

## **Needs Assessment of Healthy Lifestyle among City College of Angeles Employees: A Basis for In-House Wellness Program**

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World Health Organization (2020) considers workplace health program as one of the best-buy options for prevention and control of non-communicable diseases and for mental health. Anchored on the principles of workplace wellness and better health outcomes, this study assesses the current wellness status of a local college in a highly urbanized area through a descriptive methodology. Using the 36-item,9-dimension Wellness Lifestyle Status Questionnaire adopted from Cengage Learning, this self-administered survey was participated by sixty (60) academic and non-academic personnel. Data gathered were analyzed using descriptive and inferential statistics through manual tabulation and SPSS v. 25. Major findings indicate that respondents are more likely to engage on the following wellness dimensions: avoid chemical dependency, emotional well – being, personal safety and environmental safety. As for the other dimensions needing improvement, this study further stipulates the need to have a more comprehensive, proactive in-house wellness programs for the employees to achieve optimal health. Implications on workplace wellness are presented to support the need for a concrete in-house wellness program in the college.

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*Keywords: Needs assessment, occupational health, healthy lifestyle, wellness programs*

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### **Introduction**

Health, as defined by the World Health Organization (1948), is the state of complete physical, mental and social well – being and not merely the absence of disease or infirmity. Wellness, on one hand, is a condition that is obtained when a person achieves level of health that minimizes the chances of becoming ill (National Wellness Institute, 2015). Every day presents choices as to the extent to which an employee does what’s best to sustain his/her physical, mental/emotional, and social well-being, and preserve the balance among these aspects of his/her health (Stoewen, 2015). Optimal health comes from wellness, from making decisions and practicing behaviors that are based on sound health knowledge and healthful attitudes.

As for those who work in the academe, several studies point out that wellness has a relationship with teacher’s work performance. The health and wellbeing of a teaching professional play an important role to his/her capacity for quality professional practice (Allen, Kelly, & National Research Council, 2015). Some researchers also studied the relationship between wellness and rate of teacher burnout. In human service occupations such as education, burnout tends to be more pervasive, with symptoms including lack of satisfaction and preparation, boredom, depression and tiredness. Teachers in schools where a school wide positive behavioral intervention and support is implemented had a lower level of burnout and a higher level of efficacy (Ross & Romer, 2012).

The Civil Service Commission (CSC), as the central resource institution of the Philippine government, promulgates measure to promote morale, efficiency, integrity, responsiveness and courtesy among government workers (Section 3, Article IX-B of the 1987 Constitution). Furthermore, according to the Section 18, Article II of the 1987 Constitution. “the state affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare.” Therefore, as part of ensuring efficiency and welfare of each public servant, a wellness status research can be a beneficial reference in implementing specific health program. The CSC also encourages government employees to practice health lifestyle in order to serve better and provide quality service to clients (Cruz,2019).

Teachers within the public elementary, secondary, and tertiary institutions are also considered government workers. The higher level of teacher’s health and well-being would result in improved student educational outcomes. A teacher with high job satisfaction, positive morale and who is healthy should be likely to teach lessons creatively, effectively and efficiently (Bajorek, 2014). Healthy lifestyle reduces the risk of contracting certain diseases, and increase wellness, and therefore a healthy lifestyle affects health and wellness (Corbin et al, 2010). Celik and Owen (2017) claim that there is a close relationship between a healthy lifestyle and the wellness of an individual. Several researchers also established the relationship between wellness and rate of teacher burnout.

The Learning Policy Institute (2017) stated that 55% of retiring teachers are most likely decided to leave their jobs because of burnout. In human service occupations such as education, burnout tends to be more pervasive, with symptoms such as dissatisfaction, preparation, boredom, depression and tiredness. Teachers with a positive wide school behavioral intervention and support has a low level of burn out and higher level of efficacy (Ross and Romer, 2012).

To better understand the dynamics of wellness, health assessment helps employers reduce the cost of health-related issues among employees (Blair, 2019). Workplace wellness programs can generate savings (Baicker, Cutler, & Song, 2010). However, there are several factors that influence the wellness levels of the employees. Culture, age and gender differences have an impact on every dimension of health and wellness (Croese, Nicholas and Gobble 1992). There is a significant difference on personal spiritual wellness among the respondents when civil status was considered (Togas, 2016). Women experienced moderate to high burnout and men experienced moderate burnout although men worked more hours than women. These findings may lead to educational interventions that might lead to quality work (Naugle, Behar-Horenstein, Dodd, Tillman, Band Borsa, 2013). Such interventions include in-house wellness program within the workplace itself.

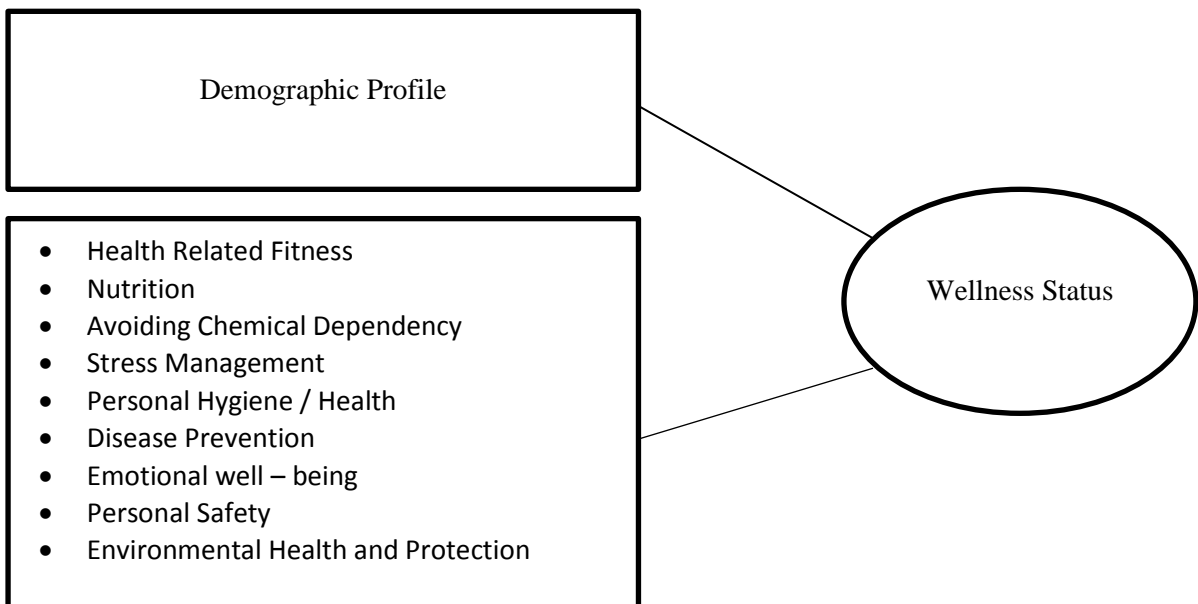
The study assessed the wellness status of the teaching and non – teaching employees of City College of Angeles for the Academic Year 2019 - 2020. Furthermore, it answers the following questions:

1. What are the demographic profiles of the teaching and non – teaching personnel of the college?
2. How may the level of wellness status be described in terms of:
  - 2.1 Health Related Fitness
  - 2.2 Nutrition

- 2.3 Avoiding Chemical Dependency
- 2.4 Stress Management
- 2.5 Personal Hygiene / Health
- 2.6 Disease Prevention
- 2.7 Emotional well – being
- 2.8 Personal Safety
- 2.9 Environmental Health and Protection

3. Is there a significant relationship between the demographic profile (sex, age, civil status, and employment category) and wellness status (Health Related Fitness, Nutrition, Avoiding Chemical Dependency, Stress Management, Personal Hygiene / Health, Disease Prevention, Emotional well – being, Personal Safety, Environmental Health and Protection)?
4. What intervention is needed to improve the wellness dimensions of the employees?

Additionally, as this study measures the relationship of the employees' demographic profile with their wellness status, it is assumed that there is no relationship between an employee's profile with that of their level of wellness.



**Figure 1. Conceptual Paradigm**

This study underpins the Wellness Theory (Hettler, 1976) which states that wellness has six interconnected dimensions which are occupational, physical, social, intellectual, spiritual and emotional that expand from the health triangle model (Goodman, 1975) where the purpose of human existence is that wellness must be measured with more than one factor or dimension.

Additionally, this study assumes the concepts of the Illness-Wellness Continuum (1961) developed by Travis to illustrate the connection of treatment paradigm and wellness paradigm. The model or scale illustrates that there is premature death, high – level wellness and in the middle, there is neutral point which means non – illness state. If teachers are fully aware of the status of their health, they will be more responsible of their health. They can achieve optimum health that they need for teaching and influencing children and parents.

### **Methodology**

This study utilized the quantitative method and descriptive design where the researchers explored the wellness status using an evaluation instrument by Hoeger and Hoeger (2011) published under the Cengage Learning group. The 36-item Wellness Lifestyle Status Questionnaire answerable by 5-scale choices encompassing nine (9) determining factors of wellness was adapted and distributed among available City College of Angeles employees between November to December 2019.

According to McCawley (2009), a needs assessment is a systematic approach to studying the state of knowledge, ability, interest, or attitude of a define audience or group involving a particular subject. In this case, the identified groups are the City College of Angeles employees while the particular subject is their wellness status.

The questionnaire floated among the respondents consists of thirty-six (36) questions to assess the wellness status. The nine factors are: (1) health related fitness for questions no.1-4, (2) nutrition for questions 5-8, (3) avoid chemical dependency for questions 9-12, (4) stress management for questions 13-16, (5) personal hygiene for questions 17-20, (6) disease prevention for questions 21-24, (7) emotional well-being for questions 25-28, (8) personal safety for questions 29-32, and (9) environmental health and protection for questions 33-36. The instrument observes a category rating of excellent for answers greater and equal to 17, good for answers equal to 13 up to 16 and needs improvement if the total answers were below or equal 12. The scales for each question are 5- always, 4-nearly always, 3-often, 2-seldom, 1-never. Respondents were allowed to choose only one answer per question. The information was used in classifying each range and for comparison.

A total of 29 teaching and 31 non-teaching personnel served as respondents. A letter of request was made to the Vice President for Research of City College of Angeles. Upon approval, a personal appointment was made for each respondent as means of collecting data. The researchers explained the objectives, risks, and benefits of the study. Verbal and written consent for participation was ensured. The researchers used purposive sampling technique.

Frequency table was constructed by arranging collected data values according to different categories with their corresponding frequencies. Percentages were used in conversion and solving decimal calculation and average or mean are calculated as central value of the set of numbers. The researchers used t-test for inferential statistic in determining if there is a significant difference between the means.

## Results and Discussion

The study assessed the wellness status of the teaching and non – teaching employees of City College of Angeles for the Academic Year 2019 - 2020. The following results were obtained:

**Table 1. Profile of Respondents**

Profile	Frequency	Percentage
Sex		
Male	39	65.00%
Female	21	35.00%
Civil Status		
Single	37	61.67%
Married	23	38.33%
Age		
30 and below	34	56.67%
31 and above	26	43.33%
Employment Category		
Teaching	29	48.33%
Non- Teaching	31	51.67%

Table 1 shows, that out of 60 respondents, 39 were male which are 60% and 21 are female which are 35% from the total respondents. This table reveals that majority of the population are male. In terms of civil status, there are 37 single which are 61.67% and 23 married which are 38.33% among the 60 respondents. These clearly state that the population was dominated by unmarried or single respondents. According to age group, there are 34 respondents whose age are 30 and below (56.67%) and 26 respondents are above 31 years old. These table also shows that the institution is dominated by younger employees. When it pertains to employment category of respondents, there are 29 (48.33%) teaching personnel and 31 (51.67%) non-teaching personnel among the total 60 respondents.

**Table 2. Level of Wellness Status**

Wellness Status	Mean	Category Rating
Health related fitness	10.90	Needs Improvement
Nutrition	13.28	Good
Avoid chemical dependency	17.80	Excellent
Stress management	15.23	Good
Personal hygiene	15.43	Good
Disease prevention	14.12	Good
Emotional well-being	17.32	Excellent
Personal safety	17.03	Excellent
Environmental and safety	17.73	Excellent

Table 2 describes the level of wellness status of the respondents according to each dimension. Among the nine dimensions, there are four (4) dimensions that resulted on excellent

wellness status category, another four (4) dimensions resulted on good wellness status category and only one (1) dimension needs improvement.

**Table 3. Level of Wellness Status according to Sex, Age, Civil Status and Employment Category**

Wellness Dimension	Sex		Age		Civil Status		Employment Category	
	Male	Female	30 and below	31 and above	Single	Married	Teaching	Non-Teaching
Health related fitness	11.56	9.67	11.65	9.92	11.95	9.22	10.90	10.90
Nutrition	13.67	12.57	13.21	13.38	13.41	13.07	13.55	13.03
Avoid chemical dependency	17.69	18.24	17.94	17.81	17.86	17.91	18.24	17.55
Stress management	15.59	14.57	15.68	14.65	15.73	14.43	15.59	14.90
Personal hygiene	15.41	15.48	15.53	15.31	15.84	14.43	15.48	15.39
Disease prevention	14.05	14.24	14.35	13.81	14.51	13.48	14.86	13.42
Emotional well-being	17.49	17.18	17.00	17.73	17.16	17.57	17.93	16.74
Personal safety	17.18	16.76	16.91	17.19	16.73	17.52	17.72	16.39
Environmental and safety	17.56	18.05	17.62	17.88	17.43	18.22	18.17	17.32
<i>Score</i>	<i>Wellness Status</i>							
<i>17 and above</i>	<i>-Excellent</i>							
<i>13-16</i>	<i>-Good</i>							
<i>12 and below</i>	<i>-Needs improvement</i>							

Table 3 shows that among the 9 dimensions of wellness status there are five dimensions where males have higher level than females. According to age, there are five dimensions where 30 years old and below has higher level of wellness status than 31 years old and above. In terms of civil status, there are five dimensions where single have higher level of wellness status than married. This table shows that among the nine dimensions of wellness status there are eight dimensions where teaching personnel have higher level of wellness status than non-teaching personnel.

**Table 4. T test results of profile vis-à-vis wellness status**

Profile	N	Mean	SD	t-cal	t-crit	df	P	decision
Sex								
Male	39	3.89	0.49	0.48	2.03	34	0.05	accept
Female	21	3.79	0.56					
Age								
30 and below	34	3.89	0.47	0.64	2.00	50	0.05	accept
31 and above	26	3.82	0.53					
Civil status								
Single	37	3.91	0.52	0.33	2.05	54	0.05	accept
Married	23	3.78	0.42					
Employment Category								
Teaching	29	3.96	0.51	0.14	2.00	57	0.05	accept
Non-Teaching	31	3.77	0.46					

The findings from this study reveal that the respondent's level of wellness in eight (8) out of the nine (9) dimensions are in the good and excellent levels; only one (1) dimension is on the need's improvement level, proving that the teaching and non-teaching personnel from CCA were in a desirable wellness status. The comparison of sex and wellness status also reveal that males have a higher level of wellness than females in five (5) dimensions of wellness which is consistent with many studies (Luy & Minagawa, 2014; Ross, Masters, & Hummer, 2012).

Moreover, it was also revealed that the age bracket *30 years old and below* has higher level of wellness status for five (5) dimensions compared with the *31 years old and above* age bracket, confirming with the findings of other researches (Fletcher, Sindelar, & Yamaguchi, 2011). The bivariate analysis between wellness status and marital status show that unmarried respondents have a higher level of wellness in five (5) dimensions compared with their married counterparts. As for this finding, it contradicts with the study of Umberson, & Kroeger, 2016 where married people have higher levels of wellness compared to single people. As for the employment category and wellness status, there are eight (8) dimensions of wellness where the teaching personnel have high level than the non-teaching personnel.

The t-test used to analyze sex, age, marital status and wellness status reveals sufficient evidences to accept the null hypothesis. The t-test result obtained with sex and wellness status is 0.48 which is too high from the 0.05 p-value which proves that sex has no significant relationship with wellness status, this finding is inconsistent with two studies that maintained females have worse level of health than males (Sohn, 2011; Matud, 2017).

Between age and wellness status, the t-test result was 0.64 compared with 0.05 p-value, so the null hypothesis was accepted, proving that age has no significant relationship with wellness status this result is not in agreement with two studies (Sohn, 2015; Moineddin, Nie, Wang, et al., 2010). The null hypothesis was again accepted with the t-test result of 0.14 obtained with civil status and wellness. This result revealed that there is no significant relationship between civil status and wellness, still inconsistent with a study (Pandey, 2009).

## Conclusion

This study measured the relationship of the employees' demographic profile with their wellness status, where it is assumed that there is no relationship between an employee's profile with that of their level of wellness. After data analysis and statistical tests, the following conclusions were derived: (1) The respondents scored excellent on the following dimensions: Avoid Chemical Dependency, Emotional Well – being, Personal Safety and Environmental Safety and (2) it cannot be generalized that age, sex and civil status are predetermined factors for health status.

## Recommendations

Based on the analyzed results from the study and comprehensive review of existing literature, the following are the recommendations:

1. Generally, a Health - Fitness Program that will improve the health – related fitness status of the employees must be regularly conducted to supplement the current personal lifestyle and healthy practices. Such program must include a consistent employee-initiated physical activity engagement through exercise and sports.
2. More specifically, female employees must be given health programs under the following dimensions: Health Related Fitness, Nutrition, Stress Management, Emotional Well – being and Personal Safety while programs for male employees can include activities that promote the following dimensions: Avoid Chemical Dependency, Personal Hygiene, Disease Prevention and Environmental Safety and Protection.
3. Younger employees with age 30 years old and below can focus on health programs that engage in Emotional Well – being, Nutrition, Personal Safety and Environmental Safety and Protection while older employees with ages 31 years old and above should be given programs based on the dimensions not stated above.
4. Regardless of civil status, both married and single employees should undergo a health program that will increase their health-related fitness dimension.
5. Non – teaching staff scored lower than teaching staff therefore, they should be prioritized for health programs.

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