



Exploring the Dimensions of Wellness: A Study on the Well-being of Physical Education and Health Teachers

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Abstract- This study examined the wellness practices and health-related fitness levels of Physical Education and Health teachers at Don Mariano Marcos Memorial State University by applying the Six Dimensions of Wellness Model. Using a structured questionnaire, data were collected to evaluate participation in wellness activities across six dimensions: physical, intellectual, emotional, social, spiritual, and occupational. Quantitative data were analyzed using descriptive statistics, specifically the mean. The findings revealed a consistently high level of engagement across all wellness dimensions, signifying a strong commitment to personal well-being. However, physical and emotional wellness emerged as areas with comparatively lower emphasis, indicating the need for targeted support. These gaps are significant, as teachers serve as role models for student health and well-being. The study reinforces the link between teacher wellness and professional outcomes such as stress reduction, teaching effectiveness, and student achievement. It concludes by advocating for a holistic institutional approach that prioritizes not only physical health but also emotional resilience, supportive work environments, and continuous professional development to enhance both educator performance and educational system stability.

Keywords: Emotional Wellness, Intellectual Wellness, Physical Education, Physical Wellness, Spiritual Wellness, Social Wellness, Occupational Wellness

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INTRODUCTION

Physical activity plays a pivotal role in maintaining good health and enhancing overall well-being. It reinforces physical strength, strengthens immune response, and bolsters both productivity and mental resilience. In contrast, poor health—often attributed to sedentary lifestyles—can impair daily functioning and diminish workplace efficiency. In today's technology-driven society, the widespread use of labor-saving devices has significantly reduced the physical demands of household tasks such as cleaning, washing, and gardening. While these innovations offer convenience, they also contribute to decreased physical activity and heightened health risks (Dimapilis, 2009).

The World Health Organization highlights physical inactivity as a major risk factor for global mortality, with regular activity being essential for preventing noncommunicable diseases and enhancing quality of life (WHO, 2024; Miller et al., 2016). Yet, many struggle with fitness due to low motivation, stress, and poor self-esteem—factors that can lead to serious health issues. In 2002, around 1.9 million deaths were linked to inactivity, with over 60% of the global population not meeting recommended activity levels due to sedentary routines and reduced leisure-time exercise (WHO, 2002).

In the Philippines, adult inactivity rates were strikingly high in 2003, especially in transport and leisure domains, with females being less active in occupational settings and males in non-occupational ones (WHO, 2009). White-collar workers face heightened risks, as no legislation mandates physical fitness programs, and voluntary initiatives like Zumba or aerobics are limited and inconsistently supported.

Teachers are among those significantly affected, as their predominantly sedentary routines contribute to health issues linked to physical inactivity. For many—particularly older adults—there remains a common perception that regular exercise is mainly for the younger generation (WHO, 2009). However, like everyone else, teachers need to maintain an active lifestyle to safeguard their well-being. A physically fit body enables them to meet the demands of their profession more effectively. When educators are healthy and energized, they are better equipped to engage with their students, ultimately enhancing classroom performance and contributing to the holistic development of learners.

The National Association of Sport and Physical Education (NASPE) underscores the importance of physical educators maintaining adequate fitness to model active lifestyles and promote healthy behaviors (NASPE, 2003). Teachers who embody these values can positively influence students' attitudes toward fitness. NASPE highlights that PE teachers' behaviors shape student learning, their own participation in physical activity supports their well-being, and they are expected to uphold professional fitness standards (Kamla, 2012).

Physical educators must demonstrate socially and professionally appropriate behavior, as they serve as key advocates for youth health and wellness (Lux, 2009). Their personality and conduct strongly influence student behavior, with effective teaching reflecting the teacher's values and outlook. As role models, PE teachers not only educate but also promote healthy lifestyles through their actions—proving that behavior often speaks louder than words.

Lifestyle reflects a person's way of living—shaped by social values, attitudes, and behaviors—and evolves over time (Alverson, 2012). It closely influences health, as changes in one often affect the other. A balanced lifestyle requires sustained physical, mental, and emotional effort through healthy habits in body, speech, and mind (Janaka, 2011).

The World Health Organization (2009) defines health as complete well-being, not just the absence of disease. Achieving this involves informed choices such as nutritious eating, regular exercise, emotional balance, and preventive care. A healthy lifestyle supports long-term wellness, delays disability, and reduces functional and cognitive decline.

Teachers are more than knowledge providers—they shape students' values and behaviors through example. Afangideh (2001) identifies key competencies such as leadership, emotional stability, and physical fitness that support holistic teaching. Yet, educators' own well-being is often neglected. To inspire healthy habits in learners, teachers must also practice the wellness principles they promote.

Building on these insights, the study recognizes that perceived credibility among PE teachers hinges not only on subject knowledge but also on embodiment of wellness ideals. Although many are assumed to be fit by virtue of their profession, the disparity between professional expectations and actual health practices can diminish their influence. Studies by Opdes (2007) and Agonos (2017) illustrate this variation in physical fitness levels, highlighting a need for institutional support. By evaluating whether DMMMSU's PE and Health faculty align their personal wellness with professional

responsibilities, this research aims to inform the design of a structured, evidence-based wellness program tailored to their needs and capacities.

LITERATURE REVIEW

The wellness model used in this study is based on the National Wellness Institute's "Six-Dimensional Wellness Model". The six dimensions of wellness include the physical, intellectual, emotional, social, spiritual, and occupational wellness (Hettler, 2007).

Physical wellness, as defined by the National Wellness Institute, refers to the degree to which one maintains physical fitness, nutrition, medical safe-care, and personal safety. If you take good care of your body, it will reward you with years of good service.



Fig. 1. Theoretical Underpinnings of the Study

Enhancing physical wellness is vital, as it significantly influences other dimensions of well-being. Echoing Aristotle's assertion that "a sound body supports a sound mind," physical health underpins intellectual vitality. The intellectually well individual actively seeks knowledge, hones skills, and shares insights—an essential profile in today's knowledge-driven society. Intellectual wellness fosters creativity and cognitive stimulation, both of which are increasingly valued in a workforce dominated by knowledge workers whose contributions rely more on expertise than physical labor (Drucker, 2000).

According to Hidalgo (2011), emotional quotient is a fundamental prerequisite for the effective use of intelligence, as cognitive function diminishes when emotional regions of the brain are impaired. Emotional awareness enhances empathy, motivation, compassion, and adaptive responses to pleasure and pain, thereby supporting overall health. Emotional stability—the capacity to manage interpersonal challenges and stress—fosters resilience and meaningful relationships. Emotional wellness involves recognizing and accepting one's feelings, promoting a positive outlook on life. From this foundation, emotional stability also facilitates social wellness, which is characterized by harmonious interactions, community engagement, and an understanding of human-nature interdependence.

Spiritual wellness, as defined in this study, refers to an individual's continual pursuit of meaning and purpose in life. A holistic understanding of spirituality enhances interpersonal empathy and comprehension (Dawson, 2000) and encompasses faith, personal values, and ethics. Religious doubt may diminish well-being and intensify distress, while the rise in material wealth has not fulfilled deeper existential needs (Evans, 2001; Dawson, 2000). Although church attendance has declined since 1965, belief in God and miracles remains high. This shift reflects a move from institutional religiosity to a more personal and authentic spiritual experience (Dawson, 2000).

Occupational wellness—defined as the satisfaction derived from one’s vocation—significantly influences health, well-being, and quality of life. Beyond income, work shape’s identity, self-worth, and perceived success (Buermann-King, 2001). While employment offers intrinsic rewards, it may also contribute to mental and physical stress (Dawson, 2000). Many employees cite work-related pressures as key stressors. In institutional and corporate settings, employee wellness is essential not only for individual performance but also for organizational effectiveness, as healthy employees tend to be more present, efficient, and productive.

METHODOLOGY

The researchers employed a descriptive research design, which was deemed most appropriate for the study as it facilitates the systematic description, documentation, analysis, and interpretation of existing conditions. As Creswell (2014) explains, descriptive research entails observing and measuring variables in their natural state, without manipulation, to provide a comprehensive account of a phenomenon. This approach is instrumental in identifying patterns, relationships, or emerging trends within a population, thereby laying the groundwork for subsequent inquiry or hypothesis formulation.

1. Objective Definition

This study aimed to evaluate the healthy lifestyle behaviors of Physical Education and Health teachers at Don Mariano Marcos Memorial State University, with a specific focus on their participation in wellness activities and levels of health-related fitness. It further sought to assess the extent to which these educators engage in key dimensions of wellness—namely physical, intellectual, emotional, social, spiritual, and occupational. The results of the study are intended to inform the development of a comprehensive wellness program to support the well-being and professional efficacy of the teaching faculty.

2. Scenario Development

The participants of this study comprised all 32 Physical Education and Health teachers from the basic education and tertiary levels across the three campuses of Don Mariano Marcos Memorial State University (DMMMSU). A total enumeration sampling technique was employed to include the entire population of interest. Data collection was facilitated through the administration of a structured questionnaire, specifically the Lifestyle Behavior on Wellness Survey, which assessed six dimensions of wellness: physical, intellectual, emotional, social, spiritual, and occupational. Prior to data gathering, formal permission was secured through approved communication with relevant institutional authorities.

3. Setup and Configuration

Actual data and questionnaire were used to gather needed information. Letters of permission were prepared and approved by the authorities before the conduct of activities.

4. Step-by-Step Execution



Fig. 2. Flowchart in Gathering the Data

The process flow for data gathering using a questionnaire in descriptive research begins with designing a well-structured and objective-aligned questionnaire to ensure clarity and relevance of the questions. This is followed by securing ethical and administrative approval to uphold research integrity and protect participants' rights. Once approved, the researcher coordinates with relevant stakeholders and identifies the appropriate respondents to ensure a representative and purposeful sample. The questionnaire is then administered using suitable delivery methods, such as face-to-face distribution and online forms. Data collected from respondents is organized systematically, ensuring accuracy and consistency in preparation for analysis. Finally, the researcher interprets the findings and reports the results in a manner that addresses the research objectives, providing meaningful insights and implications for practice or future studies.

5. Data Collection

Data were collected, tallied, categorized, and presented in tabular form for easier interpretation and analysis. The Statistical Package for the Social Sciences (IBM Corp., Armonk, NY, USA) version 20 was used to analyze the gathered data. The statistical tools that were used in treating the data were mean. For the extent of practice of the different wellness activities, average or weighted mean was used.

RESULTS & DISCUSSION

Extent of Practice of the Different Wellness Activities

Physical Wellness Practices of the Respondents

Table 1 presents the physical wellness practices of the respondents. The item "I maintain good personal hygiene" received the highest mean rating (4.53), followed by "I don't smoke cigarette," "I keep my working environment clean and organized," and "I drink plenty of water every day." These results suggest that teachers place significant value on personal hygiene and environmental cleanliness—an essential aspect of their profession due to their constant interaction with students.

As respected figures, teachers are expected to model healthy behaviors, including abstaining from smoking—a critical element in tobacco prevention efforts (Savadi et al., 2013; Al-Naggar et al., 2012). Their influence can play a preventive role among students. Additionally, adequate water intake supports physical performance, cognitive function, and disease prevention. This aligns with Marshall's (2016) findings, which showed that higher water consumption correlated with healthier dietary habits.

However, the demands of teaching—such as early work hours and extensive academic responsibilities—may disrupt sleep quality. Kottwitz et al. (2018) noted that factors like work-related failure, emotional dissonance, and social exclusion contribute to impaired sleep among teachers.

Table 1. Physical Wellness Practices of the Respondents

Practices	Mean	Descriptive Rating	
1. I engage in exercises	3.81	Highly Practiced	
2. I get enough sleep on most nights.	3.00	Moderately Practiced	
3. I drink plenty of water everyday	4.09	Highly Practiced	
4. I eat balance diet	3.31	Moderately Practiced	
5. I maintain good personal hygiene	4.53	Very Highly Practiced	
6. I undergo: a. Medical check – up	3.50	Highly Practiced	
b. Dental check – up	3.38	Moderately Practiced	
7. I don't drink too much coffee	3.66	Highly Practiced	
8. I don't smoke cigarette	4.49	Very Highly Practiced	
9. I don't drink too much liquor	4.03	Highly Practiced	
10. I keep my working environment clean and organized	4.19	Highly Practiced	
	Mean	3.24	
		Moderately Practiced	
<i>Legend:</i> 4.20-5.00	Very Highly Practiced	1.80-2.59	Rarely Practiced
3.40-4.19	Highly Practiced	1.00-1.79	Not Practiced at All
2.60-3.39	Moderately Practiced		

Intellectual Wellness Practices of the Respondents

Table 2 presents the intellectual wellness practices of the respondents. The highest-rated item—"I apply in my work the new knowledge and skills acquired from seminars"—garnered a mean of 4.47, indicating it is very highly practiced. This was followed by "I enroll in graduate school to stay updated with developments in my field," with a mean of 4.44.

These findings highlight the importance of mental fitness alongside physical well-being for educators. A commitment to continuous learning, skill enhancement, and intellectual engagement supports overall wellness and professional growth. Schindler et al. (2006) emphasized that promoting intellectual wellness fosters a healthy balance between job demands and control, positively influencing students' motivation and academic outcomes. Thus, teachers must nurture their intellectual wellness not only for personal advancement but to optimize student learning experiences.

Table 2. Intellectual Wellness Practices of the Respondents

Practices	Mean	Descriptive Rating
1. I go on educational trips	3.56	Highly Practiced
2. I attend seminars to improve my knowledge and skills	4.28	Very Highly Practiced
3. I apply in my work the new knowledge and skills which I acquire from the seminars that I attended	4.47	Very Highly Practiced
4. I try to learn from my colleagues by exchanging ideas with them	4.28	Very Highly Practiced
5. I do research activities to improve my knowledge and skills	3.69	Highly Practiced
6. I read any reading materials related to my work	4.34	Very Highly Practiced
7. I enroll the graduate school to keep myself abreast of the new developments especially in my field of specialization	4.44	Very Highly Practiced
8. I take risks by making innovations in my work	4.03	Highly Practiced
9. I am willing to assume other tasks other than my primary duty	2.78	Moderately Practiced
10. I take advantage of the technology for easier accomplishment of my job	4.16	Highly Practiced
	Mean 4.05	Highly Practiced

Legend: 4.20-5.00 Very Highly Practiced 1.80-2.59 Rarely Practiced
 3.40-4.19 Highly Practiced 1.00-1.79 Not Practiced at All
 2.60-3.39 Moderately Practiced

Table 3 presents the emotional wellness practices of the respondents. "I am proud of my accomplishments" ranked first with a mean score of 4.53, indicating it is very highly practiced, followed by "I make decisions with minimal distress and worry," rated highly practiced at 4.44.

Teachers' pride in their work reflects a strong commitment to their institution, often fueling greater effort and investment in the school's future (Mart, 2013). This sustained dedication is central to their passion for teaching and student success. Teachers routinely make numerous decisions throughout the day—from lesson planning to assessing learners—which may explain their reported ability to do so with minimal stress. Emotionally stable teachers are better equipped to influence student outcomes positively and cultivate meaningful, supportive relationships.

However, emotional strain remains a concern. The American Federation of Teachers (2015) reported that 78% of teachers experience emotional and physical exhaustion daily. This occupational stress is mirrored in attrition rates, with 10% leaving after one year and 17% within five years (Gray & Taie, 2015).

Table3 : Emotional Wellness Practices of the Respondents

Practices	Mean	Descriptive Rating
1. I am proud of my accomplishments	4.53	Very Highly Practiced
2. I take initiative to talk to someone about my emotional concerns	3.56	Very Highly Practiced
3. I seek professional help to better understand and cope with my feelings.	3.66	Highly Practiced
4. I find it easy to say “no” without feeling guilty	2.78	Moderately Practiced
5. I make decisions with a minimum distress and worry	4.44	Very Highly Practiced
6. I am considerate to other peoples’ feelings	4.09	Highly Practiced
7. I can:		
a. Express all ranges of feelings including sadness, fear, anger and joy	3.97	Highly Practiced
b. Manage all ranges of feelings in a healthy way	3.94	Highly Practiced
8. I find it easy to accept failure	3.41	Highly Practiced
9. I do not react defensively to constructive criticisms	3.59	Highly Practiced
10. I trust my: a. Colleagues	4.13	Highly Practiced
b. Superiors	4.22	Very Highly Practiced
	Mean	3.72
		Highly Practiced
<i>Legend:</i> 4.20-5.00	Very Highly Practiced	1.80-2.59
3.40-4.19	Highly Practiced	1.00-1.79
2.60-3.39	Moderately Practiced	Not Practiced at All

Social Wellness Practices of the Respondents

Table 4 outlines the social wellness practices of the respondents. “I treat every person with respect” received the highest mean rating (4.66), classified as very highly practiced, followed by “I am fair and just in dealing with my co-workers” with a mean of 4.50 (highly practiced). These findings suggest that social wellness is integral to overall teaching performance.

Cultivating social wellness fosters healthy relationships, enabling teachers to establish boundaries that support effective communication, mutual trust, and conflict resolution. A strong social network nurtures assertiveness and emotional well-being. Conversely, Borrelli et al. (2014) found that adverse work environments negatively impact teachers’ quality of life and mental health.

Practices	Mean	Descriptive Rating
1. I find it difficult to cooperate with my co-workers in accomplishing a task	2.25	Rarely Practiced
2. I develop and maintain good relationship by having an open communication with my:		
a. Boss	4.22	Very Highly Practiced
b. Colleagues	4.25	Very Highly Practiced
3. I deal with problems and conflicts in:		
a. Healthy manner	4.22	Very Highly Practiced
b. Timely manner	4.19	Highly Practiced
4. I treat every person with respect	4.66	Very Highly Practiced
5. I am fair and just in dealing with my co- workers	4.50	Very Highly Practiced
6. I find it easy to assert myself even if I know it is necessary and that I am correct	3.06	Moderately Practiced
7. I find it easy working well with employees with different backgrounds	3.66	Highly Practiced
8. I help my co- workers in doing their tasks and in developing their skills	3.88	Highly Practiced
9. I have feelings of sensitivity of others	3.91	Highly Practiced
10. I socialize with all my co- worker	4.13	Highly Practiced
	Mean	3.79
		Highly Practiced
<i>Legend:</i> 4.20-5.00	Very Highly Practiced	1.80-2.59
3.40-4.19	Highly Practiced	1.00-1.79
2.60-3.39	Moderately Practiced	Not Practiced at All

Table 4. Social Wellness Practices of the Respondents

Spiritual Wellness Practices of the Respondents

Table 5 highlights the spiritual wellness practices of the respondents. “I believe in a supreme being” ranked highest, with a mean score of 4.84 (very highly practiced), followed by “I appreciate individual uniqueness” with a mean of 4.63. Spirituality, widely recognized in public health for its role in enhancing physical and behavioral well-being, encompasses beliefs, practices, and rituals centered on the sacred (Koenig, 2009). Dawson (2000) further noted that understanding spirituality from a holistic perspective enhances one’s capacity to relate to and empathize with others.

Practices	Mean	Descriptive Rating
1. I believe in a supreme being	4.84	Very Highly Practiced
2. I seek spiritual knowledge by participating in:		
a. Recollections	3.63	Highly Practiced
b. Prayer meetings	3.56	Highly Practiced
3. I feel sense of compassion for others in need.	4.31	Very Highly Practiced
4. I do charity works	3.50	Highly Practiced
5. I appreciate individual uniqueness	4.63	Very Highly Practiced
6. I find it easy integrating my belief and values within my work	3.56	Highly Practiced
7. I participate in discussions about spiritual values	3.38	Moderately Practiced
8. I recognize that:		
a. there are many spiritual paths	4.22	Very Highly Practiced
b. Every spiritual tradition recognizes and teaches basic precepts or laws of wise and conscious human conduct	4.19	Highly Practiced
9. I have consistency between my beliefs, values and behaviors	4.34	Very Highly Practiced
10. I appreciate the need for connectedness among all people	4.47	Very Highly Practiced
	Mean	3.96
		Highly Practiced
<i>Legend: 4.20-5.00 Very Highly Practiced 1.80-2.59 Rarely Practiced</i>		
<i>3.40-4.19 Highly Practiced 1.00-1.79 Not Practiced at All</i>		
<i>2.60-3.39 Moderately Practiced</i>		

Table 5. Spiritual Wellness Practices of the Respondents

Occupational Wellness Practices of the Respondents

Table 6 presents the occupational wellness practices of the respondents. “I do my job with dedication and passion” ranked highest with a mean score of 4.69 (very highly practiced), followed by “I try to use as many skills as possible in doing my work” with a mean of 4.59 (highly practiced).

Occupational wellness in school settings is essential, as it enables teachers to express their values through meaningful workplace engagement. Song (2018) found that employees participating in occupational wellness programs reported improved health behaviors, though changes in clinical health outcomes and productivity were minimal after 18 months.

Mounting pressures in teaching and research have been linked to adverse effects on teacher well-being (Unterbrink, 2008). Saaranen (2007) further emphasized that teacher stress, exhaustion, and job satisfaction are influenced by both mental and physical demands. Thus, promoting mental health in educational institutions is crucial to sustaining teacher productivity and well-being.

Practices	Mean	Descriptive Rating
1. I do my job with dedication and passion	4.69	Very Highly Practiced
2. I use my time wisely and productively	4.34	Very Highly Practiced
3. I put quality to the work that I do	4.53	Very Highly Practiced
4. I am resourceful in doing or accomplishing my task	4.47	Very Highly Practiced
5. I try to use as many skills as possible in doing my work	4.59	Very Highly Practiced
6. I am creative and innovative in doing my job	4.28	Very Highly Practiced
7. I find it difficult to balance my work and family/ personal life responsibilities	2.50	Rarely Practiced
8. I see to it that an evaluation is conducted every end of a major task to know what to maintain and what to enhance	3.91	Highly Practiced
9. I follow work directions and recommended guidelines in ways likely to keep myself and others safe	4.50	Very Highly Practiced
10. I spend my money wisely	3.31	Moderately Practiced
	Mean	4.05
		Highly Practiced

<i>Legend:</i>	4.20-5.00	Very Highly Practiced	1.80-2.59	Rarely Practiced
	3.40-4.19	Highly Practiced	1.00-1.79	Not Practiced at All
	2.60-3.39	Moderately Practiced		

Table 6. Occupational Wellness Practices of the Respondents

Summary of the Wellness Practices of the Respondents

Table 7 shows the summary of the wellness practices of the respondents. Although all the wellness practices were rated as highly practiced, physical wellness practices got the lowest mean followed by emotional wellness. This finding indicates a need for better physical wellness practices of the respondents. It has been said that a teacher's wellness is often reflected on his students' wellness. A teacher is likely the first role model for the students. Thus, teachers need to establish a healthy workplace for students to follow. Besides, healthy students are fast learners. Physical well-being is essential in preventing not only physical stress but emotional and mental stress as well. Good nutrition, exercising, and getting enough sleep form the foundation of better well-being.

The finding of this research jibes with the study conducted by Harding et al. (2017), which showed that when educators engage in healthier behaviours, they practice more effective coping and experience less stress. Wellness of teachers has been associated not only to teachers' physical health, but also to stability in schools, teaching effectiveness, and student achievement (Jennings & Greenberg, 2009). Promoting teacher associated not only to teachers' physical health, but also to stability in schools, teaching effectiveness, and student achievement (Jennings & Greenberg, 2009). Promoting teacher wellness requires attention to physical and mental health, professional development and support, and resources needed to be effective in the classroom, among other things (Cox et al., 2018).

Using the concept of wellness, it could be assumed that people are responsible for their own well-being through the practice of integrating the six dimensions of wellness. In the process of achieving or striving for holistic wellness, people come closer to satisfying their system of basic human needs that is necessary to live a healthy life (McGrego,2010). All of which shape the human condition resulting to behaviour modification. When teachers are confident and happy with the quality of their work, and they are recognized for the same reason, they will feel that others believe in them which in turn will increases their engagement, work efficiency and productivity. Thus, wellness in the workplace should be taken into consideration when addressing the well-being of teachers.

Practices	Mean	Descriptive Rating
Physical wellness practices	3.82	Highly Practiced
Intellectual wellness practices	4.00	Highly Practiced
Emotional wellness practices	3.89	Highly Practiced
Social wellness practices	4.03	Highly Practiced
Spiritual wellness practices	4.05	Highly Practiced
Occupational wellness practices	4.11	Highly Practiced
	Mean	3.98
		Highly Practiced

Legend: 4.20-5.00 *Very Highly Practiced* 1.80-2.59 *Rarely Practiced*
3.40-4.19 *Highly Practiced* 1.00-1.79 *Not Practiced at All*
2.60-3.39 *Moderately Practiced*

Table 7. Summary of the Wellness Practices of the Respondents

CONCLUSION

The findings of this study highlight a high level of engagement among Physical Education and Health teachers in wellness practices across all six dimensions. However, the relatively lower emphasis on physical and emotional wellness suggests critical areas for targeted improvement. Given the role of educators as models of behavior and well-being for their students, this gap underscores the importance of fostering robust physical wellness habits—not only to support teachers' personal health but also to contribute to a more positive and effective learning environment.

The results affirm the connection between teacher wellness and multiple professional outcomes such as stress reduction, teaching efficacy, and student achievement. Moreover, the integration of the six dimensions of wellness reinforces the notion that individuals—particularly educators—hold a vital responsibility in cultivating their well-being as part of a holistic, human-centered approach to health.

To this end, institutional efforts to enhance teacher wellness must extend beyond physical health alone, encompassing emotional resilience, supportive workplace environments, and access to professional development. Investing in such comprehensive wellness initiatives will not only uplift teacher morale and performance but also reinforce the stability and success of the educational system as a whole.

RECOMMENDATIONS

In light of the above conclusions, the following recommendations are proposed: First, DMMMSU administrators, faculty, and students are encouraged to promote a positive culture of physical activity by incorporating at least 30 minutes of exercise into the regular school day. Second, teachers should be provided opportunities to participate in seminars and training sessions on fitness and wellness programs to remain informed about current strategies and innovations for achieving holistic well-being. Third, it is recommended that the proposed fitness and wellness program—featuring activities such as team building, retreats, and educational trips—be implemented to enhance the teachers' overall disposition and wellness. Lastly, future studies may consider incorporating sex as a variable, examining the impact of physical activities on the teachers' intellectual, emotional, social, spiritual, and occupational wellness, and evaluating the effects of wellness programs on teacher performance.

REFERENCES

- [1] Afangideh, M. (2001). Teachers and needed competencies. Retrieved on November 20, 2017. from <http://www.academicjournals.org/ingoj>
- [2] Agonos, JP, (2017). The fitnessstatus of physical education educators of higher education institution of San Fernando La Union: Basis for proposed wellness program. Saint Louis College, San Fernando City, La Union.
- [3] Al-Naggar, R., Jawad, A., Bobryshev, Y. (2012). Prevalence of cigarette smoking and associated factors among secondary school teachers in Malaysia. *Asian Pac J Cancer Prev.* 13(11):5539-43.
- [4] Alverson, E. (2012). Relationship between lifestyle, healthy behaviors, and health status outcomes for underserved adult. Retrieved on August 1, 2017 from <http://www.ncbi.nlm.nih.gov/pubmed/22672488>.

- [5] Borrelli, I., Benevene, P., Fiorilli, C., Amelio, F., Pozzi, G. (2014). Working conditions and mental health in teachers: a preliminary study. *Occup Med.* 64: 530
- [6] Botengan, J. (2006). Effects of teachers' behavior and approaches on students' attitude toward PE in the Institute of PE and Sports. (Unpublished master's thesis). Benguet State University, La Trinidad, Benguet.
- [7] Buermann-King, B. (2001). Handling job stress. Retrieved on August 1, 2017 from [http://www.wprksmartlivesmart.com/job stress articles.html](http://www.wprksmartlivesmart.com/job%20stress%20articles.html).
- [8] Cox, A., Solomon, B., and Parris, D. (2018). Teacher well-being is a critical and often overlooked part of school health. Retrieved from <https://www.childtrends.org/teacher-well-being-is-a-critical-and-often-overlooked-part-of-school-health>
- [9] Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage Publications.
- [10] Dawson, E. (2000). The relationship of stress levels to wellness practices among community college presidents. Retrieved on November 20, 2017 from [http://etd-submit-etsu.edu/etd/theses/available/etd-0306104-115820/unrestricted/Dawson E032504f.pdf](http://etd-submit-etsu.edu/etd/theses/available/etd-0306104-115820/unrestricted/Dawson%20E032504f.pdf)
- [11] Dimapilis, et. Al. (2009). *Physical Education I. Physical Fitness and Gymnastics: Book Atbp.* Publishing Corp.
- [12] Drucker, P.(2000) Vision in public management, *International Journal of Public Administration*, 17:3-4, 675-711, DOI: 10.1080/01900699408524913
- [13] Gray, L. & Taie, S. (2015). Public School Teacher Attrition and Mobility in the First Five Years: Results from the First through Fifth Waves of the 2007-08 Beginning Teacher Longitudinal Study (NCES 2015-337). U.S. Department of Education; Washington, DC: National Center for Education Statistics. Retrieved from <http://nces.ed.gov/pubs2015/2015337.pdf>.
- [14] Harding, S. et.al. 2018. Is teachers' mental health and wellbeing associated with students' mental health and wellbeing? *Journal of Affective Disorders*, Volume 253, 15 June 2019. Retrieved on May, 15, 2019 from <https://doi.org/10.1016/j.jad.2018.08.080>
- [15] Hettler, B. (1976). The six dimensions of wellness model. National Wellness Institute. <https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/pdfs/sixdimensionsfactsheet.pdf>
- [16] Janaka Das, BVG.(2011). Definitions on balanced and healthy lifestyle. Retrieved on October 2, 2017 from <http://www.healthy-holistic-living.com/Definition-Healthy-Living.html>).
- [17] Jennings, P. A., & Greenberg, M. T. (2009). The Prosocial Classroom: Teacher Social and Emotional Competence in Relation to Student and Classroom Outcomes. *Review of Educational Research*. 79(1), 491–525. <https://doi.org/10.3102/0034654308325693>
- [18] Koenig, H.G. (2009). Research on religion, spirituality, and mental health: A review. *The Canadian Journal of Psychiatry*, 54(5), 283–291.
- [19] Kottwitz, M. U., Gerhardt, C., Pereira, D., Iseli, L., & Elfering, A. (2018). Teacher's sleep quality: Linked to social job characteristics? *Industrial Health*, 56(1), 53–61.
- [20] Lux, K. (2009). Are physical education teacher physically active role models. Retrieved on July 22, 2017, from http://www.aiesep.ulg.ac.be/upload/poster_09_aiesep_pensacola_lux_jones.pdf.
- [21] Marshall, M. 2016. "The Big Benefits of Plain Water". Harvard Health Publishing. Harvard Medical School, USA, from <http://www.health.harvard.edu/blog/big-benefits-plain-water>.
- [22] Mart, C. (2013). A Passionate Teacher: Teacher Commitment and Dedication to Student Learning. *International Journal of Academic Research in Progressive Education and Development*. 2(1); 437-442

- [23] McGregor, S. (2010). Well-being, Wellness and Basic Human Needs in Home Economics. McGregor Monograph Series No. 201003. Seabright, NS: McGregor Consulting Group. Retrieved from https://www.consultmcgregor.com/documents/publications/well-being_wellness_and_basic_human_needs_in_home_economics.pdf
- [24] Miller, B. F., Hamilton, K. L., & Majeed, Z. R. (2016). The health benefits of exercise and physical activity. *Current Sports Medicine Reports*, 15(4), 232–238
- [25] National Association for Sport and Physical Education. (2010). A philosophical position on physical activity professional. Retrieved on July 26, 2017 from <http://www.aahperd.org/naspe/standards/upload/Physical-Activity-Fitness-Recommendations-for-PA-Professionals-2002-2.pdf>.
- [26] Opdes, Maureen Jane (2007). Competency level of Physical Educators in the Private Tertiary Institutions of Baguio City.
- [27] Saaranen, T., Tossavainen, T., Turunen, H., Kiviniemi, V. and Vertio, H. (2007). Occupational well-being of school staff members: a structural equation model. *Health Education Research*. 22 (2): 248–260
- [28] Savadi, P., Wantamutte, A., and Narasannavar, A. (2013). Pattern of tobacco use among primary school teachers in Belgaum city, India – A Cross Sectional Study. *Glob J Med Publ Health*. 2013;2(4):1-6.
- [29] Schindler, B., Novack, D., Cohen, D., Yager, J., Wang, D. and Shaheen, N. (2006). The impact of the changing health care environment on the health and well-being of faculty at four medical schools. *Acad Med*. 81(1):27–34.
- [30] Song, Z. 2018. Effects of a workplace wellness program on employee health and economic outcomes: a random clinical trial. *JAMA Network*. Retrieved on January 4, 2019 from www.jamanetwork.com
- [31] Unterbrink, T., Zimmermann, L., Pfeifer, R., Wirsching, M., Brahler, E. and Bauer, J. (2008). Parameters influencing health variables in a sample of 949 German teachers. *Int Arch Occup Environ Health*. 82(1):117–23.
- [32] World Health Organization. (2002). World report on physical activity and health. Geneva: World Health Organization.
- [33] World Health Organization. (2009). Lifestyle manual: Module 4 – Promoting physical activity. World Health Organization, Western Pacific Regional Office.

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