

WHAT IS WELLNESS?: A NEW MEASURE OF GENERAL WELLNESS FOR THE SOCIAL SCIENCES.

Robert J. Pellegrino
Florida Memorial University.

Chris Saffici
Florida Memorial University.

Kimberly Pellegrino
Florida Memorial University.

ABSTRACT

People who are bound by the structure of traditionally defined physical health wait until a disease has crept up on them, and then consult a professional to evaluate their condition and prescribe treatment. Simply put, they turn over their physical health to someone else. Wellness, by contrast, places responsibility on the individual. Wellness becomes a matter of self-evaluation and self-assessment, continually working on learning and on making changes that will enhance wellness. Embodied in the definition of wellness is a philosophy calling for consideration of the whole person, not a fractionalization into separate parts.

INTRODUCTION

Whereas physical health is a fairly simple concept, wellness is multifaceted and involves much more than simply physical condition. Optimum wellness balances seven dimensions: physical, mental, emotional, social, environmental, occupational and spiritual. These dimensions are interrelated, one frequently affects the others. For example, a person who is emotionally “down” often has no desire to exercise, study, or socialize and he or she may be more susceptible to illness and disease.

Physical health is not available to everyone, but everyone can enjoy wellness – despite physical limitations, disease and disability (Centers for Disease Control and Prevention, 2009). Wellness fully integrates its seven dimensions in a complex interaction that leads to a quality life. It is not something that is “achieved” once and stays with you thereafter; it is a horizon that we move toward throughout life.

If we are to accept a definition of wellness that goes beyond mere freedom from disease, we must also accept the notion that calls for a dramatic change in the way we deal with health (U.S. Department of Health and Human Services, 2010). For centuries the emphasis has been on identifying bacteria, classifying the viruses and waging war against the disease. We have concentrated on treatment. If we are to redefine health to reflect a condition of wellness, though, we must redefine the ultimate goal of our health efforts: to prevent disease. Inherent in that challenge is the recognition that behavior plays a key role in the development of disease and also in our ability to resist disease and maintain optimum health.

Even though most people are aware of their unhealthy behaviors, they seem satisfied with life as long as they are free from symptoms of disease or illness. They do not contemplate change until they incur a major health problem. Nevertheless, present lifestyle habits dictate the health and well-being of tomorrow (Frieden, 1994).

PHYSICAL WELLNESS

Optimal physical health requires eating well, exercising, avoiding harmful habits, making responsible decisions about sex, learning about and recognizing symptoms of disease, getting regular medical and dental check-ups, and taking steps to prevent injuries at home, on the road, and on the job. The habits developed today, largely determine not only how many years we live, but also the quality of those years.

Mental Wellness

The hallmarks of mental wellness include openness to new ideas, a capacity to question and think critically, and the motivation to master new skills, as well as a sense of humor, creativity and curiosity. An active mind is essential to overall wellness; it detects problems, finds solutions, and directs behavior. Individuals who enjoy intellectual wellness never stop learning. They seek out and relish new experiences and challenges.

Emotional Wellness

Optimism, trust, self-esteem, self-acceptance, satisfying relationships, and an ability to share feelings are just some of the qualities of emotional wellness. Maintaining emotional wellness requires monitoring our thoughts and feelings, identifying obstacles to emotional well-being, and finding solutions to emotional problems.

SOCIAL WELLNESS

Satisfying relationships are basic to both physical and emotional health. We need mutually loving, supportive people in our lives. Developing interpersonal wellness means learning good communication skills, developing the capacity for intimacy, and cultivating a support network of caring friends and/or family members. Social wellness requires participating in and contributing to our community and world.

Environmental Wellness

Increasingly, personal health depends on the health of the planet – from the safety of our food supply to the degree of violence in a society. Other examples of environmental threats to health are: ultraviolet radiation in sunlight, air and water pollution, lead based paint, and second hand tobacco smoke. Wellness requires learning about and protecting ourselves against such hazards, and doing what we can to reduce or eliminate them.

OCCUPATIONAL WELLNESS

People with a high sense of occupational wellness face demands on the job, and they also have some say over demands placed on them. Any job has routine demands, but occupational wellness means that they are mixed with new, unpredictable challenges that keep a job exciting. Occupationally well people are able to maximize their skills, and they have opportunities to broaden existing skills or gain new ones. They welcome opportunities for advancement and appreciate the recognition of achievement.

SPIRITUAL WELLNESS

To enjoy spiritual wellness is to possess a set of guiding beliefs, principles, or values that give meaning and purpose to our lives. Spiritual wellness involves the capacity for love, compassion, forgiveness, joy and fulfillment. Spirituality transcends the individual and can be a common bond among people.

Organized religions help many people develop spiritual health. Many others find meaning and purpose in their lives on their own – through nature, art, or meditation.

High level wellness is achievable by people of all ages, all socioeconomic groups, and all types. It involves working toward becoming the best you can be without accepting “traditional” limitations i.e. age, race, gender or heredity (Peel, McClure & Bartlett, 2005). Wellness is a way of living in which growth and improvement are sought in all areas. It involves a lifestyle of deliberate choices and self-responsibility, requiring conscientious management and planning. It is a mindset of personal empowerment.

Individuals who strive for wellness have an exceptional openness to experience life. Rather than fearing new experiences and life’s changes, they welcome them as a time to grow. They do not allow prejudices or stereotypes to distort their perceptions. They take control of their life and as a result, have a strong potential for increased longevity.

A THREE FACTOR MODEL OF WELLNESS

A close examination of the concept of wellness uncovered factors that may explain the concept more succinctly. It was hypothesized that three factors might adequately explain the concept of wellness. There three factors included: 1.) Balanced Wellness: a healthy balance between mental, physical and spiritual pursuits, 2.) Time Management: an ability to use time wisely and 3.) Physician Related Wellness: taking personal responsibility for consulting a professional before disease manifestation.

This paper will examine empirically a new wellness scale and look for potential uses related to educational, marketing and management fields. For example, average annual health care costs for employees can be tens of thousands of dollars a year when health insurance, sick leave, and disability issues are considered, making wellness issues a strategic imperative in many corporations. A measure that provides an overall wellness evaluation would be extremely useful as companies prepare to improve wellness across the workforce.

The three factor model was developed using eleven items:

- Q1. I have a strong interest in activities and lifestyle choices that enable me to stay balanced physically, mentally and spiritually.**
- Q2. Exercise is currently an important part of my daily life.**
- Q3. I believe that overall wellness (including fitness) is closely related to my performance in my daily life.**
- Q4. I try not to cut corners related to getting enough sleep.**
- Q5. I try not to cut corners related to spending quality time with family and friends.**
- Q6. Given the opportunity, I would complete a Health Risk Assessment each year and use the results to help me make healthy lifestyles choices.**
- Q7. I am interested in information related to maintaining or improving my current level of fitness.**

Q8. Eating healthy meals is high priority for me.

Q9. Maintaining a reasonable weight is high priority for me.

Q10. I saw my primary care physician in the past year for a physical exam and related medical tests.

Q11. My current Body Mass Index is within recommended guidelines.

The Researchers postulate that items 1, 2, 3, 7, 8 and 9 will measure the dimension Balanced Wellness. Items 4 and 5 will measure Time Management. Items 6, 10 and 11 will measure the dimension Physician Related Wellness. An exploratory study was conducted with students in physical education classes at Florida Memorial University during the Fall semester of 2011. One hundred and forty surveys were collected, coded and entered to test the dimensions of the three factor general wellness scale. A factor analysis was conducted on the items in the scale and three factors did emerge. The items 1,2,3,6,7,8,9 loaded on factor one, Items 4 and 5 loaded on factor two. Items 10 and 11 loaded on factor three.

The second factor "Time Management" loaded as hypothesized. However, there was a problem with the factor loadings related to factor one "Balanced Wellness" and factor three "Physician Related Wellness". Item 6 was expected to load on the Physician Related Wellness factor but instead loaded on the Balanced Wellness factor.

There are several reasons why this item may not have loaded as expected. The first, and most likely, reason is the response category for the 6th item was a standard semantic differential while the response categories for both items 10 and 11 were nominal in nature. A possible solution for this problem would be to change the response categories for item 10 and 11 to a semantic differential and retest the scale. A second reason for the mis-loading of the item is that item 6 does not help to explain the "Physician Related Wellness" factor. While this explanation is possible the question itself does not seem to fall outside the construct factor. A third possible explanation is that the data itself was flawed and the results should be tested again under a more controlled survey environment. The survey questions as they appeared on the measurement instrument can be seen in Appendix 1.

It is the intention of the researchers to change the response categories related to items 10 and 11 and retest the instrument.

REFERENCES

- Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. *The Power of Prevention: Chronic Disease ... The Public Health Challenge of the 21st Century*, 2009. www.cdc.gov/chronicdisease
- Frieden, T. R. "Asleep at the Switch: Local Public Health and Chronic Disease." *American Journal of Public Health* 94 (December, 1994): 2059-2061.
- Peel, N. M., McClure, R. J., & Bartlett, H. P. "Behavioral Determinants of Healthy Aging." *American Journal of Preventive Medicine* 28 (April 2005) 298-304.
- U.S. Department of Health and Human Services. *Healthy People 2020: National Health Promotion and Disease Prevention Objectives*, 2010. www.healthypeople.gov