

Healthy Lifestyle Behaviors and the Level of Life Satisfaction among Teachers of Pilar College of Zamboanga City, Inc.: A Correlational Study

Maria Victoria C. Alegre, MN, RN, Leonora B. Cabanes, MAN, RN, Jasmin C. Ong, RN, Sharon P. Pacaldo, MN, RN, Evelyn N. Rendon, MAN, RN, Alma Mae W. Tan, MN, RN, April Joy D. Villanueva, MN, RN

Pilar College of Zamboanga City, Inc.

DOI: <https://doi.org/10.47772/IJRISS.2026.100800831>

Received: 29 June 2026; Accepted: 4 July 2026; Published: 18 September 2026

THE PROBLEM AND ITS SETTING

Background of the Study

Life satisfaction and healthy well-being have been strongly associated. Some organizations have a hard time understanding the relationship between these two variables leaving the work environment less engaging and motivating thus resulting in employees not staying longer nor helping the company reach its full potential. Teaching is a demanding profession that often involves high levels of stress, long working hours, and limited opportunities for self-care. The well-being and job satisfaction which are crucial aspects for teachers not only impact their quality of life but also have implications for the academic performance and overall satisfaction of their students.(problem scenario)

The World Health Organization (WHO) emphasized the importance of addressing global health risks to promote overall well-being and reduce the burden of disease. The WHO publication "Global Health Risks: Mortality and Burden of Disease Attributable to Selected Major Risks" provides insights into the impacts of various lifestyle factors on health outcomes. This global perspective highlighted the significance of studying healthy lifestyle behaviors for individuals in different contexts, including college teachers.

Income inequality and health have been identified as interconnected issues. Pickett & Wilkinson (2018) examine the effects of income inequality on health outcomes. This review underscored the importance of considering socio-economic factors, such as income disparity, when examining the relationship between lifestyle behaviors and well-being. This reference can provide insights into how income inequality may influence the health and life satisfaction of college teachers.

Moreover, the study by Chang et al. (2017) explored the associations between lifestyle behaviors and quality of life. This research indicated that various lifestyle factors, including physical activity, nutrition, and stress management, can significantly impact overall well-being. By drawing on this study, the background of the current research can emphasize the relevance of lifestyle behaviors to life satisfaction among college teachers. (global)

At a national level, the Department of Health (DOH) provides comprehensive health statistics through publications such as the "Philippine Health Statistics." This resource offered insights into the current health situation in the country and highlights the importance of addressing lifestyle-related issues for promoting well-being. Including this reference in the background can emphasize the relevance of studying healthy lifestyle behaviors among college teachers in the Philippine context.

The Philippine Statistics Authority (PSA) periodically releases data on poverty incidence in the country. The reference highlighted the socio-economic context in which individuals, including college teachers, operate. This reference can be used to emphasize the potential impact of socio-economic factors on access to resources and health-related behaviors among college teachers in the Philippines.

Moreover, the Asia-Pacific Journal of Public Health featured an article in 2018. This study explored the relationship between non-communicable diseases and healthy lifestyle behaviors in the country. (national)

The City Health Office of Zamboanga provided insights into the health status of the city's population. The reference offered information on the overall health situation, prevalent diseases, and health concerns in the local community. This local context is crucial for understanding the specific health challenges faced by the teachers in Zamboanga.

The National Economic and Development Authority (NEDA) outlined the Zamboanga Peninsula Regional Development Plan for 2017-2022. This regional development plan provided an overview of the socio-economic conditions, priorities, and strategies for development in the Zamboanga Peninsula. Incorporating this reference into the background can help highlight the local socio-economic factors that may influence the lifestyle behaviors and life satisfaction of teachers in the region.

In addition, local studies such as the one by Diesto (2017) on the healthy lifestyle practices of undergraduate students from Western Mindanao State University - Zamboanga City Campus, and the research by Jumao-as and Silang (2017) on the nutritional status of elementary school children in Zamboanga City, can inform the understanding of health-related issues in the local context. Although these studies focus on different populations, they provided relevant insights into the local health landscape and can guide the background of the study on teachers' healthy lifestyle behaviors and life satisfaction in Zamboanga.

Incorporating local news, such as the announcement by the Teachers' Dignity Coalition (TDC) - Zamboanga Chapter (2020) about the postponement of the school opening, can provide insights into the educational context and its potential impact on the lifestyle and work-related factors of college teachers in Zamboanga. (local)

Numerous studies have demonstrated the positive effects of healthy lifestyle behaviors, such as physical activity, healthy eating, and effective stress management on overall well-being and life satisfaction. However, there is limited national research specifically examining the relationship between healthy lifestyle behaviors and life satisfaction among college teachers. (research gap) The researchers seek to address the life satisfaction of the teachers in Pilar College of Zamboanga City, Inc. so that employees not only have a better quality of life, but also benefit from a lower risk of disease, illness, and injury, as well as increase work productivity and a greater likelihood of staying in the institution.(urgency) By promoting healthy living and overall life satisfaction, educational institutions can create a more positive and fulfilling environment for teachers, which in turn, benefits both the teachers and their students.(social relevance)

Statement of the Problem

This study was conducted to determine the relationship between Healthy Lifestyle Behaviors and the Level of Life Satisfaction among teachers of Pilar College of Zamboanga City, Inc.

Specifically, this study sought to find answers to the following questions:

1. What is the frequency of healthy lifestyle behavior/s among teachers of Pilar College of Zamboanga City, Inc. in terms of the following demographic factors:
 - 1.1 age,
 - 1.2 sex,
 - 1.3 or years of experience
2. What is the teacher's perceived level of life satisfaction?
3. Is there a significant relationship between healthy lifestyle behaviors and the level of life satisfaction among teachers?
4. Is there a significant difference in the healthy lifestyle behaviors when grouped according to demographic factors such as:
 - 4.1. age,
 - 4.2. sex,

4.3. or years of teaching experience

5. Is there a significant difference in the level of life satisfaction when grouped according to demographic factors such as:
 - 5.1 age,
 - 5.2 sex,
 - 5.3 or years of experience

Hypothesis

Based on the aforementioned problems, the following hypotheses will be advanced:

Ho 1: There is no significant association between healthy lifestyle behaviors and the level of life satisfaction among teachers.

Ha 1: There is a significant association between healthy lifestyle behaviors and the level of life satisfaction among teachers.

Ho 2: There is no significant difference in the healthy lifestyle behaviors when grouped according to demographic factors such as:

1. age,
2. sex,
3. or years of teaching experience

Ha 2: There is a significant difference in the healthy lifestyle behaviors when grouped according to the determined demographic factors.

Ho 3: There is no significant difference in the life satisfaction when grouped according to demographic factors such as:

1. age,
2. sex,
3. or years of teaching experience

Ha 3: There is a significant difference in the life satisfaction when grouped according to the determined demographic factors.

REVIEW OF RELATED LITERATURE

This chapter includes literature reviews exploring the relationship between healthy lifestyle behaviors and life satisfaction among various populations.

Healthy Lifestyle Behaviors

As per Edington et al. (1999), health promotion professionals and worksite wellness programs focused on improving the health of employees. Research from the University of Michigan demonstrated that changes in health risk factors were associated with changes in medical claim costs. This study provided strong evidence that improving individual and population health status was associated with financial benefits to an employer.

Engagement continues to be a challenge for health promotion and employee health programs. An article from Seaverson et al. (2019) addressed the issue by developing an index of participation in workplace well-being programs and then assessed the relationship of the index with health risk status. While the research established those employees with a higher level of participation in workplace health and well-being experienced health risk improvement, perhaps one of the most intriguing aspects of the research was the development of more fine-tuned definitions of engagement and participation based on the types of programs and number of interactions.

This 2010 systematic review conducted by the Community Preventive Service Task Force (Community Guide) housed at the CDC remains the gold standard for evidence of effectiveness related to workplace health promotion. The review was narrowly focused on health improvement efforts directed at employees beginning with the administration of health risk assessments followed by feedback. That alone, the authors concluded was not enough. They found that screenings PLUS follow-up programs, policies, and environmental supports were needed to bring about behavioral, biometric, and financial outcomes as important endpoints to employers. The

studies included in the review needed to meet certain design requirements and many employed randomized clinical trial (RCT) methods. Not examined fully were interventions to improve workplace culture or integrate health promotion with occupational health and safety initiatives. Nonetheless, this systematic review has withstood the test of time as a rigorous analysis of the evidence base for workplace programs. Given the lapse in time from when that review was conducted (approximately 15 years ago), most researchers would agree that an update is sorely needed given the field's advances in thinking and practice along with the release of high-profile studies questioning the value of workplace health and wellbeing programs (Soler, 2010).

This collaborative article from Goetzel et al. (2014) represented a diversity of leading voices representing academic, business, medicine, and public health sectors. It's been cited hundreds of times in peer-reviewed journals with more than 5000 reads on ResearchGate. The true value of the article is in its conversational approach to addressing employer concerns about the value of investing in employee health and well-being. The article considered the kinds of outcomes that employers may reasonably expect from workplace health and well-being initiatives, approaches to measuring outcomes, identifies best practice approaches gleaned from some of the most rigorous studies conducted, including articulating what it means to create a "culture of health" in support of health and well-being programs.

Life Satisfaction

This study on telephone customer service workers by Burton et al. (1999) measured actual decreases in the productivity of employees while on the job, in addition to measures of absenteeism and disability time off work. As the number of employee health risk factors increased, an employee's on-the-job productivity decreased. Disease states such as depression were also associated with different patterns of on-the-job productivity reductions.

The work environment can also influence employees' mental health and stress levels. Work-related factors that affect worker well-being include job demands and pressures, degree of autonomy and flexibility, quality of interactions with supervisors and coworkers, frequency of shift work, and length of the workday (Adams, 2018).

Relationship between Healthy Lifestyle Behavior and Life Satisfaction

Smith et al. (2019) investigated the association between healthy lifestyle behaviors and life satisfaction among university employees. The research focused on the impact of regular exercise, a balanced diet, and effective stress management on overall life contentment. The findings revealed a positive relationship between these lifestyle behaviors and life satisfaction. Engaging in regular exercise was not only beneficial for physical health but also contributed to heightened well-being and life satisfaction. Maintaining a balanced diet was associated with improved life satisfaction while implementing stress management techniques such as mindfulness or meditation also played a significant role in enhancing overall satisfaction. The study highlighted the importance of individual choices and habits in shaping subjective well-being, particularly in high-stress occupations like academia. The findings underscored the need for interventions and policies aimed at promoting healthy lifestyle behaviors to enhance life satisfaction among university employees and individuals in similar professions.

Johnson and Brown's (2018) study focused on the well-being of college faculty and the factors that contribute to their life satisfaction. The research emphasized the significance of regular exercise and self-care activities in promoting overall well-being for faculty members in the demanding higher education environment. The findings revealed a positive relationship between these lifestyle behaviors and life satisfaction among college faculty. Engaging in regular exercise not only provided physical benefits but also contributed to an increased sense of well-being. Incorporating self-care activities, such as mindfulness or relaxation techniques, further enhanced life satisfaction and overall well-being. The study highlighted the importance of lifestyle choices in shaping subjective well-being, particularly within the unique context of higher education where faculty members handle multiple responsibilities and experience job-related stress. The findings have practical implications for improving the quality of life and well-being of college faculty, emphasizing the value of regular exercise and self-care activities in promoting a greater sense of contentment and overall well-being within the challenging yet fulfilling field of higher education.

The study conducted by Lallukka et al. (2016) examined the relationship between lifestyle behaviors and life

satisfaction among Finnish teachers. It specifically focuses on the impact of regular exercise, dietary habits, and sleep patterns on overall well-being within the challenges of the teaching profession. The findings revealed a positive correlation between these lifestyle behaviors and life satisfaction among Finnish teachers. Engaging in regular exercise, maintaining a balanced diet, and obtaining adequate sleep contribute significantly to higher levels of satisfaction in their lives. It emphasized the importance of lifestyle choices for subjective well-being within the teaching context, particularly considering the stressors teachers face. Adopting healthy behaviors became crucial for their well-being. This study enhanced the understanding of the link between lifestyle choices and well-being among teachers. It highlighted the significance of regular exercise, a balanced diet, and sufficient sleep as strategies to enhance life satisfaction in the teaching profession. The findings can inform educators, institutions, and policymakers in prioritizing the well-being of teachers in Finland, while also offering insights for educators in other contexts.

The study conducted by Lee et al. (2020) investigates the relationship between healthy lifestyle behaviors and life satisfaction among Korean educators. It focuses on the four key components of a healthy lifestyle: exercise, diet, sleep, and stress management, aiming to understand how these factors impact overall well-being in the education sector. Life satisfaction, a measure of happiness and fulfillment, is particularly relevant for educators who face significant challenges in their profession. Understanding how lifestyle choices contribute to life satisfaction is crucial, given the demanding nature of the education sector. The study highlighted the positive impact of exercise on physical and mental well-being, including stress reduction and mood improvement. A balanced diet is shown to enhance mood and overall well-being. Sleep patterns, often disrupted in the education profession, are essential for cognitive function and stress management. Effective stress management strategies, such as mindfulness and time management, directly influence life satisfaction among educators.

One of the greatest challenges with workplace well-being programs is engaging enough employees to affect population-level health and productivity outcomes. This study by Grossmeier et al. (2020) entitled “Workplace Well-being Factors that Predict Employee Participation, health and Medical Cost Impact, and Perceived Support” used some of the most robust methodologies to date to set the common tactic of incentives alongside various cultures of health and program design strategies to identify the practices that are most important for participation, health outcomes, medical cost outcomes, and employee perceptions of organizational support for well-being. The study identified 10 strategies that outperformed all other practices, including incentives, to significantly impact all study outcomes. This study especially reinforced the role of organizational and leadership support for effective well-being initiatives and specifies the culture of health practices.

Well-being is closely linked with health and productivity. Research showed that employees who are in good physical, mental, and emotional health are more likely to deliver optimal performance in the workplace than employees who are not. Healthy and happy employees have a better quality of life, a lower risk of disease and injury, increased work productivity, and a greater likelihood of contributing to their communities than employees with poorer well-being. That is why the National Academy of Medicine and the Occupational Safety and Health Administration have identified worker well-being as a nationally important health issue. Workplace conditions can affect employees at the physical, mental, or emotional level and enhance or harm their well-being. Studies have found differences among occupational groups in the prevalence of obesity, cardiovascular conditions (e.g. elevated blood pressure and cholesterol), and other health indicators, including physical activity and diet quality.

All these related pieces of literature strengthened the researchers' idea of emphasizing the importance of healthy lifestyle behaviors, including exercise, diet, sleep, and stress management, in promoting higher levels of life satisfaction. These findings underscore the importance of prioritizing well-being in the challenging field of education and highlight the profound impact that these lifestyle choices can have a positive effect on educator satisfaction and quality of life. The existing literature suggests that there is a positive association between healthy lifestyle behaviors and life satisfaction, however, more research specific to teachers is needed to fully understand the relationship and potential factors that may moderate this relationship.

Theoretical Framework

The theoretical framework for this study is based on several established theories and models that explain the relationship between healthy lifestyle behaviors and life satisfaction.

Self-Determination Theory

According to this theory, individuals have basic psychological needs for autonomy, competence, and relatedness (Deci & Ryan, 2000). When these needs are fulfilled, individuals experience higher levels of well-being and satisfaction. Self-determination theory, grounded in the three core needs of autonomy, competence, and relatedness, offers valuable insights into the nature of human motivation and well-being. This framework emphasized that when individuals experience a sense of autonomy in their choices, competence in their pursuits, and relatedness in their social connections, they are more likely to lead fulfilling and satisfying lives. By acknowledging and nurturing these psychological needs, whether in education, the workplace, or personal development, individuals and institutions can work toward creating environments that facilitate intrinsic motivation, positive relationships, and a greater sense of accomplishment. In doing so, we can enhance the overall quality of life and satisfaction for ourselves and those around us, aligning our actions and choices with our innate human desires for autonomy, competence, and relatedness.

Social Cognitive Theory

Bandura (1986) posits that behavior is influenced by personal and environmental factors. Personal factors such as attitudes and beliefs may influence individuals' motivation to adopt healthy behaviors while environmental factors, such as social support and access to resources, may facilitate behavior change and maintenance. In essence, Social Cognitive Theory underscored the importance of recognizing the holistic nature of human behavior. Behavior change and maintenance are not isolated events but rather a dynamic process influenced by a complex interplay of personal and environmental factors. By addressing these factors comprehensively, individuals and communities can be better equipped to initiate and sustain positive changes in their lives.

BOTTOM-UP THEORIES OF LIFE SATISFACTION (OR SUBJECTIVE WELL-BEING, SWB)

Bottom-up theories of life satisfaction (or subjective well-being, SWB) are based on the idea that overall life satisfaction is the sum of its parts. That is, self-reports of life satisfaction represent a weighted average of satisfaction with different aspects (domains) of life.

Health Lifestyle Theory

Health lifestyle theory (Cockerham, 2005) defines health lifestyles as “collective patterns of health-related behavior based on choices from options available to people according to their life chances.” The term “life chances” originates with Weber (1978) and refers to an individual’s probability or likelihood of obtaining satisfaction for desires and needs. Life chances are the structurally determined chances people have in life to achieve satisfaction because of their social position. Weber’s most important contribution to health lifestyle theory is his recognition of the dialectical interplay between choices and chances that interact to determine a lifestyle from Cockerham et al. (1997). Thus, although people choose a lifestyle, they typically do so within the structural parameters that align with their situation in life, enabling or constraining their choices.

CONCEPTUAL FRAMEWORK

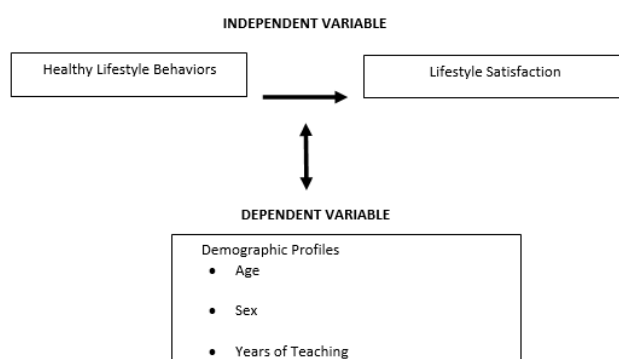


Figure 1. The schematic diagram of the Independent and Dependent Variables of the Study.

Figure 1 shows the dependent variable of this study which is the demographic data of the teachers at Pilar College of Zamboanga City, Inc. The profile includes age, gender, and years of teaching experience. The independent variables are the Healthy Lifestyle Behaviors, which are healthy habits a person does that may significantly improve an aspect of his/her life, and the Level of Life Satisfaction is the evaluation of one's life as a whole and not simply one's current happiness.

Significance of the Study

The results of the study will be of great benefit to the following:

Teachers. The findings of the study can benefit teachers themselves by providing evidence of the importance of adopting healthy lifestyle behaviors. The results can raise awareness among teachers about the potential impact of their lifestyle choices on their overall well-being and job satisfaction. This knowledge can motivate them to make positive changes in their behaviors, such as incorporating regular exercise, adopting a balanced diet, getting adequate sleep, and practicing stress management techniques, ultimately leading to improved life satisfaction. By promoting healthy lifestyle behaviors and enhancing life satisfaction, this research can improve the quality of education and create a positive work environment for teachers in higher education institutions.

School. Institutions can utilize the study findings to improve the work environment and promote the well-being of their teaching staff. By acknowledging the positive relationship between healthy lifestyle behaviors and life satisfaction, educational institutions can implement targeted interventions and programs to support and encourage teachers to adopt and maintain healthy habits. This may include offering wellness programs, flexible work options, stress management workshops, and providing access to physical fitness facilities.

Division Office/ DepEd/CHED.

The study can serve as a basis for developing policies and guidelines at the institutional and governmental levels. They can use the evidence from this research to advocate for the integration of health and well-being initiatives within educational systems, prioritizing the overall health and job satisfaction of teachers. This can lead to the implementation of supportive policies, such as work-life balance provisions, professional development opportunities, and increased resources dedicated to teacher wellness.

Researcher. The relevant information acquired from the study will help the researcher devise or create a comprehensive report and conduct enhancement programs for the teachers.

Future Researchers. The study will provide baseline data for future references on studies related to this undertaking. Future researchers will make use of the information and findings from this study to continue further research and establish renewed theories in different aspects of interrelationships of scientific proficiency, teaching strategies, motivation, and the classroom physical environment.

Definition Of Terms

For the present investigation, the following terms were defined conceptually:

Adequate Sleep: Refers to obtaining a sufficient and restful amount of sleep that meets an individual's physiological and psychological needs. It may vary based on age and other factors but generally allows for the body and mind to rejuvenate and perform optimally (National Sleep Foundation, 2021).

Balanced Diet: A nutritional regimen that includes a variety of foods in appropriate proportions, ensuring the intake of essential nutrients necessary for overall health and well-being. It typically comprises a combination of carbohydrates, proteins, fats, vitamins, minerals, and fiber (Academy of Nutrition and Dietetics, 2017).

Healthy Lifestyle Behaviors: Referred to a set of actions and habits that promote physical, mental, and emotional well-being. These behaviors often include engaging in regular physical activity, consuming a balanced diet, prioritizing sufficient and quality sleep, effectively managing stress, and abstaining from unhealthy habits such as smoking and excessive alcohol consumption (World Health Organization, 2020).

Job demands: Referred to the various physical, psychological, social, or organizational aspects of a job that require sustained effort and are associated with certain physiological or psychological costs (Bakker, A. B., Demerouti, E., de Boer, E., & Schaufeli, W. B., 2003).

Job Resources: Referred to the physical, psychological, social, or organizational aspects of the job that can facilitate the achievement of work goals, reduce job demands, and promote well-being. Examples include social support, autonomy, job control, and opportunities for professional growth (Bakker, A. B., Demerouti, E., de Boer, E., & Schaufeli, W. B., 2003).

Life Satisfaction: Represented an individual's subjective perception and evaluation of their overall quality of life. It encompasses their level of contentment, happiness, and fulfillment across various domains, including work, relationships, health, and personal goals (Diener et al., 1985).

Psychological Well-being: Referred to an individual's overall mental and emotional state characterized by positive functioning and optimal psychological functioning. It involves a sense of purpose and meaning in life, self-acceptance, personal growth, positive relationships with others, autonomy, and a sense of mastery over one's environment (Ryff, 1989).

Regular exercise: Refers to a pattern of physical activity that is systematic, planned, and performed consistently over time to improve or maintain physical fitness and overall health (American College of Sports Medicine, 2014).

Stress Management: "Stress management" refers to the practice of adopting strategies and techniques to effectively cope with, reduce, or mitigate stressors and their negative impact on one's mental and physical well-being. It involved a range of behavioral, psychological, and lifestyle approaches aimed at enhancing resilience and promoting overall health (American Psychological Association, 2021).

Teachers are persons employed in an educational institution or enterprise whose main duty is to impart knowledge, attitudes, and skills necessary for the development of learners (United Nations Educational, Scientific and Cultural Organization (UNESCO), 2011).

Method

This chapter detailed the research methodology that was used in this study. This included the research design, respondents, tools, data collection methods, statistical data processing, and ethical considerations.

Research Design

The researchers utilized a quantitative correlational design to determine the Healthy Lifestyle Behaviors and the Level of Life Satisfaction among teachers of Pilar College of Zamboanga City, Inc. This research method involved testing causal relationships using computational, statistical, and mathematical tools to derive results from wider population. Correlational research tested the hypotheses using statistics and investigated relationships between study variables.

Research Subject

The respondents of this study were full-time faculty members of Pilar College Zamboanga City, Inc. from the Basic Education Department and Tertiary Department for the school year 2023-2024. The sampling design that the researchers utilized is the total enumeration method a type of sampling where the whole population of interest is studied, it is the most practical when the total population is of manageable size. There are a total of 75 faculty members from the Basic Education and Tertiary Education Departments. However, due to factors like the teachers' untimely schedules, resignation, and unwillingness to participate in the research, only 60 participants were gathered and analyzed.

Table 1 Number of Subjects Per Department Who Participated in the Study

Department	Population
Basic Education Faculty	35
Tertiary Education Faculty	25
TOTAL	60

The sample population of this study was limited to faculty members for the school year 2023-2024 at Pilar College of Zamboanga City, Inc. The samples were chosen by calculating a distance from the survey's value in which the actual population is likely to occur. A five percent margin of error was used since a smaller margin of error suggests that the survey's results will tend to be close to the correct values.

Research Instruments

The Survey Questionnaire was the primary instrument for data gathering. The researchers administered a questionnaire face-to-face to the respondents after asking permission to conduct the study. The researchers took into consideration the data or information required to satisfy the query raised in the statement of the problem. The survey questionnaire was composed of two (2) major parts. The respondents were given a researcher-made adapted questionnaire regarding Healthy Lifestyle Behaviors and the Level of Life Satisfaction among teachers of PCZC.

Part I of the questionnaire determined the demographic variables of each teacher. Followed by a questionnaire about health promotion attitudes and health practices, as reflected in the HPLP-II instrument developed by Walker et. al. The HPLP-II instrument has 52 health-promoting behaviors categorized into six health-promoting lifestyle subscales: (1) health responsibility (HR), (2) spiritual growth (SG), (3) physical activity (PA), (4) interpersonal relations (IR), (5) nutrition (N), and (6) stress management (SM).

Table 2 Data Interpretation of the Descriptive Equivalent and its Indication

Average Weighted Mean Range	Descriptive Equivalent	Indication
3.26 to 4.00	Routinely	Signified that the behavior is a regular part of the respondent's experience, happening almost all the time
2.51 to 3.25	Often	Implies that the behavior is observed or experienced quite regularly
1.76 to 2.50	Sometimes	This range implies that the behavior occurs occasionally but not frequently
1.0 to 1.75	Never	This range indicates that the behavior in question is never observed or experienced

A 4-point response scale consisting of 1.0 to 1.75 representing "never", 1.76 to 2.50 representing "sometimes", 2.51 to 3.25 representing "often" and 3.26 to 4.00 representing "routinely", was used to determine the frequency of each behavior.

A score of overall health-promoting lifestyle is obtained by calculating a mean of the individual's responses to all 52 items. Six subscale scores are obtained similarly by calculating the mean of the responses to subscale items. The use of means rather than sums of scale items is recommended to retain the 1 to 4 metric item responses and to allow meaningful comparisons of scores across subscales. The items included on each scale are as follows:

1. Healthy-Promoting Lifestyle – 1 to 52
2. Healthy Responsibility – 3, 9, 15, 21, 27, 33, 39, 45, 51
3. Physical Activity – 4, 10, 16, 22, 28, 34, 40, 46
4. Nutrition – 2, 8, 13, 19, 26, 32, 38, 44, 50
5. Spiritual Growth – 6, 12, 18, 24, 30, 36, 42, 48, 52
6. Interpersonal Relations – 1, 7, 14, 20, 25, 31, 37, 43, 49
7. Stress Management – 5, 11, 17, 23, 29, 35, 41, 47

The second part of the questionnaire was the Satisfaction with Life Scale (SWLS) tool. The SWLS is a short 5-item instrument designed to measure global cognitive judgments of satisfaction with one's life. The scale required only about a minute of the respondent's time. Participants completing the questionnaire were asked to judge how they felt about each of the statements using a seven-point scoring system, with 1 being "strongly disagree" and 7 being "strongly agree." Outlined are the following statements:

1. In most ways, my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far, I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.

Once subjects are done assigning a score from 1 to 7 for each of the statements, the researchers tallied up your final score for an indication of how satisfied they are overall with life.

Table 3

Satisfaction with Life Scale Scoring and Interpretations

Satisfaction with Life Scale	Interpretation
6.17 to 7.00 Very high score; extremely satisfied	Respondents who scored in this range love their lives and feel that things are going well. Their lives are not perfect, but they feel that things are about as good as lives get. Furthermore, just because the person is satisfied does not mean he or she is complacent. Growth and challenge might be a part of the reason the respondent is satisfied. For most people in the high-scoring range, life is enjoyable, and the major domains are going well – work, school, family or friends, leisure, and personal development.
5.31 to 6.16 High score; satisfied	Individuals who scored in this range like their lives and feel that things are going well. They know their lives are not perfect but things are mostly good.
4.45 to 5.30 Average score; slightly satisfied	The average of life satisfaction in economically developed nations in this range – most of the people are generally satisfied, but have some areas where they very much would like some improvement. Some individuals score in this range because they are mostly satisfied in most areas of their lives but see the need for some improvement in each area
3.59 to 4.44 Below average; neutral	People who scored in this range usually have small but insignificant problems in several areas of their lives, or have many areas that are doing fine but one area that represents a substantial problem for them. Some people on this range can gain motivation from a small level of satisfaction.

2.73 to 3.58 Slightly dissatisfied	People who scored in this range are substantially dissatisfied with their lives. People in this range have several domains that are not going well. If life dissatisfaction is a response to a recent event such as bereavement, divorce, or a significant problem at work, the person will probably return over time to his or her former level of satisfaction.
1.87 to 2.72 Dissatisfied	People who scored within this range expressed cognitive judgments indicating lower satisfaction with their overall life experience.
1.0 to 1.86 Extremely Dissatisfied	Individuals who score in this range are usually extremely unhappy with their current life. Dissatisfaction at this level is often due to dissatisfaction in multiple areas of life.

In developing the scale, Diener et al. (1985) tested it widely and reported that it does have good psychometric properties, as well as a high test-retest coefficient (meaning participants who completed the scale more than once demonstrated the same results consistently).

Data Gathering Procedure

Seeking Permission to Conduct the Study. The researchers adhered to the following steps when collecting the data for this investigation. The researchers coordinated with the office of the secretary of Pilar College of Zamboanga City, Inc. for the list of faculty members for the school year 2023-2024. A week was established for obtaining permission from the chosen participants. When requesting authorization for data gathering, the researchers contacted the institution to see what their protocol involves and upon approval of the President of Pilar College of Zamboanga City, Inc., questionnaires were sent to respondents as part of the final roster for pilot testing of the instrument via google form. To conduct effective research, researchers provided clarity regarding their research questions by considering what specific information aimed to be discovered.

Administration and Retrieval of Data. **Data validation** is the process of ensuring that source data is accurate and of high quality before using, importing, or otherwise processing it. The goal of the researchers in validating data is to test the study for internal consistency by generating data that are accurate and complete. Adjustment of the number of copies may be required to accommodate all the respondents based on the computed sample size per program/course. The letter of request and the copies of the questionnaires were delivered personally to the concerned respondents. The results of retrieved questionnaire copies were tallied. Data were examined and interpreted using the appropriate statistical tool.

Tabulating, Collating, and Processing of the Data. Data collected were kept by the assigned researcher. The researchers gathered all the tallied information of the respondents from the submitted data in the printed survey questionnaire. The researchers also secured all information and were treated with the highest confidentiality. After obtaining the data, the researchers presented it to the school's statistician or data analyst to analyze the meaning of the data and explain the significance of the findings through statistical reports and data visualization. After the statistician or the data analyst provided the necessary calculations and results, the data were tabulated and interpreted.

Statistical Treatment of Data

To facilitate the analysis of data, the following were used;

Weighted Mean. This measure will be used to determine the level of Life Satisfaction among the teachers of PCZC.

Standard Deviation. This measure will be used to show how much variation from the mean exists.

Mode and Ranking. This measure will be used to determine the prevalent healthy lifestyle behaviors (regular exercise, balanced diet, adequate sleep, and stress management) among teachers; it will also be used to determine what specific healthy lifestyle behaviors (regular exercise, balanced diet, adequate sleep, or stress management) have the strongest correlation with life satisfaction among teachers

T-test. This measure will be used to determine the significant difference in the relationship between healthy lifestyle behaviors and level of life satisfaction when grouped according to sex; it will also be used to determine the significant differences in the levels of life satisfaction between college teachers who engage in healthy lifestyle behaviors and those who do not.

Pearson Product Moment Correlation. This measure will be used to determine the significant relationship between healthy lifestyle behaviors and the level of life satisfaction among teachers.

Ethical Consideration

Because the research study involved faculty members as respondents, it is of utmost importance to keep their responses confidential, and the data must be reliable. The most important duty that a researcher must perform is to ensure that the research respondents' virtue and dignity are not violated while participating in this enormous undertaking. Specifically, the researchers adhered to research ethical guidelines set by Pritha Bhandari (2022). These considerations worked to secure the rights of research participants in terms of data privacy and to enhance research validity and integrity. These principles were incorporated into the comprehensive laws and regulations governing research, which is very beneficial when dealing with issues of research ethics.

Voluntary Participation & Informed Consent

All faculty respondents had the freedom to choose to participate without any pressure or coercion. Each participant was free to stop participating in the study at any time without feeling obligated to do so. There is no requirement that participants give a justification for not pursuing to participate in the research.

Researchers made it clear to the participants that declining to take part has no negative effects or ramifications. Since they took the time to assist the researchers with their research, the researchers should respect their choices and refrain from attempting to persuade them otherwise.

Additionally, researchers ensured that all potential participants will receive and understand all the information they need to decide whether they want to participate. Consent included information about the study's benefits, risks, and approval.

Confidentiality

Although optional, the names of some participants appeared in the research instruments. As researchers who know who the participants are, the researchers ensured to remove all identifying information from their report.

Each participant had the right to privacy; therefore, researchers also secured personal data for as long as it needed to be stored and used. Even when data cannot be collected anonymously, the researchers safeguarded confidentiality whenever they could.

Research Conduct

Researchers did not make up nor falsify any data, manipulated data analyses, or misrepresented results in research interpretation and report. Specifically, researchers indulged in academic fraud. Researchers understand that intentionally committing fraud will result in serious consequences hence researchers must be committed to avoiding any serious mistakes. The results presented in this study were purely based on the actual responses of the participants to ensure the validity and integrity of the study

RESULTS AND DISCUSSION

In this chapter, the findings of this study indicated that while teachers exhibit some healthy lifestyle behaviors, there is a clear opportunity for improvement in integrating these behaviors consistently into their daily routines.

Table 4

Distribution of Health-Promoting Lifestyle Profile II Scores According to Full-time Faculty Teachers

Statement	Weighted Mean	Standard Deviation	Description
1. Discuss my problems and concerns with people close to me.	2.63	0.71	Often
2. Choose a diet low in fat, saturated fat, and cholesterol.	2.15	0.51	Sometimes
3. Report any unusual signs or symptoms to a physician or other health professional.	2.02	0.79	Sometimes
4. Follow a planned exercise program.	1.78	0.75	Sometimes
5. Get enough sleep.	2.25	0.72	Sometimes
6. Feel I am growing and changing in positive ways.	2.60	0.52	Often
7. Praise other people easily for their achievements.	3.13	0.67	Often
8. Limit the use of sugars and food containing sugar (sweets).	2.20	0.60	Sometimes
9. Read or watch TV programs about improving health.	2.27	1.03	Sometimes
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, or using a stair climber).	1.98	0.70	Sometimes
11. Take some time for relaxation each day	2.50	0.79	Sometimes
12. Believe that my life has a purpose.	3.18	0.65	Often
13. Eat 6-11 servings of bread, cereal, rice, and pasta each day.	3.03	0.66	Often
14. Question health professionals in order to understand their instructions.	1.98	0.62	Sometimes
15. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).	2.17	0.64	Sometimes
16. Accept those things in my life which I cannot change.	2.18	0.72	Sometimes
17. Look forward to the future.	2.82	0.67	Often
18. Spend time with close friends.	3.15	0.73	Often
19. Eat 2-4 servings of fruit each day.	2.82	0.74	Often
20. Get a second opinion when I question my healthcare provider's advice.	2.27	0.54	Sometimes
21. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).	2.32	0.76	Sometimes
22. Maintain meaningful and fulfilling relationships with others.	2.27	0.65	Sometimes
23. Concentrate on pleasant thoughts at bedtime	2.48	0.56	Sometimes
24. Feel content and at peace with myself.	2.65	0.63	Often
25. Find it easy to show concern, love, and warmth to others.	3.02	0.67	Often
26. Eat 3-5 servings of vegetables each day.	2.25	0.65	Sometimes
27. Discuss my health concerns with health professionals.	1.92	0.69	Sometimes
28. Do stretching exercises at least 3 times per week.	2.37	0.66	Sometimes
29. Use specific methods to control my stress.	2.48	0.74	Sometimes
30. Work toward long-term goals in my life.	2.78	0.73	Often

31. Touch and am touched by people I care about.	2.83	0.66	Often
32. Eat 2-3 servings of milk, yogurt or cheese each day.	2.07	0.70	Sometimes
33. Inspect my body at least monthly for physical changes/danger signs.	2.37	0.68	Sometimes
34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking).	2.32	0.65	Sometimes
35. Balance time between work and play.	2.38	0.61	Sometimes
36. Find each day interesting and challenging.	2.58	0.56	Often
37. Find ways to meet my needs for intimacy.	2.32	0.67	Sometimes
38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.	2.37	0.68	Sometimes
39. Ask for information from health professionals about how to take good care of myself.	2.13	0.76	Sometimes
40. Check my pulse rate when exercising.	2.08	0.86	Sometimes
41. Practice relaxation or meditation for 15-20 minutes daily.	2.37	0.75	Sometimes
42. Am aware of what is important to me in life.	2.95	0.74	Often
43. Get support from a network of caring people.	2.60	0.76	Often
44. Read labels to identify nutrients, fats, sodium content in packaged food.	2.32	0.83	Sometimes
45. Attend educational programs on personal health care	2.02	0.67	Sometimes
46. Reach my target heart rate when exercising.	1.97	0.73	Sometimes
47. Pace myself to prevent tiredness.	2.33	0.70	Sometimes
48. Feel connected with some force greater than myself.	2.75	0.72	Often
49. Settle conflicts with other through discussion and compromise.	2.48	0.67	Sometimes
50. Eat breakfast.	2.45	0.94	Sometimes
51. Seek guidance or counseling when necessary.	2.22	0.69	Sometimes
52. Expose myself to new experiences and challenges	2.62	0.66	Often
Average	2.43	0.70	SOMETIMES

The table shows the mean scores on the healthy lifestyle behaviors of teachers which range from 1.78 to 3.18. Specifically, Statement 12 has the highest mean score of 3.18, which indicates that the teachers often contemplate their purpose in life as part of their healthy lifestyle behavior. On the other hand, Statement 4 has the lowest weighted mean score of 1.78, which indicates that the teachers sometimes do not follow or do not have a regularly planned exercise program as part of their healthy lifestyle behavior.

The table also showed the standard deviation per statement which ranges from 0.51 to 1.03. Specifically, Statement 9 has the largest standard deviation of 1.03, which indicates that there is a lot of variation in the observed data around the mean, which signifies that the respondents have different scores for the statement. On the other hand, Statement 2 has the smallest standard deviation of 0.51, which indicates that there is consistency in the data or that much of the data observed is clustered around the mean, which signifies that the majority of the respondents have the same score as the statement.

Moreover, the average weighted mean score of 2.43 for prevalent healthy lifestyle behaviors among teachers falls within the 'SOMETIMES' category on the Likert scale, suggesting that these behaviors are only practiced on occasion rather than regularly.

With an average standard deviation of 0.70, there is a low dispersion of yet reliable data in determining the

healthy lifestyle behaviors among the teachers. Certain behaviors, such as expressing praise for others, having a sense of life's purpose, and experiencing contentment and inner peace, are more commonly observed among teachers and are classified as 'often.' Conversely, behaviors like adhering to a structured exercise regimen, getting sufficient sleep, and maintaining a balanced diet are categorized as 'sometimes,' indicating less consistent adherence.

In light of these findings, it is evident that schools and educational institutions need to provide support for teachers in prioritizing their health and well-being. By addressing obstacles to healthy living and fostering a culture of wellness, schools can assist teachers in leading healthier lifestyles, thereby enhancing not only their well-being but also their job satisfaction and effectiveness in the classroom.

Based on the data provided, the prevalent healthy lifestyle behaviors among teachers are mostly categorized as 'sometimes.' This includes behaviors like choosing a balanced diet, getting enough sleep, engaging in regular exercise, managing stress, and seeking guidance or counseling when necessary.

The weighted mean of all the behaviors is 2.43, which falls within the 'sometimes' category on the Likert scale range. The standard deviation is 0.70, indicating a moderate level of variability in the responses. Teachers seem to show a willingness to adopt healthy lifestyle behaviors, but may not consistently practice them. This suggests that there is room for improvement in incorporating these behaviors into their daily routines. Overall, the data highlights the importance of promoting and supporting healthy habits among teachers to enhance their overall well-being and productivity.

Table 5

Distribution of Scores of the 6 Subscales on Healthy-Promoting Lifestyle

Life Style Behavior	Weighted Mean	Standard Deviation	Description
Health Responsibility	2.16	0.75	SOMETIMES
Physical Activity	2.12	0.72	SOMETIMES
Nutrition	2.41	0.70	SOMETIMES
Spiritual Growth	2.81	0.66	OFTEN
Interpersonal Relations	2.58	0.66	OFTEN
Stress Management	2.45	0.69	SOMETIMES

The table showed the mean scores and standard deviations on the healthy lifestyle behaviors among teachers, wherein the statements were grouped into the following:

- (1) Health Responsibility
- (2) Physical Activity
- (3) Nutrition
- (4) Spiritual Growth
- (5) Interpersonal Relations
- (6) Stress Management

Specifically, the Spiritual aspect of lifestyle behavior has the highest mean score of 2.81 (SD 0.66), which indicated that the respondents often seek spiritual motivation or guidance in life. On the other hand, the Physical aspect of lifestyle behavior has the lowest mean score of 2.12 (SD 0.72), which indicated that the respondents sometimes performed physical activities as part of their healthy lifestyle behaviors.

Table 6 Distribution of Health-Promoting Lifestyle Profile II Scores in terms of Health Responsibility according to Full-time Faculty Teachers

Health Responsibility			
Statement	Weighted Mean	Standard Deviation	Description
3. Report any unusual signs or symptoms to a physician or other health professional.	2.02	0.79	Sometimes
9. Read or watch TV programs about improving health.	2.27	1.03	Sometimes
15. Take part in light to moderate physical activity (such as sustained walking 30-40 minutes 5 or more times a week).	2.17	0.64	Sometimes
21. Take part in leisure-time (recreational) physical activities (such as swimming, dancing, bicycling).	2.32	0.76	Sometimes
27. Discuss my health concerns with health professionals.	1.92	0.69	Sometimes
33. Inspect my body at least monthly for physical changes/danger signs.	2.37	0.68	Sometimes
39. Ask for information from health professionals about how to take good care of myself.	2.13	0.76	Sometimes
45. Attend educational programs on personal health care	2.02	0.67	Sometimes
51. Seek guidance or counseling when necessary.	2.22	0.69	Sometimes
Average	2.16	0.75	SOMETIMES

Table 7

Distribution of Health-Promoting Lifestyle Profile II Scores in terms of Physical activity According to Full-time Faculty Teachers

Physical Activity			
Statement	Weighted Mean	Standard Deviation	Description
4. Follow a planned exercise program.	1.78	0.75	Sometimes
10. Exercise vigorously for 20 or more minutes at least three times a week (such as brisk walking, bicycling, aerobic dancing, or using a stair climber).	1.98	0.70	Sometimes
16. Accept those things in my life which I cannot change.	2.18	0.72	Sometimes
22. Maintain meaningful and fulfilling relationships with others.	2.27	0.65	Sometimes
28. Do stretching exercises at least 3 times per week.	2.37	0.66	Sometimes
34. Get exercise during usual daily activities (such as walking during lunch, using stairs instead of elevators, parking car away from destination and walking).	2.32	0.65	Sometimes
40. Check my pulse rate when exercising.	2.08	0.86	Sometimes
46. Reach my target heart rate when exercising.	1.97	0.73	Sometimes
Average	2.12	0.72	SOMETIMES

Table 8 Distribution of Health-Promoting Lifestyle Profile II Scores in terms of Nutrition according to Full-time Faculty Teachers

Nutrition			
Statement	Weighted Mean	Standard Deviation	Description
2. Choose a diet low in fat, saturated fat, and cholesterol.	2.15	0.51	Sometimes
8. Limit use of sugars and food containing sugar (sweets).	2.20	0.60	Sometimes
13. Eat 6-11 servings of bread, cereal, rice, and pasta each day.	3.03	0.66	Often
19. Eat 2-4 servings of fruit each day.	2.82	0.74	Often
26. Eat 3-5 servings of vegetables each day.	2.25	0.65	Sometimes
32. Eat 2-3 servings of milk, yogurt or cheese each day.	2.07	0.70	Sometimes
38. Eat only 2-3 servings from the meat, poultry, fish, dried beans, eggs, and nuts group each day.	2.37	0.68	Sometimes
44. Read labels to identify nutrients, fats, and sodium content in packaged food.	2.32	0.83	Sometimes
50. Eat breakfast.	2.45	0.94	Sometimes
Average	2.41	0.70	SOMETIMES

Table 9

Distribution of Health-Promoting Lifestyle Profile II Scores in terms of Spiritual Growth according to Full-time Faculty Teachers

Spiritual Growth			
Statement	Weighted Mean	Standard Deviation	Description
6. Feel I am growing and changing in positive ways.	2.60	0.52	Often
12. Believe that my life has a purpose.	3.18	0.65	Often
18. Spend time with close friends.	3.15	0.73	Often
24. Feel content and at peace with myself.	2.65	0.63	Often
30. Work toward long-term goals in my life.	2.78	0.73	Often
36. Find each day interesting and challenging.	2.58	0.56	Often
42. Am aware of what is important to me in life.	2.95	0.74	Often
48. Feel connected with some force greater than myself.	2.75	0.72	Often
52. Expose myself to new experiences and challenges	2.62	0.66	Often
Average	2.81	0.66	OFTEN

Table 10

Distribution of Health-Promoting Lifestyle Profile II Scores in terms of Interpersonal Relations according to Full-time Faculty Teachers

Interpersonal Relations			
Statement	Weighted Mean	Standard Deviation	Description
1. Discuss my problems and concerns with people close to me.	2.63	0.71	Often
7. Praise other people easily for their achievements.	3.13	0.67	Often
14. Question health professionals in order to understand their instructions.	1.98	0.62	Sometimes
20. Get a second opinion when I question my healthcare provider's advice.	2.27	0.54	Sometimes
25. Find it easy to show concern, love, and warmth to others.	3.02	0.67	Often
31. Touch and am touched by people I care about.	2.83	0.66	Often
37. Find ways to meet my needs for intimacy.	2.32	0.67	Sometimes
43. Get support from a network of caring people.	2.60	0.76	Often
49. Settle conflicts with other through discussion and compromise.	2.48	0.67	Sometimes
Average	2.58	0.66	OFTEN

Table 11

Distribution of Health-Promoting Lifestyle Profile II Scores in terms of Stress Management according to Full-time Faculty Teachers

Stress Management			
Statement	Weighted Mean	Standard Deviation	Description
5. Get enough sleep.	2.25	0.72	Sometimes
11. Take some time for relaxation each day	2.50	0.79	Sometimes
17. Look forward to the future.	2.82	0.67	Often
23. Concentrate on pleasant thoughts at bedtime	2.48	0.56	Sometimes
29. Use specific methods to control my stress.	2.48	0.74	Sometimes
35. Balance time between work and play.	2.38	0.61	Sometimes
41. Practice relaxation or mediation for 15-20 minutes daily.	2.37	0.75	Sometimes
47. Pace myself to prevent tiredness.	2.33	0.70	Sometimes
Average	2.45	0.69	SOMETIMES

Lifestyle behaviors ranked:

1st Spiritual Growth

2nd Interpersonal Relations

3rd Stress Management

4th Nutrition

5th Health Responsibility

6th Physical Activity

Table 12

Satisfaction with Life Scale (SWLS)

Statement	Weighted Mean	Standard Deviation	Description
1. In most ways my life is close to my ideal.	5.18	1.01	Slightly Satisfied
2. The conditions of my life are excellent.	4.92	1.26	Slightly Satisfied
3. I am satisfied with my life.	5.35	1.17	Satisfied
4. So far I have gotten the important things I want in life.	5.42	1.08	Satisfied
5. If I could live my life over, I would change almost nothing.	4.87	1.37	Slightly Satisfied
Average	5.15	1.18	SLIGHTLY SATISFIED

The table shows the mean scores on life satisfaction among teachers which range from 4.87 to 5.18. Specifically, Statement 4 has the highest mean score of 5.42, which indicates that the respondents are satisfied with their lives as they have already gotten the important things that they want. On the other hand, Statement 5 has the lowest mean score of 4.87, which indicates that the respondents are slightly satisfied with their lives.

The table also shows the standard deviation per a statement on life satisfaction among teachers which ranges from 1.01 to 1.37. All statements have a standard deviation of more than 1, which indicates that there is a lot of variation in the observed data around the mean, which signifies that the respondents have different scores for the statements. Moreover, having a standard deviation of more than 1 yields highly dispersed data with low reliability.

The statistics from this data indicated that teachers generally perceived their level of life satisfaction to be slightly satisfied. The average weighted mean of 5.15 falls within the 'slightly satisfied' category on the Likert scale range, with a standard deviation of 1.18 suggesting high variability in the responses.

The individual statements that contributed to the overall perception of life satisfaction also reflect this slightly satisfied sentiment. Teachers felt close to their ideal life, considered the conditions of their lives to be excellent, and were satisfied with their life overall. However, there is room for improvement, as indicated by responses suggesting that there are some important things they have yet to achieve, and they would make some changes if they could live their life over.

The implications of this data suggested that while teachers generally have a positive perception of their life satisfaction, there may be areas where they feel they could improve or make changes to enhance their overall well-being and fulfillment.

Table 13

Result of the Relationship between Variables

Variables	Mean	SD	Pearson (r)	Indication	p-value	Description	Conclusion
Healthy Lifestyle Behaviors	126.17	15.61	0.17	Positive, Weak Correlation	0.19	Reject H_a ; Accept H_o	No Significant Relationship
Life Satisfaction	25.82	4.89					

The table showed the mean scores and standard deviations of the variables- Healthy lifestyle behaviors, and Life satisfaction. Pearson's Product Moment Coefficient of Correlation test was done to determine the relationship between the two variables. The Pearson (r) value was 0.17, which indicates that there is a positive, yet weak correlation between healthy lifestyle behaviors and life satisfaction. Moreover, since the computed p-value of 0.19 is more than 0.05, there is no significant relation between the two variables.

Table 14

Healthy Lifestyle Behavior in terms of Age

Variables	Mean	SD	Pearson (r)	Indication	p-value	Description	Conclusion
Healthy Lifestyle Behaviors	126.17	15.61	0.21	Positive, Weak Correlation	0.112	Reject H_a ; Accept H_o	No Significant Relationship
Age	32.65	11.35					

The table showed the relationship between healthy lifestyle behaviors and age among teachers, and Pearson's test was utilized to determine the relationship between the two variables. The Pearson (r) value is 0.21, which indicates a positive and weak correlation between healthy lifestyle behaviors and age. Moreover, since the computed p-value of 0.112 is more than 0.05, there is no significant relationship between the two variables.

Table 15

Healthy Lifestyle Behavior in terms of Sex

Group	Mean	t-value	p-value	Decision	Conclusion
Male	127.33	0.37	0.71	Reject H_a ; Accept H_o	No Significant difference
Female	125.67				

The table showed the difference in healthy lifestyle behaviors when the respondents were grouped according to sex, and an unpaired t-test was done to determine the difference. Since the computed p-value of 0.71 is greater than 0.05, there is no significant difference in the lifestyle behaviors among teachers when grouped according to sex.

Table 16

Healthy Lifestyle Behavior in terms of Years of Teaching

Variables	Mean	SD	Pearson (r)	Indication	p-value	Description	Conclusion
Healthy Lifestyle	126.17	15.61	0.16	Positive, Weak	0.214	Reject H_a ; Accept H_o	No Significant

Behaviors				Correlation		Accept Ho	Relationship
Years of Teaching Experience	7.68	10.43					

The table showed the relationship between healthy lifestyle behaviors and the years of teaching experience among teachers, and Pearson's test was utilized to determine the relationship between the two variables. The Pearson (r) value is 0.16, which indicates a positive and weak correlation between healthy lifestyle behaviors and years of teaching experience. Moreover, since the computed p-value of 0.214 is more than 0.05, there is no significant relationship between the two variables.

Table 17 Life Satisfaction in terms of Age

Variables	Mean	SD	Pearson (r)	Indication	p-value	Description	Conclusion
Life Satisfaction	25.82	4.93	0.38	Positive, Moderate Correlation	0.003	Accept Ha; Reject Ho	There is a Significant Relationship
Age	32.65	11.35					

The table showed the relationship between life satisfaction and age among teachers, and Pearson's test was utilized to determine the relationship between the two variables. The Pearson (r) value is 0.38, which indicates a positive and moderate correlation between life satisfaction and age. Moreover, since the computed p-value of 0.003 is less than 0.05, there is a significant relationship between the two variables.

Table 18

Life Satisfaction in terms of Sex

Group	Mean	t-value	p-value	Decision	Conclusion
Male	24.33	1.54	0.13	Reject Ha; Accept Ho	No Significant difference
Female	26.45				

The table showed the difference in life satisfaction when the respondents were grouped according to sex, and an unpaired t-test was done to determine the difference. Since the computed p-value of 0.13 is greater than 0.05, there is no significant difference in the life satisfaction among teachers when grouped according to sex.

Table 19

Lifestyle Satisfaction in terms of Years of Teaching

Variables	Mean	SD	Pearson (r)	Indication	p-value	Description	Conclusion
Life Satisfaction	25.82	4.93	0.37	Positive, Moderate Correlation	0.003	Accept Ha; Reject Ho	There is a Significant Relationship
Years of Teaching Experience	7.68	10.43					

The table showed the relationship between life satisfaction and the years of teaching experience among teachers, and Pearson's test was utilized to determine the relationship between the two variables. The Pearson (r) value is 0.37, which indicates a positive and moderate correlation between life satisfaction and the years of teaching experience. Moreover, since the computed p-value of 0.003 is less than 0.05, there is a significant relationship between the two variables.

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This chapter presented the main research findings, conclusions, and recommendations for potential implementation.

Summary of Findings

1. The average weighted mean of the health-promotion life profile was 2.43 (SD 0.70), indicating that the health-promotion life behaviors of the teachers were medium level. The sub-dimension average points of the health-promotion lifestyle profile scale are respectively: "spiritual growth" with a mean score of 2.81 (SD 0.66), interpersonal relations" subscale mean score of 2.58 (SD 0.66), "stress management" subscale with a mean score of 2.45 (SD 0.69), "nutrition" subscale with a mean score of 2.41 (SD 0.70), "health responsibility" subscale mean score of 2.16 (SD 0.75), and finally, "physical activity" subscale mean score of 2.12 (SD 0.72). Spiritual growth and interpersonal relations were indicated as the highest average points. Whereas, physical activity indicated the lowest average point.
2. Results in the Satisfaction with Life Scale (SWLS) showed that the scale's items have a slightly satisfactory psychometric quality with a weighted mean of 5.15 (SD 1.18). The Pearson (r) value between variables was 0.17, indicating that there is a positive, yet weak correlation between healthy lifestyle behaviors and life satisfaction. Moreover, since the computed p-value of 0.19 is more than 0.05, there is no significant relation between the two variables.
3. The computed p-values of the relationship between healthy lifestyle behaviors in terms of age, sex, and year of teaching are as follows; p-values 0.112, 0.71, 0.214. All of this indicates that healthy lifestyle behaviors have no significant relationship in terms of its demographics sample.
4. In the tables for Lifestyle Satisfaction in terms of age and years of teaching, the Pearson r values indicate a positive and moderate correlation. The computed p-values both resulted in 0.003, showing a significant relationship between the variables. However, in terms of sex, the T-value is 1.54, rejecting the alternative hypothesis and, therefore, accepting the null hypothesis. This concludes that there is no significant difference between life satisfaction and sex.
5. Overall, the healthy lifestyle behaviors were ranked as follows: spiritual growth being the first, followed by interpersonal relationships, then stress management. Nutrition ranked fourth, followed by healthy responsibility, and finally, physical activity.

Conclusion

Conclusions were illustrated in this part based on the results of the study.

1. Teachers, like many other professionals, can face challenges when it comes to maintaining a healthy lifestyle. The demands of their job, including long hours, high levels of stress, and often limited opportunities for breaks or time for self-care, can make it difficult for them to prioritize activities like exercise, healthy eating, and adequate sleep.
2. The nature of their work, which involves caring for and educating others, can sometimes lead to neglecting their well-being. Teachers need to find ways to prioritize self-care and create a balance between their work responsibilities and personal health.
3. Educational institutions and employers can also play a role in supporting teachers' well-being by providing resources for stress management, promoting healthy lifestyle initiatives, and creating a work environment that prioritizes employee wellness. By addressing these challenges and promoting a culture of health and well-being, teachers can be better equipped to maintain a healthy lifestyle.

4. Promoting teacher well-being and self-care is essential for fostering a positive and supportive work environment that values the health and happiness of educators. By prioritizing their physical and mental health, teachers can enhance their job satisfaction, resilience to stress, and overall performance. This, in turn, benefits their students, colleagues, and the school community.
5. Supporting teachers in maintaining a healthy lifestyle, addressing their well-being needs, and promoting work-life balance is a shared responsibility of schools, administrators, colleagues, and the broader educational system. By working together to create a culture that values and prioritizes teacher well-being, we can ensure that educators feel supported, appreciated, and empowered to thrive personally and professionally.

Recommendations

The following are the recommendations of the study:

1. Future researchers are recommended to make a comparative study to determine if there is a significant difference in the levels of life satisfaction between teachers who engage in healthy lifestyle behaviors and those who do not.
2. Another recommended study is determining which specific healthy lifestyle behavior has the strongest correlation with life satisfaction among teachers.
3. Researchers also recommend that these tools be used with multi-factorial structures such as the following but not limited to: co-morbidities, marital status, smoking and drinking history, and emotional disorders).

REFERENCES

1. Academy of Nutrition and Dietetics. (2017). What is a Balanced Diet? Retrieved from <https://www.eatright.org/food/nutrition/dietary-guidelines-and-myplate/what-is-a-balanced-diet>
2. American College of Sports Medicine. (2014). ACSM's Guidelines for Exercise Testing and Prescription (9th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
3. American Psychological Association. (2021). Stress Management. Retrieved from <https://www.apa.org/topics/stress-management>
4. Bakker, A. B., Demerouti, E., de Boer, E., & Schaufeli, W. B. (2003). Job demands and job resources as predictors of absence duration and frequency. *Journal of Vocational Behavior*, 62(2), 341-356. doi:10.1016/s0001-8791(02)00030-1.
5. Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall, Inc.
6. Chang, J. H., Huang, W. T., & Pan, W. H. (2017). Relationships between lifestyle and quality of life in Taiwanese adults. *Journal of Nursing Research*, 25(1), 46-56.
7. City Health Office. (2019). Health Status of the City of Zamboanga. Retrieved from <http://chd9.doh.gov.ph/wp-content/uploads/2019/09/1.-Health-Status-of-The-City-of-Zamboanga-2019.pdf>
8. Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological inquiry*, 11(4), 227-268.
9. Department of Health. (2015). *Philippine Health Statistics*. Retrieved from https://doh.gov.ph/sites/default/files/publications/PHS%202015%20Final_0.pdf
10. Diesto, C. S. (2017). The wellness factor: healthy lifestyle practices of undergraduate students of Western Mindanao State University-Zamboanga City Campus. *Philippine Journal of Health Research and Development*, 21(2), 29-36.
11. Diener, E., Lucas, R. E., & Oishi, S. (2009). Subjective well-being: The science of happiness and life satisfaction. In *Handbook of Positive Psychology* (pp. 187-194). Oxford University Press.
12. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71-75. doi:10.1207/s15327752jpa4901_13
13. Johnson, R., & Brown, S. (2018). Well-being of college faculty: The role of exercise and self-care activities. *Journal of Higher Education*, 45(3), 234-246.
14. Juan, C. H. S. (2017). Non-communicable diseases and healthy lifestyle in the Philippines. *Asia Pacific Journal of Public Health*, 29(2_suppl), 16S-20S.

15. Jumao-as, C. J. A., & Silang, M. A. (2017). Assessment of nutritional status among elementary school children in selected public schools in Zamboanga City. *Journal of Nursing and Allied Health Services*, 8(1), 61-73.
16. Lallukka, T., et al. (2016). Association between lifestyle behaviors and life satisfaction among Finnish teachers. *Health Education Research*, 31(4), 567-578.
17. Lee, J., et al. (2020). Healthy lifestyle behaviors and life satisfaction among Korean educators. *Journal of Happiness and Well-Being*, 7(2), 145-158.
18. Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, 52(1), 397-422.
19. National Economic and Development Authority. Zamboanga Peninsula Regional Development Plan 2017-2022. Retrieved from <https://www.neda.gov.ph/wp-content/uploads/2019/05/Zamboanga-Peninsula-RDIP-2017-2022.pdf>
20. National Sleep Foundation. (2021). How Much Sleep Do We Really Need? Retrieved from <https://www.sleepfoundation.org/how-sleep-works/how-much-sleep-do-we-really-need>
21. Neuman, W. L. (2014). *Social Research Methods: Qualitative and Quantitative Approaches*. Pearson.
22. Philippine Statistics Authority. (2018). Poverty incidence among Filipinos registered at 16.6% in 2018. Retrieved from <https://psa.gov.ph/content/poverty-incidence-among-filipinos-registered-166-2018>
23. Pickett, K. E., & Wilkinson, R. G. (2015). Income inequality and health: a causal review. *Social Science & Medicine*, 128, 316-326.
24. Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069-1081. doi: 10.1037/0022-3514.57.6.1069
25. Smith, A., et al. (2019). Relationship between healthy lifestyle behaviors and life satisfaction among university employees. *Journal of Applied Psychology*, 15(2), 123-134.
26. Teachers' Dignity Coalition (TDC) - Zamboanga Chapter. (2020). DepEd Region 9 announces postponement of school opening to October 5. Retrieved from <https://www.facebook.com/752341098132991/posts/depd-region-9-announces-postponement-of-school-opening-to-october-5theteacher/3427711883915488/>
27. United Nations Educational, Scientific and Cultural Organization (UNESCO). (2011). *International Standard Classification of Education - ISCED 2011*. Retrieved from: <https://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf>
28. World Health Organization. (2013). *Global Health Risks: Mortality and burden of disease attributable to selected major risks*. Geneva: World Health Organization.
29. World Health Organization. (2020). Healthy living. Retrieved from <https://www.who.int/news-room/q-a-detail/healthy-living>