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Personal Health and Wellness Practices of Negros Oriental High School Teachers

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The study aimed to determine the personal health and wellness practices of Negros Oriental High School teachers. The results of the study served as a basis for personal health improvement plans among the faculty. An adapted questionnaire was administered to 20 senior high school teachers. The findings of the study showed that as a group, the respondents have “good” physical functioning (mean = 78.75). Furthermore, the respondents also displayed “agreeable” responses to common health practices and behaviors (weighted mean = 2.84). The majority of the respondents also demonstrated adherence to good health practices.

Keywords: health, well-being, practices, behavior

INTRODUCTION

Being a school teacher is one of the most rewarding professions. Teaching has meaning, shapes perspectives, and is simply indispensable. Nonetheless, the complexity and intricacies of the teaching profession can also be challenging. These factors lead to teacher stress and may result in abandonment of the profession early in the service (Mafukata & Mudau, 2016). In congruence to this, researchers, administrators, and law-making bodies have become more invested in looking into the well-being of teachers (Collie et al., 2015). A body of research found a significant link

between teacher well-being and how this is connected to effective teaching and increased student motivation inside the classroom (Mccallum & Price, 2010). Teacher well-being is also connected to apparent well-being of their students. One potential area for building knowledge on teacher well-being is to assess their current health perceptions and health-related practices. This will highlight the common-day physical activities that teachers perform that may be affected by their overall well-being.

The construct of well-being has several definitions within the literature (Diener, Scollon & Lucas, 2009). In consonance with the recent developments, the researcher uses Tov's (2018) definition of well-being as "encompassing all how people experience and evaluate their lives positively." The importance of the holistic well-being of an individual is well-documented (United Nations Development Programme, 1990). In a more recent overview, there is a movement of advancing research on well-being and its relation to the workplace domain. Work-related well-being refers to how day-to-day activities and health practices among individuals impact their performance in the workplace. Concerning the present study, the researcher refers to it as teacher well-being. Domain-specific well-being can also be connected to other constructs such as work-related stress, health deterioration, and burnout (Harshana, 2018).

The present world health crisis has brought unprecedented challenges and has dramatically impacted the educational sector. In the Philippine context, the COVID-19 pandemic has resulted in the confinement of the community, the closure of business establishments, and the shift from face-to-face classes to distance learning (Tria, 2020). Facing this current situation, teachers are obligated to make adjustments in the workplace not only on the pedagogical approaches but also on their own physical and social restrictions, which could present a high stress level (Espino-Diaz et al., 2020). The year 2020 has seen a dramatic rise in the teachers' workload, from creating modules and supplementary materials, checking activity notebooks and performance tasks, and accomplishing ancillary duties. It can be noted that even before the arrival of COVID-19, teachers have already been susceptible to burnout (Dabrowski, 2020). The disruption of face-to-face classes has further heightened the stresses teachers face. As the Philippines continues to find its way around distance education, recognizing and sustaining the well-being of teachers should be a key priority. Therefore, more practical

information and guidance about personal health and wellness should be afforded to teachers during these challenging times. There is a need to build research centering on teacher well-being and self-care (Greenberg, Brown & Abenavoli, 2016; Pate, 2020). School administrators and leaders should pay attention to the teachers' physical and psychological health and wellness. With stronger support, teachers will be able to take an active role in protecting, preserving, and improving their health and well-being.

Gorsy, Panwar, and Kumar (2015) looked into the level of personal mental health among Indian schoolteachers. Employing the mental health index, the researchers found that gender differences exist among school teachers, with male teachers having more robust mental health than their female counterparts. Moreover, teachers stationed in urban areas have higher mental health than those in rural areas. In their review of literature, Australian researchers Acton and Glasgow (2015) found that teacher well-being is an integral part of professional development. Managing emotional labor and professional social networks is essential for teachers to retain and sustain themselves in the profession. Glazzard and Rose (2019) interviewed teachers from 10 primary schools in England. The research reported several factors that trigger work-related stresses. These are common during hectic times of the year, such as assessment periods, demands from extracurricular activities, and adjustments in the workplace environment.

Teacher well-being is often multifaceted and is affected by many factors. Within the school environment, teachers are primarily faced with these three factors: work stress (e.g., increased workload and other ancillary duties), organizational environment (e.g., interaction with colleagues and present school issues), and student-related challenges (e.g., student behavior and learning acquisition). Nonetheless, teacher well-being can be significantly influenced by their actions. Therefore, aside from the challenges posed by the teacher's immediate environment, the teacher's personal actions should not be overlooked as well. This would suggest that self-assessment on their health practices is needed to gauge their understanding of how these activities affect their well-being.

The study aimed to determine the personal health and wellness practices of Negros Oriental High School (NOHS) teachers. The results of the study served as a reference for implementing a positive health and wellness plan

among the teachers. Specifically, the study targeted to answer the following questions:

1. What is the mean self-rating of NOHS teachers regarding their current physical functioning?
2. How will the NOHS teachers respond to common health-related practices and behaviors?
3. What health-related practices do NOHS teachers perform?

Teacher well-being development demands active participation, involving cognitive stimulation, physical activities, social interactions, and a sense of connection to their environment. Taking ownership and responsibility for their actions is a positive attitude that may sustain teacher well-being.

METHODOLOGY

As the range of COVID-19 continues to impact the world, research on the implications of the shift in learning modality in schools on teachers' health and well-being has risen (Ferdig, 2020). The education profession is viewed as one of the most stressful professions globally (Bhuin, 2017). It cannot be denied that the teachers' well-being contributes to productivity and work satisfaction and extends to the student's well-being and academic achievement (Collie, 2015). Thus, the study looked into teachers' personal health and wellness practices under the new normal in education.

The respondents ($n = 20$) of the study were senior high school teachers from NOHS. The teachers were all employed for the school year 2020–2021. The mean age of the respondents is 41.25 years, with the range of 26 to 58. The average number of service years is eight, ranging from 2 to 30 years. Before administering the questionnaire, permission was asked from the school principal of NOHS–Senior High School Curriculum. A confidentiality agreement and informed consent for publication were also part of the survey instrument administered to the teachers. NOHS is the largest public secondary school in the province of Negros Oriental. Due to the ongoing community quarantine, the senior high school curriculum employs modular distance learning as the primary mode of learning in the current school year.

The study used a mixed method of qualitative and quantitative designs in interpreting and understanding the collected data. The researcher employed an adapted survey questionnaire from the RAND 36-Item Health Survey (Ware & Sherbourne, 1992) and Teacher Induction Module 2 (Department of Education, 2018). The four-part survey was used to determine the following: (1) teacher perception on current health and well-being, (2) activities that may impose physical limitations, (3) teacher perception on health-related practices and behaviors, and (4) health-related practices that teachers perform. The survey was conducted face-to-face, observing physical distancing and other health protocols. The collected data were tabulated and interpreted using item analysis, frequency and percentage, and total weighted mean. In addition, the respondents' written answers on performed health-related practices were interpreted through thematic analysis.

RESULTS AND DISCUSSIONS

The majority of the respondents (52.5%) rated their current health to be in “very good” condition, while five (25%) rated “excellent” and four (22.5%) rated “good” (Table 1). The self-perceived health status of the respondents showed a favorable health condition within the faculty. Concerning their health perception in comparison to one year ago, 10 (50%) expressed that they have the same health condition, while four (20%) believed to have improved health and six (30%) expressed that they have significantly improved health. This showed a positive trend in the overall health of the group. Moreover, 17 (85%) of the respondents viewed health as an essential factor in their well-being or life satisfaction. This denoted that the group had strong beliefs of the relationship between health and quality of life. Overall, based on the self-rating instrument, the respondents were in ideal condition to perform their roles and responsibilities as a teacher.

Table 1

General Health Perception of the Respondents

Statement	Frequency	Percentage
In general, would you say your health is		
Excellent	5	25
Very Good	11	52.5

Good	4	22.5
Fair	0	0
Poor	0	0

Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	6	30
Somewhat better now than one year ago	4	20
About the same	10	50
Somewhat worse now than one year ago	0	0
Much worse now than one year ago	0	0

My health is an important factor that contributes to my holistic well-being (life satisfaction).

I strongly agree	17	85
I agree	3	15
I disagree	0	0
I strongly agree	0	0

Self-perceived health status is an individual’s interpretation of their health condition in connection to their daily life experiences. Their health perception could be influenced by their social, cultural, and historical upbringing (Folake, 2015). Thus, determining the factors that affect an individual’s health perception is important. Perceptions of current health compared to previous health conditions serves as an outlook to understand human behavior and assess their needs. This provides an avenue to reflect health habits and situations that may have affected their current health (Kaya, 2019). Health and quality of life are two interlinked terms found in the literature (Karimi & Brazier, 2016). This proposed that health is considered a detrimental factor in the overall life satisfaction of an individual. Health monitoring practices among teachers should be normalized in schools. Monitoring approaches for physical activity and physical fitness are needed to be established as part of professional development. In light of the current health situation, teachers should be equipped with a stronger knowledge and understanding of health and wellness practices.

In the 10-item survey for the physical functioning of the respondents, the results showed that eight teachers (46%) were recorded to have an excellent physical condition, five (25%) with poor physical condition, five (25%) with very good, one (2%) with good, and one (2%) with fair (Table 2). It can be noted that among the five who registered with poor physical

functioning, three were in their fifties, and two were in their forties. Among the eight who registered with excellent physical functioning, five are in their late twenties and early thirties. The data showed a negative relationship between age and physical functioning. This suggested that the intensity of the activity declines with age. Overall, the mean physical functioning score of 78.75 suggested that the faculty had registered good physical functioning concerning common daily activities.

Nonetheless, the standard deviation of 20.6 denoted an apparent gap in the physical functioning abilities among the teachers. Physical activities have health benefits for people of all ages. Nonetheless, certain daily tasks are limited due to the body's current health condition. These limitations can be affected by several factors, but the data showed that age is the prevailing factor in the occurrence of these physical limitations (Watson et al., 2014).

Table 2

Level of Physical Functioning for Common Activities among NOHS Teachers

Score	Frequency	Percentage	Mean	SD
0–59	5	25	78.75	20.6
60–69	1	2		
70–79	1	2		
80–89	5	25		
90–100	8	46		

Score	Interpretation	Score	Interpretation
0–59	Poor	80–89	Very Good
60–69	Fair	90–100	Excellent
70–79	Good		

The rate of inactivity significantly increases with increasing age. Moreover, it is critical that to provide high-quality education to learners, schools must have high-quality teachers. The teacher's freedom from physical limitations is one factor relevant to a teacher's performance (Neeraj & Ahluwalia, 2019). Teaching is a mobile profession that requires movement inside and outside the classroom. Therefore, the limited physical functioning of teachers may affect the learning process.

Nonetheless, being an effective teacher is more than just having a healthy body. Low physical functioning levels can be considered a significant risk factor for professional achievement and development. The adverse effects of a sedentary lifestyle due to limited physical mobility and activity may be

translated into performance among teachers in accomplishing work-related functions. Aside from school functions, the personal activities of teachers are also affected by lower physical functioning, which results in other health concerns.

Regarding teacher perception of health-related practices and behaviors, the respondents showed favorable responses to statements with regard to diet and healthy food consumption, proper time management, and health-related behaviors (Table 3). The weighted mean of 3.25 for item 3 showed that the respondents emphasized on the importance of recreation time as a form of relaxation. This implied that teachers view having downtime as an excellent time-spending activity. Item 8 had a mean weight of 3.2, denoting that the teachers valued the urgency of finishing tasks on time. This could be that teachers have multiple functions, and finishing one task on time would allow them to accomplish other tasks. Mean weight of 3.1 for item 2 showed that the teacher also exhibited concern on adequate sleep as a factor that affects work performance. Sleep deprivation could have adverse effects on teachers' physical functioning and disposition (Yusuf et al., 2017). The respondents also displayed a positive response to maintaining a clean working space.

Table 3

Health Practices and Behaviors that May Be Applicable to Teachers' Personal Actions

Statements	Wgtd Mean	Description
1. Diet is a temporary thing. I'll do it next week after heavy work in school.	2.7	D
2. It is okay that I sleep at 12 midnight and will wake up at 3:00 AM to finish my work.	3.1	D
3. Time is gold. I do recreation if I have the time.*	3.25	SA
4. There are lots of paper works. Teaching is stressful.	2.25	A
5. I follow the "more fruits less fatty foods" rule.*	2.65	A
6. I drink coffee a lot; it makes me alive and energetic.	2.65	D
7. Cleaning my workplace is not a priority to me.	2.95	D
8. I believe and practice the saying "Do not do for tomorrow what you can do for today."*	3.2	A
9. I do stretching every two hours while working with my laptop.*	2.75	A

1. 10. I need my boss or someone to inspire me to accomplish my work on time.	2.9	D
Overall	2.84	

*The statements are interpreted oppositely from the weighted mean range as the ideal response should be scale 1.

Scale	Description	Weighted mean range
1	Strongly Agree	1.00–1.75
2	Agree	1.76–2.5
3	Disagree	2.51–3.25
4	Strongly Disagree	3.26–4.00

Nevertheless, the data showed that item 4 had a mean weight of 2.25, implying that the respondents showed low stress management processing as they viewed paperwork as a source of stress. Aside from classroom functions, teachers also need to prepare reports, documentation, and other work-related papers. Meeting deadlines and quality standards for these ancillary duties may trigger work-related stress among the teachers. Stress has been defined in various ways across different fields. Generally, stress is viewed as the interaction between the individual and the situation (Michie 2002). Stress is believed to undermine goal achievement, both for individuals and the organization. The workplace factors are significant sources of both demands and pressure causing stress.

Recreation gives relief from feelings of fatigue and tension. Long hours of work may lead to physical and mental fatigue and strain (Gulam, 2016). Leisure time is constructive activity. Recreation time is viewed as time-using, not time-consuming. Moreover, getting enough sleep is vital for mental and physical health and quality of life (American Thoracic Society, 2016). The quality and amount of sleep help in concentration, learning, reaction, decision-making, and memory recall and retention. Lack of adequate sleep is related to several medical conditions, such as diabetes, high blood pressure, stroke, weight gain, and kidney disease.

Concerning health-related practices, the majority of the respondents gave favorable answers (Table 4). The data showed that 16 of the 20 respondents displayed positive perceptions of the importance of proper diet and the quality of food they take. This would suggest a level of consciousness and awareness among the teachers in quantity and quality of food. The

teachers also exhibited positive knowledge of the importance of having quality food as part of their diet. Some respondents stated that dietary plans are part of their routines.

Meanwhile, time constraint was viewed as a major factor that hindered planning diets and negated healthy food choices. Moreover, 16 respondents showed positive views of choosing organic products in food preparation and consumption. The teachers had stated a deliberate choice of avoiding preservatives and lessening chemical intake from processed foods. Moreover, the teachers displayed a considerable awareness level on the health benefits of organic products. Sixteen respondents noted that an adequate amount of daily water intake is vital in maintaining good health. The benefits of adequate water consumption have been well-documented (Popkin, D’Anci & Rosenberg, 2010; Masot et al., 2020).

On the other hand, 9 of the 20 respondents showed unfavorable views on anger management. The teachers stated that excessive workload could trigger anger-related behaviors. Unideal workplace environments and relationship with other colleagues and superiors were commonly cited as the source of anger. Negative emotions in the workplace have observable effects on teacher performance (Hökkä, Vähäsantanen & Paloniemi, 2020).

Table 4

Health-related Practices Performed (or not) by Teachers and their Reasons

Practice	Yes	No	Reasons for (A) practicing or (B) not practicing
1. Do you make dietary changes slowly?	16	4	(A) diet plan is part of routine, need to boost immune system, current health situation, health conscious, to be physically fit, to promote self-discipline (B) time schedule, not a priority
2. Do you plan healthy meals in advance?	15	5	(A) for improved health, part of family practice, budgetary considerations, to have balanced food intake, weight gain conscious, to lower blood sugar (B) time constraints
3. Do you shop with a ready list based on your weekly meal plan?	12	8	(A) for easier preparations, to have balanced for intake, budgetary considerations, to avoid overspending, quick shopping

			(B) no time for planning, dependent on budget, not in charge of shopping, basing on buying experience
4. Do you buy more organic foods?	16	4	(A) for improved health, avoid preservatives, growing own organic food, to lessen chemical intake, part of family background, to lower blood sugar, healthy living (B) organic foods are costly, unavailability from place of residence
5. Do you drink a minimum of eight cups of water every day?	16	4	(A) for improved health, to rehydrate, to cleanse the body, following advice from expert, to discharge toxins (B) forgetting due to busy schedule
6. Do you do exercise every day?	15	5	(A) for sustained health, “keeps me moving,” for personal health and the dogs (B) busy, work and home duties, other priorities
7. Do you often get angry?	9	11	(A) have ways of mood management, positive thinker, avoid stress, waste of time and energy, too many work load (B) tired, environmental factors, due to stress, easily irritated
8. Do you go out with friends?	15	5	(A) peace of mind, to relax, time for self, for socialization and fun, to relieve stress (B) busy, social distancing due to the pandemic
9. Do you give yourself time to recover from workouts?	13	7	(A) to energize myself, rest (B) busy, do not do workouts, not a habit
10. Do you take naps strategically?	16	4	(A) for improved health, to relax the mind and body, to refresh the mind, rest, to gain energy (B) “I don’t take naps,” not a habit, clash with chores

Morbidity and mortality are highly related to poor diets. Physical activity with poor diet results in an energy imbalance that contributes to increased weight or burnout (Centers for Disease Control and Prevention, 2011). A growing body of evidence showed that proper diet planning might reduce chronic diseases (Bergman & Brighenti, 2020). Moreover, in terms of health benefits, consumer exposure to pesticides associated with human disease is significantly reduced with an organic diet. Organic farming also

demonstrated lesser environmental impact than conventional chemical nutrient farming (American Academy of Pediatrics, 2012).

Nonetheless, the availability of organically grown produce is a vital component of consumer buying habits. Workplace-related anger is common because anger is common. However, the intensity of anger differs from one person to the next. The expression of anger of an individual may affect the workplace environment when it leads to confrontations and discord within the organization (Shahsavarani, 2016).

CONCLUSIONS AND RECOMMENDATIONS

The teachers' physical functioning was closely linked with age, a prevalent factor related to the respondent's perception of their health. The respondents demonstrated agreeable views on the common health-related behaviors and practices, considering the importance of recreational time as a way to combat fatigue. Paperworks and other ancillary duties have become a common source of stress among the teachers. Teachers should find proactive ways on how to balance complying with work-related documents in addition to their teaching load. Good health-related practices have been a part of the teachers' daily life.

Nonetheless, anger management is an avenue that needs further consideration. This may lead to positive expressions of anger to maintain constructive behavior in the workplace. A regular and predetermined self-evaluation on the teachers' personal health and wellness practices must be initiated. As part of the new normal, programs on stress and anger management should also be included in the school improvement plan.

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