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MEASURING THE SIX-DIMENSIONAL ASPECTS OF WELLNESS AMONG BSOA STUDENTS AT THE POLYTECHNIC UNIVERSITY OF THE PHILIPPINES

DR. GREGORIO A. REYES
Assoc. Prof. Ronnie A. Idian, Mr. Jeffrey P. Motos & MS. RUELA A. GLUDO
Polytechnic University Of The Philippines

ABSTRACT

The purpose of the study was to determine the perceived wellness among the BSOA Students at Polytechnic University of the Philippines in the six-dimensional aspects: psychological, emotional, social, physical, spiritual, and intellectual. Quantitative Research Method was used in this study. Quantitative Research Method emphasizes objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques. Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a particular phenomenon. Assessment of the Respondents on six-dimensional wellness were as follows: Psychological Aspect was interpreted "Agree" with a grand weighted mean of 4.41; Emotional Aspect was rated "Somewhat Agree" having a grand weighted mean of 4.12; Social Aspect, majority of the respondents chosen "Agree" as verbal interpretation which garnered a general weighted mean of 4.34; Physical Aspect, was interpreted "Somewhat Agree" by majority of the respondents and obtained a grand weighted mean of 3.96; Spiritual Aspect had a verbal interpretation of "Agree" with a grand weighted mean of 4.38; lastly, Intellectual Aspect was verbally interpreted "Somewhat Agree" with a grand weighted mean of 4.18. The test for significant difference on the assessment of respondents towards the Six-Dimensional Aspects of Wellness had a moderate to very strong difference to position, while it had a Weak to Very Strong difference between the six-dimensional aspect to sex, and lastly, six-dimensional aspect of wellness have a Weak to Strong positive difference to age. Majority of the respondents interpreted "Agree" the aspects of Psychological, Social, and Spiritual Aspects, while Emotional, Physical and Intellectual Aspects is interpreted "Somewhat Agree". This implies that the respondents are self-assured with their Psychological, Social and Spiritual Aspects while doubting their Emotional, Physical and Intellectual aspects. Therefore, the researchers conclude that the respondents' wellness in terms of these six-dimensional wellness aspects is not balanced. It is concluded that there is no significant difference in the assessment of the respondents in the six-dimensional wellness aspects as to the position, sex, and age. Based on the conclusions, the researchers recommend the following: The respondents should focus on cultivating the aspects which got a low assessment in terms of emotional, physical and intellectual aspects. Therefore, head of offices should provide a more intensive trainings and seminars in order to develop these three aspects of wellness. Since that there is no significant difference in the assessment of the respondents in the six-dimensional wellness aspects as to the position, sex, and age. It is recommended that another aspect of the respondent's profile should be tested with the six-dimensional wellness aspect in order to determine if the same result will come out. Future researchers may conduct a follow-up study in order to validate the result of this research or they may conduct the same research with a new set of respondents.

Introduction

Wellness is defined in multiple ways throughout the literature. Early development of wellness produced definition as "a conscious and deliberate approach to an advance state of physical, psychological, and spiritual health" (Ardell, 1984). As wellness research developed, wellness was proposed to be "a multidimensional state of being describing the positive health of an individual" (Corbin and Pangrazi, 2001). The most general definition of wellness involves an individual's sense of wellbeing useful in advancing them toward an improve quality of life.

Wellness is the search for enhanced quality of life, personal growth, and potential through well-being positive lifestyle behaviors and attitude. If we take responsibility for our own health and well-being, we can improve our health. The pursuit of health, personal growth, and improved quality of life relies on living a balanced life. To achieve balance, we need to care for our mind, body and spirit.

Models of wellness are having been developed to determine the dimensional aspects and provide structure for quantifying levels of wellness. The most dimensions used to examine wellness are psychological, emotional, social, physical, spiritual and intellectual.

Maintaining an optimal level of wellness is absolutely crucial to live a higher quality life. Wellness matters. Wellness matters because everything we do and every emotion we feel relates to our well-being. In turn, our well-being directly affects our actions and emotions. It's an ongoing circle. Therefore, it is important for everyone to achieve optimal wellness in order to subdue stress, reduce the risk of illness and ensure positive interactions (Student Health and Counseling Services). For students, optimum health and wellness can have a positive impact on academic success. In addition, many of the activities that keep students healthy can also improve mental focus, decrease stress, and improve the quality of study time (Oregon State University).

Study Context

According to the World Health Organization, "Wellness is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". It is also an active process of becoming aware of and making choices toward a more successful existence. The key words in this first sentence are process, aware, and choices. Process means that we never arrive at a point where there is no possibility of improving. Aware means that we are by our nature continuously seeking more information about how we can improve. Choices mean that we have considered a variety of options and select those that seem to be in our best interest (National Wellness Institute).

Hettler (1984), a public health physician and medical educator, described a hexagon model including six dimensions of healthy functioning; (1) social, (2) occupational, (3) spiritual, (4)

physical, (5) intellectual, and (6) emotional components. Social dimension involves the development of social intimacy with family, friend, and co-workers. The dimension also includes the type of environment in which the individual lives. Occupational and career dimension includes the past and present vocational experiences and skills acquired, a level of satisfaction attained during the period of employment, and salary level attained. Physical dimension refers to behaviors and factors that directly and indirectly affect physical health such as types and levels of exercise, nutrition, alcohol, stress levels, sexual activity, body esteem, and amount of sleep. Intellectual dimension involves formal and informal means toward knowledge and enlightenment. Emotional dimension includes the ability to own and express one's emotions in a healthy manner. This model is the basis for two assessment instruments, Testwell (National Wellness Institute, 1988) and the Lifestyle Assessment Questionnaire (LAQ) (National Wellness Institute, 1983).

Adams Bezner, and Steinhardt (1997) built the Perceived Wellness Model (PWM) on the construct of wellness defined as both multidimensional and salutogenic (health seeking) within an integrated systems framework. For the multidimensional aspect of the PWM, Adams (1995) defined wellness as a "manner of living that permits the experience of consistent, balanced growth in the physical, spiritual, psychological, social, emotional, and intellectual dimensions of human existence" (p. 15). The six dimensions in this model are consistent with a holistic wellness perspective integrating aspects of the body, mind, and spirit. These or similar dimensions exist in the majority of wellness models (e.g., Hettler, 1984; Witmer & Sweeney, 1992), although the underlying theoretical framework and emphasis on behavior change theory distinguishes the PWM from other models of wellness.

The PWM represents various degrees of wellness and illness as a cone-shaped object. Wellness is displayed at the widest expansion of the PWM, whereas the tightly constricted bottom represents illness. Wellness in all dimensions, at the top of the model, is depicted as boundless and increasing independence to individuals. The distal narrow part of the cone represents illness that constricts or limits individual independence. In between are innumerable combinations of wellness that demonstrate the various states of balance among them (Adams, Bezner, Garner, et al., 1998). Change in any dimension affects the other dimensions. Increasing wellness in one dimension has positive ripple effect on the other dimensions, and similarly, disease or illness will cause a rippling negative effect on the other dimensions.

Distinctive to the PWM is the inclusion of behavior change as one of its underlying theories. This model makes it clear that: 1) general health perceptions are among the best predictors of numerous health outcomes; and 2) nearly every behavior change theory in use today employs perceived constructs, the idea being that if you can change perceptions, you can change attitudes and ultimately behaviors (Adams et al., 2000). The Perceived Wellness Scale is based on the PWM.

The PWS (Adams, Bezner, & Steinhardt, 1998) was developed for use in clinical settings as a research tool and designed using systems, wellness, and cognitive theories as its theoretical

underpinnings. Perceived wellness, according to its authors, is defined as a multidimensional, salutogenic (i.e., health seeking) construct, which is best understood through an integrated system view. An assumption of the PWS is that it collects evidence supporting the belief that the mind and the body reciprocally interact to influence overall wellness (Adams, Bezner, & Steinhardt, 1998; Degges-White, Myers, Adelman, & Pastoor, 2003). In the past, research measuring the perceptions of patients had been conducted using a single item measure of holistic wellness (Idler & Kasl, 1991; Kaplan & Camacho, 1983; Reed, 1992). The PWS sets out to represent, integrate and measure holistic wellness concepts through the perceptions of individuals (Adams et al., 2000) and is a multi-faceted measure of perceived health. Population testing with the PWS has been limited to students and employees living in the same region. However, the brevity and simplicity of the PWS may increase its use in clinical practice and further testing in research.

Understanding and eventually measuring individual wellness in counseling led Sweeney and Witmer (1992) to design the Wheel of Wellness Model (WOW). This model provided an alternative view from more common diagnostic tools used in counseling that only identified negative and dysfunctional dimensions of a patient (Myers et al., 2000). The WOW is a multidimensional and circular model used to explain both the characteristics of healthy functioning and the nature of the relationships among those characteristics. Myers et al. (1998) hypothesized the relationships among sixteen characteristics associated with wellness. In an extensive literature review, Myers et al. (2000) concluded that existing theoretical and empirical literature supports each of the characteristics of wellness included in the WOW model.

Objectives

The purpose of the study was to determine the perceived wellness among the BSOA Students in the six-dimensional aspects: psychological, emotional, social, physical, spiritual, and intellectual.

Specifically, this study sought to answer the following questions:

1. What is the profile of the respondents in terms of:
   a. Year and section;
   b. Sex;
   c. Age?

2. How do the respondents assess their wellness in terms of;
   a. Psychological Aspect;
   b. Emotional Aspect;
   c. Social Aspect;

d. Physical Aspect;
e. Spiritual Aspect;
f. Intellectual Aspect?

3. Is there any significant difference in the respondents' perception on the six-dimensional aspects of wellness among BSOA Students when they are grouped according to Position, Sex, and Age?

Hypothesis of the Study

There is no significant difference in the respondents' perception of the six-dimensional aspects of wellness among BSOA Students whey they are grouped according to year and section, Sex, and Age.

Theoretical Framework

Six-Dimensional Model of Wellness developed by Bill Hettler (1979) is a wellness paradigm that integrates the six dimensions of wellness (psychological, emotional, social, physical, spiritual and intellectual) that can be used as a guideline of improving life in order to lead a vital, fulfilling, well rounded life. Each of these dimensions is interconnected and play a vital role in an individual's total wellness, when one or more dimension is missing there must be an imbalance in life. The six-dimensional model of wellness helps the researchers to determine a balanced or outbalanced level of wellness as well as to promote total wellness

"Systems theory" founded by Ludwig von Bertalanffy is one of the theories that support this study. According to this theory, each part of a system is both an essential sub-element of a larger system and an independent system with its own sub-elements. Elements are reciprocally interrelated such that disruption of homeostasis at any level requires adaptation of the entire system. Dr. Halbert L. Dunn who began to promote the notion of wellness in the 1950s, stated that individual wellness involves "an integrated method of functioning" suggesting reciprocal integration. At the individual level, this implies simultaneous function in multiple dimensions and at various levels within these dimensions including the physical, spiritual, psychological, social, emotional, and intellectual. The multidimensionality of wellness is supported by several authors.

This theory is beneficial to this study because it comprehends and addresses to the whole wellness and examines the interrelationship between the dimensions given. To best describe and predict individual wellness, it should include several dimensions which are operationalized and interpreted consistently with the systems approach.

Conceptual Framework

The framework conceptualizes IPO on the Wellness of BSOA Students in the six-dimensional aspects: psychological, emotional, social, physical, spiritual, and intellectual. The researcher used the system approach which consists of 3 frames – the input, which will go through the process of operation and emerge as the output.

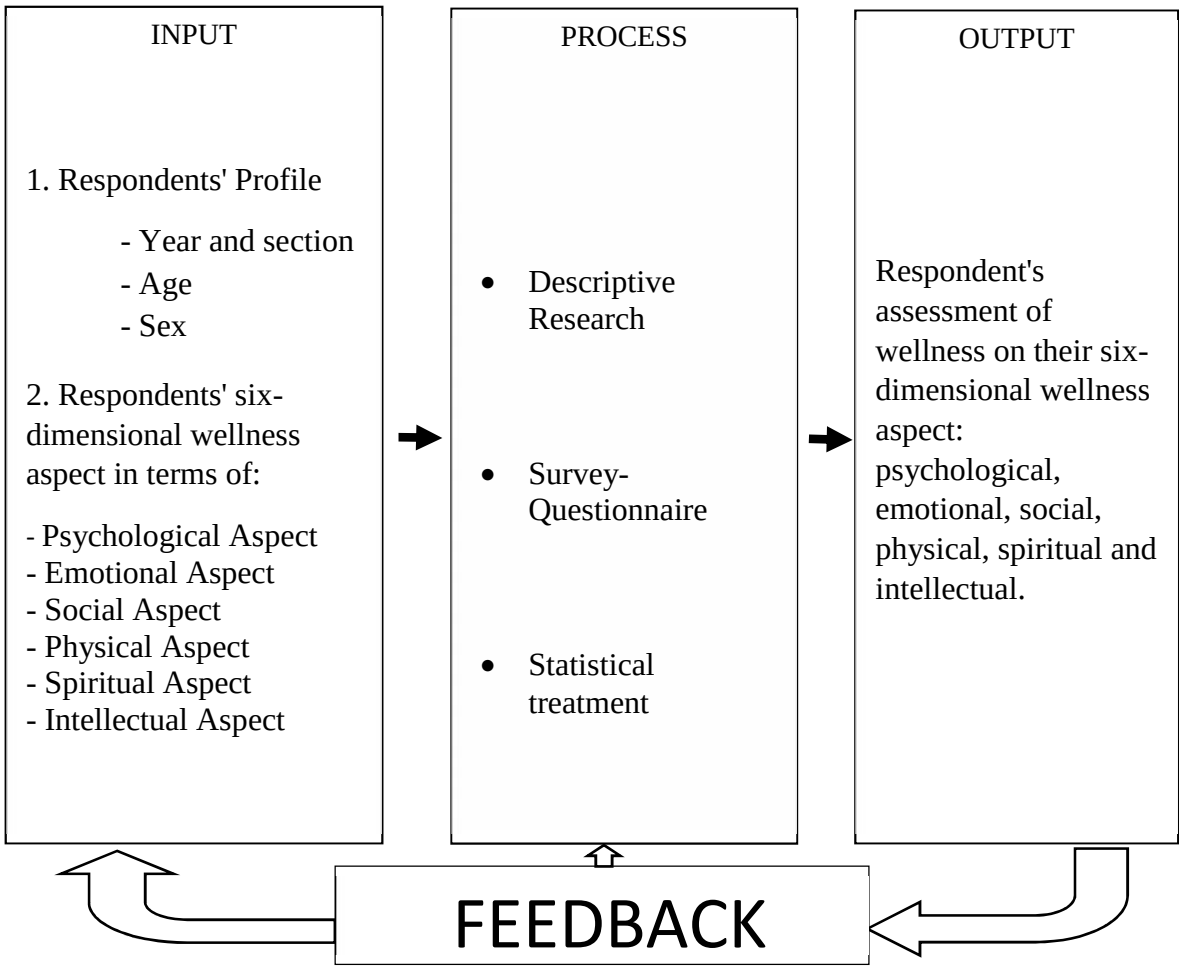

Figure 1 Paradigm of the Study

The Researchers used the IPO method to show the flow of process that was used in gathering data.

As shown in the input, the variables were derived from theoretical framework in this study, it consists of the profile of the respondents, and Respondents' six-dimensional wellness aspect.

The next process contained the survey-questionnaire (adopted questionnaire) as a research instrument in gathering data, and also statistical treatment which was given by Statistician to calculate the result from the data gathered.

After gathering and calculating the data, the researchers' result on the Wellness of BSOA Students in the six-dimensional aspects wellness: psychological, emotional, social, physical, spiritual, and intellectual and their perception as the outcome of the study.

Lastly, the arrows in between boxes showed how the process flows to arrive a desired result.

Methodology

Quantitative Research Method was used in this study. Quantitative Research Method emphasizes objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques. Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a particular phenomenon. The methodology applied to gain solution in the realization of the study.

Data Generation

To ensure the quality of effective conduct of the study, the researcher observed the following:

1. The researcher secured permission from the person in authority to distribute questionnaire to the BSOA Students.
2. Once approval to administer questionnaire was granted, the researcher distribute questionnaires to 195 BSOA Students at Polytechnic University of the Philippines.
3. Random sampling was used in distributing questionnaires to the respondents.
4. The questionnaires were retrieved after three day when it was filled-out by the respondents.
5. Before tabulating the data, questionnaires were carefully inspected to determine the properly filling-out of the instrument.

Results and Discussion

1. Profile of the Respondents

Table 1

Frequency and Percentage Distribution of the Respondents According to Age, Year level, and Sex

Age	(f)	(%)	Year level	(f)	(%)	Sex	(f)	(%)
16 years old	1	0.50	Third Year	114	58.50	Male	43	22.1
17 years old	1	0.50	Fourth Year	81	41.5	Female	152	77.9
18 years old	54	27.70						
19 years old	87	44.60						
20 years old	41	21.00						
21 years old	10	5.13						
22 years old	1	0.50						
Total	**195**	**100**	**Total**	**195**	**100**	**Total**	**195**	**100**

Table 1 shows the profile of the respondents in terms of age. In this table it shows that out of 195 respondents: 1 or .5% were 16 years old, 17 years old and 22 years old; 54 or 27.7% were 18 years old; 87 or 44.6% were 19 years old; 41 or 21.0% were 20 years old, and lastly 10 or 5.13% were 21 years old. This implies that BSOA Students ages 45 - 50 years old are the majority respondents of this study.

The frequency and percentage distribution according to Year level shows that: Third year level has the highest frequency of 114 or 58.50%, while third year level got 81 or 41.50%.

The profile of the respondents in terms of gender. Out of 195 respondents, majority are female with 152 respondents or 77.9% as compared to the 43 males or 22.1% of the respondents.

2. The assessment of the respondents on six-dimensional wellness in terms of Psychological Aspect

Table 2

Assessment of the Respondents on six-dimensional wellness in Terms of Psychological Aspect

PSYCHOLOGICAL ASPECT	Weighted Mean	Verbal Interpretation
I am always optimistic about my future.	5.18	Strongly Agree
I rarely count the good things happening to me.	4.02	Somewhat Agree
I always look on the brighter side.	5.19	Strongly Agree
I always expect for the best things to happen.	4.84	Agree
I hardly expect things to favor me.	4.13	Somewhat Agree
I think my plans will not work out the way I want them to be in the future.	3.41	Somewhat Disagree
Grand weighted mean	**4.41**	**Agree**

Table 2 reveals the mean and verbal interpretation of respondents' in terms of psychological aspect. "I am always optimistic about my future" got the mean of 5.18 with a verbal interpretation of "Strongly Agree". "I rarely count the good things happening to me" got the mean of 4.02 with a verbal interpretation of "Somewhat Agree". "I always look on the brighter side" got the mean of 5.19 with a verbal interpretation of "Strongly Agree". "I always expect for the best things to happen" obtained the mean of 4.84 with a verbal interpretation of "Agree". "I hardly expect things to favor me" had a mean of 4.13 with a verbal interpretation of "Somewhat Agree". "I think my plans will not work out the way I want them to be in the future" gain the mean of 3.41 with a verbal interpretation of "Somewhat Disagree".

"I always look on the brighter side" got the highest mean of 5.19 with a verbal interpretation of "Strongly Agree" while "I think my plans will not work out the way I want them to be in the future" had the lowest mean of 3.41 with a verbal interpretation of "Somewhat Disagree".

The general weighted mean for the psychological aspect is 4.41 which is verbally interpreted as "Agree". Therefore, the BSOA Students conceded that they are better in Psychological Aspect.

According to Suzanne Segerstrom, PhD, a professor of psychology at the University of Kentucky, having a cheery disposition can influence more than just your mood. Research shows that people tend to be optimistic by nature. "People who are optimistic are more committed to their goals, are more successful in achieving their goals, are more satisfied with their lives, and have better mental and physical health when compared to more pessimistic people."

3. The assessment of the respondents on six-dimensional wellness in terms of Emotional Aspect

Table 3

Assessment of the Respondents on six-dimensional wellness Aspect in Terms of Emotional Aspect

Emotional Aspect	Weighted Mean	Verbal Interpretation
I feel inferior to most of the people I know.	4.04	Somewhat Agree
In general, I feel confident about my abilities.	4.46	Agree
There are times that I think I am a worthless individual.	4.06	Somewhat Agree
I am not confident about my ability to do things well in the future.	3.65	Somewhat Agree
I am confident with who I am.	4.76	Agree
I feel sure of myself among strangers.	3.82	Somewhat Agree
Grand weighted mean	**4.12**	**Somewhat Agree**

Table 3 presents the weighted mean and verbal interpretation in terms of emotional aspect: "I feel inferior to most of the people I know" was interpreted "Somewhat Agree" with the mean 4.04; on the other hand, "I feel inferior to most of the people I know" had a mean of 4.46 with a verbal interpretation of "Agree"; Furthermore, "There are times that I think I am a worthless individual" got a verbal interpretation of "Somewhat Agree" with a mean of 4.06; While "I am not confident about my ability to do things well in the future" got the mean of 3.65 with a verbal interpretation of "Somewhat Agree". Moreover, "I am confident with who I am" was interpreted "Agree" and got the mean of 4.76 ; Lastly, "I feel sure of myself among strangers" got the mean of 3.82 with a verbal interpretation of "Somewhat Agree".

"I am confident with who I am" got the highest mean of 4.76 with a verbal interpretation of "Agree" while "I am not confident about my ability to do things well in the future" got the lowest mean of 3.65 with the verbal interpretation of "Somewhat Agree."

The general weighted mean for the emotional aspect is 4.12 which is verbally interpreted as "Somewhat Agree." Thus, the respondents Somewhat agreed on all the statements under "Emotional Aspect".

The research conducted by David Yeager (2013), a University of Texas professor, proves that employees who received some expression of confidence in their ability—even while receiving criticism—performed better later on than those who were simply told to aim for higher standards.

4. The assessment of the respondents on six-dimensional wellness in terms of Social Aspect

Table 4

Assessment of the Respondents on six-dimensional wellness Aspect in Terms of Social Aspect

Social Aspect	Weighted Mean	Verbal Interpretation
Members of my family come to me for support.	5.07	Agree
Sometimes, I wonder if my family will be there for me when I need them the most.	3.91	Somewhat Agree
My friends know they can always rely on me and ask me for advice.	4.87	Agree
My family has always been there to support me.	5.29	Strongly Agree
I don't have friends whom I can share my joys and sorrows.	2.41	Disagree
My friends will be there for me when I need help.	4.95	Agree
Grand weighted mean	**4.34**	**Agree**

Table 4 reveals the respondents' assessment in terms of social aspect: The following statements obtained a verbal interpretation of "Agree" with the respective mean "Members of my family come to me for support" (5.07); "My friends know they can always rely on me and ask me for advice"(4.87); "My friends will be there for me when I need help" (4.95). While "Sometimes, I wonder if my family will be there for me when I need them the most" had mean of 3.91 and was interpreted "Somewhat Agree". Furthermore, "My family has always been there to support me" got the highest mean of 5.29 with a verbal interpretation of "Strongly Agree". Conversely, "I don't have friends whom I can share my joys and sorrows" got the lowest mean of 2.41 (Disagree).

The general weighted mean for social aspect is 4.34 which is verbally interpreted as "Agree." As a result, the respondents acknowledged that the have better Social life.

This findings concur with the concept of Dr. Robert Waldinger, a psychiatrist in Harvard-affiliated Massachusetts General Hospital, social connections appear to be good for health.

People who are more socially connected to family, friends, and community are happier, healthier, and live longer than people who are less well connected.

5. The assessment of the respondents on six-dimensional wellness in terms of Social Aspect

Table 5

Assessment of the Respondents on six-dimensional Wellness Aspect in Terms of Physical Aspect

Physical Aspect	Weighted Mean	Verbal Interpretation
My health restricts me from doing physical activities.	3.41	Somewhat Disagree
I have good immune system.	4.53	Agree
I am physically fit/healthy.	4.55	Agree
My physical health is more excellent compared to other people I know.	4.05	Somewhat Agree
I expect to always be physically healthy.	4.56	Agree
I expect my physical health to get worse.	2.54	Disagree
Grand weighted mean	**3.96**	**Somewhat Agree**

Table 5 shows the assessment of the respondents' in terms of physical aspect. Of all the items under physical aspect "I expect to always be physically healthy" obtained the highest mean of 4.56 with a verbal interpretation of "Agree", while "I expect my physical health to get worse" got the lowest mean of 2.54 with a verbal interpretation of "Disagree.", Whereas, "I have good immune system" (4.53); "I am physically fit/healthy" (4.55) were both interpreted "Agree".

The general weighted mean for the physical aspect is 3.96 which is verbally interpreted as "Somewhat Agree." Therefore, exhibited that respondents' are quite sure about their Physical Aspect state of wellness.

It was found out that majority of respondents are quite optimistic to their physical health, this was supported by the study made by Dr. Hilary Tindle et al., a physician-scientist. She pointed out that optimists tended to be slightly younger, more educated and wealthier, more physically active and closer to healthy body weight.

6. The assessment of the respondents on six-dimensional wellness in terms of Social Aspect

Table 6

Assessment of the Respondents on six-dimensional wellness Aspect in Terms of Spiritual Aspect

Spiritual Aspect	Weighted Mean	Verbal Interpretation
I believe that God gave me a real purpose in life.	5.61	Strongly Agree
Life does not hold much future promise for me.	3.74	Somewhat Agree
Sometimes, I don't understand what life is all about.	3.79	Somewhat Agree
I believe that I was guided by the holy spirit in my mission in life.	5.51	Strongly Agree
I feel like my life is meaningless.	2.56	Disagree
I always believe in the power of prayer in life.	5.33	Strongly Agree
Grand weighted mean	**4.38**	**Agree**

Table 6 presents the respondents' assessment in terms of spiritual aspect. "I believe that God gave me a real purpose in life" gained the highest mean of 5.61 with a verbal interpretation of "Strongly Agree", while "I feel like my life is meaningless" got the lowest mean of 2.56 with a verbal interpretation of "Disagree."

The general weighted mean assessment for the Spiritual Aspect is 4.38 which is verbally interpreted as "Agree." Consequently, the result exhibited that majority of the respondent have good interpersonal relationship with God.

This findings is supported by Dr. Jay Fawver, a psychiatrist and host of the popular PBS television show "Matters of the Mind with Dr. Jay Fawver", stated that one's faith life can certainly help in lessening stress and depression and help one recover from it. Research shows that one's level of religiosity or involvement in their spirituality is directly related to one's overall health and recovery.

7. The assessment of the respondents on six-dimensional wellness in terms of Intellectual Aspect

Table 7

Assessment of the Respondents on six-dimensional wellness Aspect in Terms of Intellectual Aspect

Intellectual Aspect	Weighted Mean	Verbal Interpretation
I do activities that challenge me to think and reason out.	5.11	Agree
I avoid activities that require me to concentrate.	3.03	Somewhat Disagree
I am satisfied with the amount of intellectual stimulation I receive every day.	4.39	Agree
I learn enough information every day.	4.69	Agree
I find intellectual activities important to my overall well-being.	4.69	Agree
I avoid solving logical problems and activities.	3.28	Somewhat Disagree
Grand weighted mean	**4.18**	**Somewhat Agree**

Table 7 presents respondents' assessment in terms of intellectual aspect with their respective mean and verbal interpretation: "I do activities that challenge me to think and reason out" (5.11) "Agree"; "I avoid activities that require me to concentrate" (3.03) "Somewhat Disagree"; "I am satisfied with the amount of intellectual stimulation I receive everyday" (4.39) "Agree"; "I learn enough information and lessons everyday" (4.69) "Agree"; "I find intellectual activities important to my overall well-being" (4.69) "Agree".

"I do activities that challenge me to think and reason out" got the highest mean of 5.11 with a verbal interpretation of "Agree", while "I avoid activities that require me to concentrate" got the lowest mean of 3.03 with a verbal interpretation of "Somewhat Disagree." The general weighted mean for the Intellectual Aspect is 4.18 which is verbally interpreted as "Somewhat Agree."

According to the article made by the University of California (2017), challenges open our minds to new ideas and experiences that can be applied to personal decisions, group interaction and community betterment. The desire to learn new concepts, improve skills and seek challenges in pursuit of lifelong learning contributes to our Intellectual Wellness.

4. Significant difference among the perceived six-dimensional aspects of wellness among BSOA Students in terms of Position, Sex, and Age.

Table 8

Test for Significant Difference on the Assessment of Respondents towards the Six-Dimensional Aspects of Wellness When Grouped According to Year Level

Aspects of Wellness	Year Level	Mean	t-value	p-value	Decision	Remarks
Psychological Aspect	3rd Year	4.44	.989	.324	Accept Ho	Not Significant
	4th Year	4.36				
Emotional Aspect	3rd Year	4.14	.634	.527	Accept Ho	Not Significant
	4th Year	4.09				
Social Aspect	3rd Year	4.34	.112	.911	Accept Ho	Not Significant
	4th Year	4.33				
Physical Aspect	3rd Year	4.00	.921	.358	Accept Ho	Not Significant
	4th Year	3.91				
Spiritual Aspect	3rd Year	4.36	-.730	.466	Accept Ho	Not Significant
	4th Year	4.42				
Intellectual Aspect	3rd Year	4.18	-.124	.902	Accept Ho	Not Significant
	4th Year	4.19				

Table 8 shows the test of significance between the perception of wellness among BSOA students and their year level using T-test.

It revealed that psychological got a p-value of .324, emotional got a p-value of .527, social got a p-value of .911, physical got a p-value of .358, spiritual got a p-value of .466 and intellectual got a p-value of .902. The psychological, emotional, social, physical, spiritual and intellectual aspect is greater than the desired level of significance 0.05. Therefore, the hypothesis of the researchers that there is no significant difference between the perception of wellness among BSOA students and their year level is accepted.

Table 9

Test for Significant Difference on the Assessment of Respondents towards the Six-Dimensional Aspects of Wellness When Grouped According to Sex

Aspects of Wellness	Gender	Mean	t-value	p-value	Decision	Remarks
Psychological Aspect	Male	4.40	-.129	.897	Accept Ho	Not Significant
	Female	4.41				
Emotional Aspect	Male	4.16	.569	.570	Accept Ho	Not Significant
	Female	4.11				
Social Aspect	Male	4.42	1.112	.268	Accept Ho	Not Significant
	Female	4.32				
Physical Aspect	Male	3.95	-.122	.903	Accept Ho	Not Significant
	Female	3.97				
Spiritual Aspect	Male	4.42	.445	.657	Accept Ho	Not Significant
	Female	4.38				
Intellectual Aspect	Male	4.28	1.371	.172	Accept Ho	Not Significant
	Female	4.15				

Table 9 reveals the test of significance between the perception of wellness among BSOA students and their sex using T-test.

Table showed that psychological aspect got a p-value .897, emotional aspect got a p-value of .570, social aspect got a p-value of .268, physical aspect got a p-value of .903, spiritual aspect got a p-value of .657 and intellectual aspect got a p-value of .172. The psychological, emotional, social, physical, spiritual and intellectual aspect is greater than the desired level of significance 0.05. Therefore, the hypothesis of the researchers that there is no significant difference between the perception of wellness among BSOA respondents and their gender is accepted.

Table 10

Test for Significant Difference on the Assessment of Respondents towards the Six-Dimensional Aspects of Wellness When Grouped According To Age

Aspects of Wellness	Age	Mean	t-value	p-value	Decision	Remarks
Psychological Aspect	16 years old	4.00	1.325	.248	Accept Ho	Not Significant
	17 years old	4.00				
	18 years old	4.52				
	19 years old	4.40				
	20 years old	4.34				
	21 years old	4.10				
	22 years old	5.00				
Emotional Aspect	16 years old	3.00	2.101	.055	Accept Ho	Not Significant
	17 years old	4.00				
	18 years old	4.26				
	19 years old	4.11				
	20 years old	4.00				
	21 years old	3.90				
	22 years old	5.00				
Social Aspect	16 years old	4.00	.584	.743	Accept Ho	Not Significant
	17 years old	4.00				
	18 years old	4.28				
	19 years old	4.36				
	20 years old	4.39				
	21 years old	4.30				
	22 years old	5.00				
Physical Aspect	16 years old	4.00	.963	.452	Accept Ho	Not Significant
	17 years old	4.00				
	18 years old	3.98				
	19 years old	3.89				
	20 years old	4.10				
	21 years old	3.90				
	22 years old	5.00				
Spiritual Aspect	16 years old	4.00	.746	.613	Accept Ho	Not Significant
	17 years old	5.00				
	18 years old	4.43				
	19 years old	4.36				
	20 years old	4.41				
	21 years old	4.20				
	22 years old	5.00				
Intellectual Aspect	16 years old	3.00	1.764	.109	Accept Ho	Not Significant
	17 years old	4.00				
	18 years old	4.28				
	19 years old	4.15				
	20 years old	4.17				
	21 years old	4.00				
	22 years old	5.00				

Table 10 presents the test of significance between the perception of wellness among BSOA students and their age level using Analysis of Variance (ANOVA).

It can be seen on this table that psychological aspect got a p-value of .248, emotional got a p-value of .055, social got a p-value of .743, physical got a p-value of .452, spiritual aspect got a p-value of .613 and intellectual aspect got a p-value of .109. The psychological, emotional, social, physical, spiritual and intellectual aspect is greater than the desired level of significance 0.05. Therefore, the hypothesis has no significant difference between the perception of wellness among BSOA students and their age is accepted.

Summary of Findings

1. Assessment of the Respondents on six-dimensional wellness were as follows: Psychological Aspect was interpreted "Agree" with a grand weighted mean of 4.41; Emotional Aspect was rated "Somewhat Agree" having a grand weighted mean of 4.12; Social Aspect, majority of the respondents chosen "Agree" as verbal interpretation which garnered a general weighted mean of 4.34; Physical Aspect, was interpreted "Somewhat Agree" by majority of the respondents and obtained a grand weighted mean of 3.96; Spiritual Aspect had a verbal interpretation of "Agree" with a grand weighted mean of 4.38; lastly, Intellectual Aspect was verbally interpreted "Somewhat Agree" with a grand weighted mean of 4.18.

2. The test for significant difference on the assessment of respondents towards the Six-Dimensional Aspects of Wellness had a **moderate to very strong difference** to **position**, while it had a **Weak to Very Strong difference between** the six-dimensional aspect to **sex**, and lastly, six-dimensional aspect of wellness have a **Weak to Strong positive difference** to **age**.

Conclusions

1. Majority of the respondents interpreted "**Agree**" the aspects of **Psychological, Social**, and **Spiritual Aspects**, while **Emotional, Physical** and **Intellectual Aspects** is interpreted "**Somewhat Agree**". This implies that the respondents are self-assured with their Psychological, Social and Spiritual Aspects while doubting their Emotional, Physical and Intellectual aspects. Therefore, the researchers conclude that the respondents' wellness in terms of these six-dimensional wellness aspects is not balanced.

2. It is concluded that there is no significant difference in the assessment of the respondents in the six-dimensional wellness aspects as to the position, sex, and age.

Recommendations

Based on the conclusions, the researchers recommend the following:

1. The respondents should focus on cultivating the aspects which got a low assessment in terms of emotional, physical and intellectual aspects. Therefore, head of offices should provide a more intensive trainings and seminars in order to develop these three aspects of wellness.

2. Since that there is no significant difference in the assessment of the respondents in the six-dimensional wellness aspects as to the position, sex, and age. It is recommended that another aspect of the respondent's profile should be tested with the six-dimensional wellness aspect in order to determine if the same result will come out.

3. Future researchers may conduct a follow-up study in order to validate the result of this research or they may conduct the same research with a new set of respondents.

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