, and social group, clubs or organizations that respondents are part of.

When respondents were asked the extent to which they agree if their immediate supervisor thinks that they should follow information about a healthy lifestyle (Statement no. 23), 36 percent of respondents were "neutral." This implies that one third of respondents has an average belief on what did their immediate supervisors think or said in terms of their health choices or preferences.

Also, when respondents were asked if their colleagues think they should follow the tips and suggestions about a healthy lifestyle (Statement no. 24), 40 percent of respondents again were "neutral. This connotes that nearly half of the respondents can be or not influenced by their co-workers to follow tips and suggestions about a healthy lifestyle and merely disagreed on this statement. However, in Statement no. 25, when the respondents were asked if their parents and sibling/s think that they should practice a healthy lifestyle, 35 percent confirmed they "somewhat agree." Respondents are away from their families, hence, it implies that given that they mostly rely on what the nearest people around them think or say. Also, when respondents were asked if their close friends think that they should practice a healthy lifestyle (Statement no. 26), 39 percent were "neutral." This implies that respondents weigh their close friends' views their opinions on health matters.

Lastly, when respondents were asked if the social group, club or organization they are part of think that they should practice a healthy lifestyle (Statement no. 27), 40 percent of the respondents answered they "somewhat agree." This implies that the social group that respondents are part of has the most considerable influence on OFWs' intention to adopt healthy lifestyles. Given that the majority of respondents are

mostly away from their families, this implies, therefore, that respondents put importance to the nearest normative referents (persons) around them — which is the social group, club or organization (Table 7).

7. Normative beliefs of OFWs on adopting healthy lifestyles

	Frequency n=100	Percentage
Item 23. My immediate supervisor thinks that I should follow information about a healthy lifestyle.		
Strongly Disagree	6	6%
Somewhat Disagree	7	7%
Neutral	36	36%
Somewhat Agree	29	29%
Strongly Agree	22	22%
Item 24. My co-workers think that I should follow the tips and suggestions about a healthy lifestyle.		
Strongly Disagree	1	1%
Somewhat Disagree	2	2%
Neutral	40	40%
Somewhat Agree	32	32%
Strongly Agree	25	25%
Item 25. My parents and sibling/s think that I should practice a healthy lifestyle.		
Strongly Disagree	1	1%
Somewhat Disagree	2	2%
Neutral	29	29%
Somewhat Agree	35	35%
Strongly Agree	33	33%
Item 26. My close friends think that I should practice a healthy lifestyle.		
Strongly Disagree	0	0%
Somewhat Disagree	10	10%
Neutral	39	39%
Somewhat Agree	23	23%
Strongly Agree	28	28%
Item 27. The social group, club or organization I am part of thinks that I should practice a healthy lifestyle.		
Strongly Disagree	0	0%
Somewhat Disagree	5	5%
Neutral	34	34%
Somewhat Agree	40	40%
Strongly Agree	21	21%

Motivation of OFWs to comply with having healthy lifestyles

Almost a big majority (59%) of respondents gave an “average importance” to parents and sibling/s while more than the majority (53%) rated, immediate supervisor and colleagues (52%). Meanwhile, almost half (48%) of respondents also gave an “average importance” to close peers/friends (48%) and social group, club or organization (46%) (Table 8).

Table 8. Motivational factors that influence OFWs to adopt healthy lifestyles.

	Frequency n=100	Percentage
Statement 28. Immediate supervisor		
Not at all	6	6%
To little extent	5	5%
Average	47	47%
To a moderate extent	33	33%
To a large extent	9	9%
Statement 29. Co-workers		
Not at all	9	9%
To little extent	5	5%
Average	52	52%
To a moderate extent	28	28%
To a large extent	6	6%
Statement 30. Parents and sibling/s		
Not at all	1	1%
To little extent	2	2%
Average	59	59%
To a moderate extent	25	25%
To a large extent	13	13%
Statement 31. Close friends		
Not at all	7	7%
To little extent	8	8%
Average	48	48%
To a moderate extent	28	28%
To a large extent	9	9%
Statement 32. Social group, club or organization		
Not at all	1	1%
To little extent	8	8%
Average	46	46%
To a moderate extent	35	35%
To a large extent	10	10%

Thus, the motivation to comply implies that even though majority of respondents confirmed that the social group, club or organization they are a part of has a strong influence on their intention to adopt a healthy lifestyle, still the majority of respondents chose their closest knit relationship i.e. their “parents and siblings” as those persons who they think highly of and, thus, can better motivate them to adopt a healthy lifestyle.

Therefore, the outcome results in determining OFWs’ subjective norms confirmed Strickland and Smith (2014) statement that people’s behavior is often influenced by his social environment, as well as Mefalopulos (2011) claims that social norms play a significant role in shaping an individual or organization’s behavioral intention to perform a certain behavior - a very important factor to consider when developing communication strategies that can promote behavioral change.

OFWs behavioral intention to healthy lifestyles

Moreover, to determine the strength of the behavioral intention (BI) of respondents, their individual scores on attitudes, perceptions, and subjective norms were summed up and the total divided into three, resulting to three categorical interpretation of scores such as:

Category 1 = 1-33.33 = low intention to change behavior

Category 2 = 33.4-66.66 = moderately intends to change behavior

Category 3 = 66.67-100 = highly intends to change behavior

Results showed that more than the majority (53%) of respondents’ behavioral intention to adopt a healthy lifestyle was “moderate.” This implies that corporate communication materials disseminated in the workplace may not have fully influenced OFWs behavioral intent to adopt a healthy lifestyle. It could be that the corporate

communication materials were not designed to address users' attitudes, subjective norms, and perceptions of OFWs. Since OFWs believed that their parents and siblings can influence their behavioral intent to adopt a healthy lifestyles, corporate communication materials should include these messages in packaging said materials. Messages may have been written to directly address healthy lifestyle using the second person (you) rather than what their parents or siblings would feel if they continue their bad habits of having a poor healthy lifestyle (Table 9).

	Frequency n=100	Percentage
Low	27	27%
Moderate	53	53%
High	20	20%

Validation of OFWs' intention to adopt healthy lifestyles

Hence, to validate OFWs' behavioral intention results, three questions were formulated. It was measured by adjectival ratings such as: not likely (1), somewhat likely (2), and very likely (3).

When respondents were asked their likelihood to adopt messages of a healthy lifestyle promoted through corporate communication materials (Statement no. 33), majority (52%) of respondents confirmed "very likely." Also, when asked if they will try to practice messages written on those communication materials (Statement no. 34), almost a big majority (57%) answered "somewhat likely." As well, when respondents were asked to rate Statement no. 35 that says "if they intend to follow those communication materials," 53 percent of respondents answered "somewhat likely."

Therefore, the results illustrated in Tables 9 and 10 confirmed that OFWs have only a “moderate intention” to adopt a healthy lifestyle as suggested by the communication materials provided to them in the workplace.

Table 10. OFWs intention to adopt healthy lifestyles		
	Frequency n=10	Percentage
Statement 33. I plan to adopt the messages about healthy lifestyle I received in my workplace into my day-to-day activities.		
Not Likely	8	8%
Somewhat Likely	40	40%
Very Likely	52	52%
Statement 34. I will try to practice the messages about healthy lifestyle I received in my workplace into my day-to-day activities.		
Not Likely	10	10%
Somewhat Likely	57	57%
Very Likely	33	33%
Statement 35. I intend to follow the messages about healthy lifestyle I received in my workplace into my day-to-day activities.		
Not Likely	7	7%
Somewhat Likely	53	53%
Very Likely	40	40%

Chapter 5

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The study was conducted in a privately-owned food and manufacturer company in Dubai Airport Freezone Authority. A survey among 100 selected OFWs employed in this company participated in the study to find out how corporate communication materials influence their behavioral intention to adopt healthy lifestyles. Specifically, the study sought to:

- 1) find out what corporate communication materials on healthy lifestyles do OFWs receive;
- 2) identify channels used in communicating these materials;
- 3) describe how selected OFWs perceive a healthy lifestyle that could influence behavioral intention to adopt it;
- 4) ascertain the attitude of selected OFWs towards having a healthy lifestyle; and
- 5) determine the subjective norms that influence behavioral intention to adopt a healthy lifestyle.

Premised on the Theory of Reasoned Action by Fishbein and Azjen (1980), the study described how independent variables (printed and electronic corporate communication materials) with the mediating variables (attitude, subjective norms, and perception) influence the dependent variable (OFWs' behavioral intention) to adopt healthy lifestyles.

Moreover, the premise of the study was that the behavior of OFWs towards a healthy lifestyle is determined by their intention to perform the behavior, and that this intention is influenced by their attitude and perception towards the behavior and subjective norms. Thus, the constructs of TRA developed by Icek Ajzen and Martin Fishbein which posits that people's behavior is determined by their intention to

perform the behavior, and that this intention is a function of their attitude towards the behavior and the subjective norm were used to answer the objectives of the study (Littlejohn & Foss, 2009). Although, TRA is the leading theory that has been widely used to explain the influence of beliefs, attitudes and social norms on human behavior, it does not take into account perception as an influential factor that can determine behavioral intention. Hence, the study attempted to add "perception", resulting to a modified version of TRA.

Also, the study focused on the behavioral intention of OFWs to adopt the messages of a healthy lifestyle communicated to them in their workplace and not behavior since behavior changes over time. With this purpose, the study may serve as a future reference on how to promote communication materials that can entice employees to adhere to the messages about a healthy lifestyle.

Descriptive statistics such as frequency distribution and percentages were used to describe results. Data analysis showed that OFWs' perception towards corporate communication materials was positively accepted; OFWs' attitude when exposed to communication materials was found to be favourable; subjective norms that influence OFWs' behavioral intention was the social group or organization they belong to. These positive and favorable results led to moderate behavioral intention to adopt healthy lifestyles as influenced by corporate communication material.

Conclusion

The study concludes that exposing employees to various communication materials and using business internal communication channels to promote communication materials that convey messages about a healthy lifestyle may have minimal effects on the behavioral intentions of OFWs to adopt it. An enabling environment that can help employees change behavior is needed and this can be achieved if organizations take into account the attitudes, perceptions, and subjective norms that could influence the adoption of a healthy lifestyle. Understanding how people perceive a healthy lifestyle can guide organizations in changing employee attitudes and subjective norms to ensure a healthy workforce. Thus, the study affirms the inclusion of perceptions as one of the elements of the Theory of Reasoned Action in determining behavioral intention. Through perception, people can understand information or things around them, and may act based on how they perceive those. Hence, this confirms the assumption of this study that perception could be an influential factor to determine OFWs' intention to adopt a healthy lifestyle since perception acts as a sort of screen or filter through which all information passes before it can take effect on people.

Conclusion

The study concludes that exposing employees to various communication materials and using business internal communication channels to promote communication materials that convey messages about a healthy lifestyle may have minimal effects on the behavioral intentions of OFWs to adopt it. An enabling environment that can help employees change behavior is needed and this can be achieved if organizations take into account the attitudes, perceptions, and subjective norms that could influence the adoption of a healthy lifestyle. Understanding how people perceive a healthy lifestyle can guide organizations in changing employee attitudes and subjective norms to ensure a healthy workforce. Thus, the study affirms the inclusion of perceptions as one of the elements of the Theory of Reasoned Action in determining behavioral intention. Through perception, people can understand information or things around them, and may act based on how they perceive those. Hence, this confirms the assumption of this study that perception could be an influential factor to determine OFWs' intention to adopt a healthy lifestyle since perception acts as a sort of screen or filter through which all information passes before it can take effect on people.

Recommendation

Every day thousands of OFWs are coming to Dubai, bringing their life experiences, knowledge, culture and ambition that this place can alleviate them from the crushing poverty, unemployment, and lack of opportunities back home. With the booming economic status of Dubai, many OFWs are able to send regular cash remittances back to their families. As much as these cash remittances provide a better life for each of OFWs' families, it also serves as the solid source of dollar earnings for the country. Therefore, putting high importance on every OFWs' health needs are vital because their sacrifices of being far away from their families contribute to the social and economic development of the country.

With the findings in this study, the following recommendations may be put forward on how to promote corporate communication materials (printed and electronic) that can further encourage OFWs to adhere to the messages about a healthy lifestyle that are being communicated to them from their workplace as follows:

- Future studies should investigate on how to develop a more strategic and systematic formulation of printed and electronic communication materials that can further motivate people to adopt healthy lifestyles. It may include an assessment and evaluation measures that can identify which aspects of these communication materials have the most or low appealing message content to potential readers or intended audience (i.e. employees).
- Investigate employees' feedback and preferences through various forms of communication channels and apply those on the design and packaging of corporate communication materials in order to increase employees' participation rate particularly in communicating of healthy lifestyle in workplaces.

- Inclusion of family-oriented approach in designing communication materials since subjective norms largely involve familial relationships.
- Future studies may focus on how to turn OFWs' positive perceptions and favourable attitudes toward communication materials on healthy lifestyles into actual behavioral adoption are recommended. Better understanding on OFWs' perception and attitudes toward healthy lifestyles may serve as a guide on future studies to develop Information, Education and Communication (IEC) programs that may ultimately influence their intentions to adopt materials that communicate the importance of having a healthy lifestyle.
- Future studies may also highlight the particular behaviors that are found to be unfavorable among OFWs when they receive communication materials about healthy lifestyle. On the other hand, further enhancements and improvements to the communication materials which are deemed favorable is also equally vital to consider. This consideration can be beneficial in constructing health policies that can help and support employees in particular, OFWs to make personal healthy lifestyle choices.

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APPENDICES

APPENDIX A

Survey Questionnaire

This survey questionnaire is conducted by Joanne C. Gerio in partial fulfillment of the requirements for the degree of Master of Development Communication at University of the Philippines Open University. The objective of this study is to know only your personal views and opinions on the communication materials about healthy lifestyle promoted in your workplace. Your participation and involvement in this survey is completely voluntary and anonymous. Rest assured that all the answers you provide in this survey shall be kept strictly confidential. The information to be obtained from this study is to be used for academic purposes only.

Participant's Consent:

I have read and understood all information written above. My participation in this survey is voluntary and I am willing to share necessary information for this survey.

Survey No : _____ Date : _____ Signature: _____

PART I: SOCIO-DEMOGRAPHIC PROFILE

Age: _____

Gender: Male Female

Marital Status: Single Married Unmarried Separated Widowed

Household Status :

- Living alone
- Living with family / relatives
- Living with close friends

Educational Attainment:

- Some College or Associate Degree
- Bachelor's Degree
- Master's Degree

Years of Employment: _____

Monthly Income (in Philippine peso currency)

- Below P30, 000.00
- P30, 001 – 50,000
- P50, 001 – 70,000
- P70, 001 – 90,000
- 91,001 – 110,000
- Above P110, 001

PART 2: SOURCES OF INFORMATION ABOUT HEALTHY LIFESTYLE

Instruction: Please put a check [✓] mark that best reflects your response to each question?

Q1. What is the common corporate communication material about healthy lifestyle do you usually receive in your workplace?
 Handouts
 Newsletters & Magazines
 Posters
 CDs
 Business emails
 Yammer

Q2. Through which channels do you usually received these communication materials?
 Workplace health seminars
 Mobile phones
 Office TV Screens
 Internet
 Company events

INSTRUCTION: Place a check [✓] mark to your preferred choice of answer on the following statements

Q#	TRUE	MAYBE	FALSE
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTION: Please indicate your degree of agreement on the following statements using the scale below. Place check [✓] mark to your preferred choice of answer.

Q#		Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)
13	The provision of communication materials about healthy lifestyle will help me to achieve my goal to maintain a healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Communication materials about healthy lifestyle can improve employee's productivity at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Communication materials about healthy lifestyle will also assist in weight maintenance and health improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Following the communication materials about healthy lifestyle has a reduced chance of getting sick/ill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Following the information about healthy lifestyle can lead to a longer and happier life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q#		Not important at all (1)	Little Important (2)	Average (3)	Very Important (4)	Absolutely Important (5)
18	Maintaining a healthy lifestyle is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Increased work productivity is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	For me, maintaining weight and health improvement are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Reduced chances of getting sick/ill is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	A longer and happier life is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTION: Please indicate your opinion about the following statements using the scale below. Place check [✓] mark to your preferred choice of answer.

Q#		Strongly Disagree (1)	Somewhat Disagree (2)	Neutral (3)	Somewhat Agree (4)	Strongly Agree (5)
23	My immediate supervisor thinks that I should follow information about healthy lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	My colleagues think that I should follow the tips and suggestions about healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	My parents and sibling/s think that I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	should practice healthy lifestyle.					
26	My close friends think that I should practice healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	The social group, club or organization I am part of thinks that I should practice healthy lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTION: Please indicate your opinion about the following statements using the scale below: . Place ✓ to your preferred choice of answer.

Q#	To what extent do you want your...	Not at all (1)	To little extent (2)	Average (3)	To a moderate extent (3)	To a large extent (4)
28	Immediate supervisor thinks you should do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Colleagues thinks you should do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Parents and sibling/s think you should do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Close friends think you should do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Social group, club or organization you are part of thinks you should do?					

INSTRUCTION: Please indicate to what extent you agree with the following statements. Place check [✓] mark to your preferred choice of answer.

Q#		Not Likely (1)	Somewhat Likely (2)	Very Likely (3)
33	I plan to adopt the messages about healthy lifestyle I received in my workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	I will try to practice the messages about healthy lifestyle I received in my workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	I intend to follow the messages about healthy lifestyle I received in my workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX B

Pre-Test Survey Photos

