Participation and Inhibition of Teachers in Lifelong Wellness Skills

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ABSTRACT

Teachers play a vital role in promoting quality education; however, their personal well-being is often challenged by increasing professional demands and responsibilities. Lifelong wellness skills are essential in helping teachers maintain their physical, emotional, social, mental, and professional well-being. This study determined the extent of participation and inhibition in lifelong wellness skills among MAED students who are practicing teachers in a Catholic college in Bacolod City during Academic Year 2025-2026. The study employed a quantitative descriptive-comparative-correlational research design. Data were gathered from 142 respondents using a validated researcher-made questionnaire adapted from the Wellness Inventory-R. The data were analyzed using mean, standard deviation, Mann-Whitney U test, and Spearman's rank-order correlation at the 0.05 level of significance. Findings revealed that respondents demonstrated a high extent of participation in lifelong wellness skills and a high extent of inhibition. No statistically significant differences were found in participation and inhibition when respondents were grouped according to years in teaching and teaching load. Likewise, Spearman's rho analysis showed a very weak and non-significant relationship between participation and inhibition. These findings suggest that participation and inhibition operate as distinct dimensions of wellness behavior and may be influenced more by institutional and psychosocial conditions than by demographic or workload classifications. Based on the findings, a Teacher Lifelong Wellness Enhancement Program was proposed to sustain participation and reduce barriers to wellness engagement.

Keywords: lifelong wellness skills; participation; inhibition; teacher well-being; MAED student teachers; teaching load; years in teaching.

Chapter 1

INTRODUCTION

The participation of teachers in lifelong wellness skills refers to their active and sustained engagement in practices that promote physical, mental, emotional, social, and spiritual well-being across their professional and personal lives (Argus-Calvo et al., 2024). This includes involvement in regular physical activity, stress management, healthy lifestyle practices, and wellness-related learning experiences that enhance both personal health and teaching effectiveness (Zulkifli et al., 2022). As role models in schools, teachers who actively engage in wellness practices not only improve their own quality of life but also encourage students to adopt positive health behaviors and foster a culture of holistic well-being (Frazier et al., 2024).

In contrast, inhibition in lifelong wellness skills refers to the personal, institutional, social, and environmental barriers that limit teachers' engagement in wellness-related behaviors. These may include heavy workload, time constraints, limited resources, lack of motivation or confidence, and organizational challenges that reduce opportunities for sustained wellness practice (Tong, 2024). Understanding these inhibitions is important, as they not only affect teachers' health and quality of life but also their ability to model and promote wellness among learners.

Globally, teacher well-being has become increasingly important due to rapid societal and educational changes, with growing recognition that wellness is a core component of effective teaching and sustainable education systems (Kearney & Levine, 2020; Bourn et al., 2017). International studies show that teacher wellness is influenced

by professional engagement, school environment, and participatory practices rather than being purely an individual responsibility. For instance, teacher involvement in collaborative and participatory school initiatives has been linked to improved school-wide well-being (Gorli et al., 2022). Similarly, research grounded in the PERMA framework highlights that positive emotions, engagement, relationships, meaning, and achievement are essential for teacher flourishing and retention (Kutsyurba et al., 2019).

Despite these insights, existing literature tends to treat teacher "well-being" in broad terms, with limited attention to the specific mechanisms of participation in wellness skills and the concrete barriers that inhibit such engagement (Shetty, 2023). While professional skills development is often linked with wellness outcomes, as seen in studies emphasizing cognitive flexibility and perspective-taking in education, the integration of lifelong wellness skills within teacher development remains underexplored (Long et al., 2022; Xi et al., 2025).

In the Philippine context, teacher wellness has gained increasing attention due to workload demands, dual professional responsibilities, and expanding school-based roles. Teachers are not only responsible for instruction but are also expected to participate in health-related and student welfare activities, which adds pressure to their professional responsibilities (Rossi et al., 2015; Tan et al., 2025). Studies have also shown that Filipino teachers' well-being is influenced by resilience, optimism, and contextual factors such as school support systems and life circumstances (Edara et al., 2021). Furthermore, work-life balance studies indicate that institutional support and wellness programs are emerging areas of concern in Philippine education (Canonizado, 2024).

However, despite the existence of wellness initiatives in some schools, there is still limited empirical evidence on how teachers actually participate in lifelong wellness skills, what specific activities they engage in, and how frequently they practice them in their professional lives. More importantly, the barriers or inhibitions that prevent sustained participation—such as institutional constraints, workload pressure, personal motivation, or lack of structured wellness programs—remain insufficiently examined in local contexts. Existing studies often focus on general well-being outcomes rather than the specific processes of engagement and inhibition in wellness skill development.

A clear gap exists in the literature regarding the specific nature of teacher participation in lifelong wellness skills and the factors that inhibit such participation, particularly within the Philippine educational setting. While previous studies highlight the importance of teacher well-being and describe general wellness conditions, they do not sufficiently explain how teachers engage in wellness practices, what forms these practices take, and what concrete barriers limit their sustained involvement over time.

Statement of the Problem

This study aimed to determine the extent of participation and inhibition in lifelong wellness skills among MAED students who are practicing teachers in a Catholic college in Bacolod City during Academic Year 2025-2026.

Specifically, it sought to answer the following questions:

1. What is the extent of participation in lifelong wellness skills among the respondents when taken as a whole and when grouped according to years in teaching and teaching load?

2. What is the extent of inhibition in lifelong wellness skills among the respondents when taken as a whole and when grouped according to years in teaching and teaching load?

3. Is there a significant difference in the extent of participation in lifelong wellness skills among the respondents when grouped according to years in teaching and teaching load?

4. Is there a significant difference in the extent of inhibition in lifelong wellness skills among the respondents when grouped according to years in teaching and teaching load?

5. Is there a significant relationship between participation and inhibition in lifelong wellness skills among the respondents?

6. Based on the findings, what PE-focused Teacher Lifelong Wellness Enhancement Program may be proposed?

Hypotheses

The following null hypotheses were tested at the 0.05 level of significance:

1. There is no significant difference in the extent of participation in lifelong wellness skills among the respondents when grouped according to years in teaching and teaching load.

2. There is no significant difference in the extent of inhibition in lifelong wellness skills among the respondents when grouped according to years in teaching and teaching load.

3. There is no significant relationship between participation and inhibition in lifelong wellness skills among the respondents.

FRAMEWORK

Participation refers to the extent to which teachers actively engage in activities that promote their holistic well-being across different dimensions of wellness—such as physical, emotional, social and occupational, aspects. It encompasses the frequency, consistency, and level of involvement of teachers in practices that enhance their overall quality of life and professional effectiveness.

Inhibition refers to the internal and external factors that limit, prevent, or reduce teachers' engagement in activities that promote holistic well-being. These may include heavy workload, time constraints, financial limitations, lack of institutional support, stress, health concerns, or low motivation.

This study is anchored on Self Determination Theory (SDT) as proposed by Edward L. Deci & Ryan (2000). SDT posits that human motivation, well-being and optimal functioning are fundamentally driven by the satisfaction of three innate psychological needs: autonomy, competence and relatedness.

In the context of teachers' participation and inhibition in lifelong wellness skills development, these three constructs can be applied as follows: Autonomy refers to teachers' sense of volitional choice and ownership over their engagement in wellness/skills activities rather than feeling controlled or mandated. Competence denotes their sense of efficacy in acquiring and applying new wellness- or professional skills, believing they have the capability to succeed. Relatedness reflects the extent to which they feel socially connected, supported and belonging within a community of practice (colleagues, leadership, wellness networks). SDT research shows that when these needs are satisfied, individuals are more likely to exhibit self-determined motivation, greater persistence and positive well-being outcomes; when they're thwarted, motivation and engagement tend to decline.

Therefore, this theory is appropriate for the present study because it offers a robust framework for examining why teachers engage (participate) or why they do not (inhibition) in lifelong wellness and skills activities. This in turn can guide interventions or policy designs that support these needs, thereby fostering greater teacher participation in wellness and skills development.

Moreover, this study is anchored on the Inventory-R of Wellness by Margaret Swarbrick (2019), which views wellness as a multidimensional and dynamic process that involves the continuous development of healthy behaviors, attitudes, and skills throughout an individual's life. The Inventory-R emphasizes that wellness is achieved through active participation in various dimensions of well-being and may be affected by factors that either facilitate or inhibit engagement in wellness-related activities. In the context of this study, the framework is used to assess the extent of participation and inhibition in lifelong wellness skills among Master of Arts in Education (MAED) students.

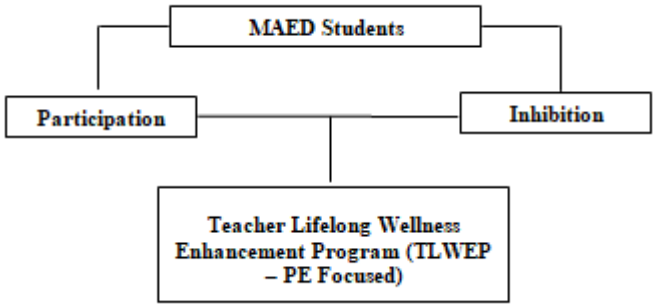
This assumes that the profile variables of MAED students, specifically number of years in teaching and number of teaching loads, may influence their level of participation and inhibition in lifelong wellness skills. Participation refers to the extent to which MAED students engage in wellness-related behaviors and practices that promote physical, emotional, social, intellectual, occupational, spiritual, and environmental well-being. Inhibition, on the other hand, refers to the barriers or constraints that hinder their engagement in these wellness activities.

In addition, the framework posits that participation and inhibition are related constructs.

Schematic Diagram

Figure 1.

Schematic Diagram on the Participation and Inhibition of Teachers in Lifelong Wellness Skills.



SCOPE AND LIMITATION

This study focused on determining the extent of participation and inhibition in lifelong wellness skills among Master of Arts in Education (MAED) students enrolled in one of the Catholic colleges in Bacolod City during the Academic Year 2025–2026. Specifically, it determined the extent of participation and inhibition in lifelong wellness skills when respondents were taken as a whole and grouped according to their number of years in teaching and number of teaching loads. It also examined whether significant differences existed in participation and inhibition when respondents were grouped according to the aforementioned variables and determined the relationship between participation and inhibition in lifelong wellness skills. The findings served as the basis for the proposed PE-focused Teacher Lifelong Wellness Enhancement Program. Statistical tools such as mean, standard deviation, Mann-Whitney U Test, and Spearman rho at alpha level 0.05 were used to analyze the data.

The study was limited to the 142 MAED students selected from a population of 223 enrolled MAED students through proportionate random sampling. Data were collected using an adapted Inventory-R of Wellness questionnaire and were based solely on the respondents' self-reported perceptions and experiences during the conduct of the study. As such, the accuracy of the findings depended on the honesty, objectivity, and sincerity of the respondents in answering the survey instrument. Moreover, the study was limited to the variables included in the investigation, namely participation and inhibition in lifelong wellness skills, number of years in teaching, and number of teaching loads. Other factors that may influence lifelong wellness skills were not included in the study. Therefore, the findings were limited to the respondents and institution covered by the investigation and may not be generalized to other populations or educational settings.

Significance

The result of this study may provide significant help to the following individuals:

MAED Students. The findings of this study may have benefited the MAED students by increasing their awareness of their level of participation and inhibition in lifelong wellness skills. The results may have helped them identify their strengths and areas that may have needed improvement in maintaining a healthy and

balanced lifestyle while pursuing graduate studies and fulfilling their professional responsibilities. Furthermore, the study may have encouraged them to adopt positive wellness practices and actively participate in wellness-related activities that may have enhanced their physical, mental, emotional, and social well-being.

Graduate Studies Professors. The study may have provided Graduate Studies Professors with valuable information regarding the wellness practices and barriers experienced by MAED students. Understanding these factors may have helped professors develop supportive learning environments, promote wellness-conscious practices, and integrate activities that may have encouraged students to maintain a healthy balance between academic demands and personal well-being. The findings also may have guided them in providing appropriate support and mentorship to their students.

Dean. The findings of the study may have served as a valuable source of information for the Dean in understanding the wellness needs and challenges faced by MAED students. The results may have assisted in formulating policies, programs, and initiatives that promoted student wellness and supported the holistic development of graduate learners. Moreover, the study may have provided a basis for strengthening institutional efforts aimed at fostering a healthy and productive academic environment.

Researcher. The study may have enhanced the researcher's understanding of lifelong wellness skills and the factors that influenced participation and inhibition among MAED students. It may have provided firsthand experience in conducting educational research, data gathering, statistical analysis, and interpretation of findings. Furthermore, the results may have contributed to the researcher's professional and academic growth and may have served as a foundation for future wellness-related programs, projects, and research endeavors.

Future Researchers. The findings of this study may have served as a useful reference for future researchers who intended to conduct studies related to wellness, health promotion, student well-being, or lifelong wellness skills. The results may have provided baseline data, methodological guidance, and empirical evidence that may be utilized in further investigations. Additionally, future researchers may have used the study as a basis for exploring other variables, populations, or wellness interventions that may contribute to the advancement of knowledge in the field of education and wellness.

Definition of Terms

Inhibition. Conceptually, this term refers to the factors, barriers, or constraints that limit or prevent individuals from engaging in activities that promote wellness and personal development Deslippe et al. (2023). Within the context of wellness, inhibition may include personal, environmental, social, occupational, or situational factors that hinder participation in healthy behaviors and wellness practices.

In this study, inhibition refers to the extent to which MAED students experience barriers that prevent or reduce their engagement in lifelong wellness skills as measured by the Inventory-R of Wellness. It is determined by the respondents' scores on the inhibition-related items of the instrument, with higher scores indicating a greater extent of inhibition.

Lifelong Wellness. Conceptually, this term refers to the process of making conscious choices and engaging in behaviors that promote optimal health and well-being throughout one's life Hattie et al.(2024). It encompasses multiple dimensions of wellness, including physical, emotional, social, intellectual, occupational, spiritual, and environmental wellness.

As used in the study, lifelong wellness refers to the overall wellness practices and behaviors demonstrated by MAED students across various dimensions of wellness as assessed through the Inventory-R of Wellness. It is reflected in the respondents' levels of participation and inhibition in wellness-related activities.

Participation. Conceptually, this refers to the active involvement and engagement of individuals in activities, behaviors, and practices that contribute to their personal growth, health, and overall well-being Haim-Litevsky et al.(2023). It reflects the degree to which individuals take part in wellness-promoting activities.

In this study, participation refers to the extent to which MAED students engage in lifelong wellness skills and

activities as measured by the Inventory-R of Wellness. It is determined by the respondents' ratings on participation-related items, with higher scores indicating greater involvement in wellness practices.

MAED Students. Conceptually, this refers to students are individuals enrolled in a graduate-level academic program designed to enhance professional competencies, leadership skills, and specialized knowledge in the field of education Nilo et al. (2025).

As used in this study, MAED students refer to the officially enrolled Master of Arts in Education students in one Catholic college in Bacolod City during the Academic Year 2025–2026 who served as the respondents of the study.

Number of Years in Teaching. Conceptually, this refers to the length of time an educator has spent practicing the teaching profession in formal educational institutions Otu et al (2022).

In this study, number of years in teaching refers to the total years of teaching experience reported by the MAED students and categorized according to the classifications established by the researcher for data analysis purposes.

Number of Teaching Load. Conceptually, this refers to the quantity of teaching responsibilities assigned to an educator within a specific academic term, usually measured by the number of subjects, classes, units, or contact hours handled Graham et al (2020).

As used in the study, number of teaching load refers to the total number of teaching assignments or subjects handled by the MAED students during the current academic term, as reported in the survey questionnaire and classified according to the categories established by the researcher.

Chapter 2

METHODOLOGY

Research Design

This study employed a descriptive-comparative and correlational research design. According to Devi (2022), this is a quantitative research design that combines the characteristics of descriptive and comparative approaches, which is used to describe the current status, characteristics, or conditions of a population and to determine whether significant differences exist between two or more groups based on selected variables. Descriptive research was utilized to determine and describe the extent of participation and inhibition in lifelong wellness skills among Master of Arts in Education (MAED) students. Specifically, it provided a systematic description of the respondents' levels of participation and inhibition when taken as a whole. Comparative research was employed to determine whether significant differences existed in the extent of participation and inhibition when the respondents were grouped according to their number of years in teaching and number of teaching loads. This research design was deemed appropriate because it enabled the researcher to describe the status of the variables under investigation and compare the responses of different groups based on selected profile characteristics without manipulating any of the study variables. The findings served as the basis for the proposed PE-focused Teacher Lifelong Wellness Enhancement Program.

Respondents

This study involved 142 respondents selected from a total population of 223 practicing teachers enrolled in the Master of Arts in Education (MAED) program at one Catholic private college in Bacolod City during the Academic Year 2025–2026. The sample size was determined using the Cochran formula, a widely used statistical method for estimating an appropriate sample size in survey-based quantitative research. After applying the finite population correction to account for the relatively small population size, the required sample size was computed to be 142 respondents. To ensure proportional representation of all groups within the population, the researcher employed proportionate random sampling. Through this technique, respondents

were randomly selected from each subgroup according to its proportion in the total population, thereby enhancing the representativeness of the sample and minimizing sampling bias

Table 1 Distribution of Respondents

Grouping Variable	**n**	**%**
A. Years in Teaching		
Respondents with 0 to 5 years in teaching	123	85%
Respondents with 6 to 15 years in teaching	19	15%
B. Teaching Load Classification		
Full Teaching Load	119	81%
Overload	23	19%
Total	142	100%

Instrument

The researcher utilized a researcher-made instrument and adapted from the Wellness Inventory-R by Margaret Swarbrick (2019). It has 3 major parts which gathers the demographic profile of the respondents, the participation and inhibition of teachers in lifelong wellness skills.

The first part of the research instrument will gather the demographic profile of the respondents including the number of years in teaching and teaching load enabling of the sample and potential subgroup comparisons.

The second part of the instrument is the survey proper that assessed the extent of participation of the teachers in lifelong wellness skills. It composed of 20 item statements and were rated using 4-point scale namely: 4 – always; 3 – sometimes; 2 – rarely; and 1- never.

The result of were interpreted using the following mean range, verbal interpretation, and verbal description:

Mean Range	Verbal Interpretation	Verbal Description
3.26 – 4.00	Very High	The respondents demonstrated a very high extent of participation in lifelong wellness skills, indicating that they consistently and actively engaged in wellness-related practices and behaviors.
2.51 – 3.25	High	The respondents demonstrated a high extent of participation in lifelong wellness skills, indicating that they frequently engaged in wellness-related practices and behaviors.
1.76 – 2.50	Low	The respondents demonstrated a low extent of participation in lifelong wellness skills, indicating that they seldom engaged in wellness-related practices and behaviors.
1.00 – 1.75	Very Low	The respondents demonstrated a very low extent of participation in lifelong wellness skills, indicating that they rarely or almost never engaged in wellness-related practices and behaviors.

The third part of the instrument focused on the assessing of extent of inhibition of teachers in lifelong wellness skills. It's composed of 20 item statements and were rated using 4- point scale namely: 4 – always; 3 – sometimes; 2 – rarely; and 1- never.

The result of were interpreted using the following mean range, verbal interpretation, and verbal description:

Mean Range	Verbal Interpretation	Verbal Description
3.26 – 4.00	Very High	The respondents demonstrated a very high extent of inhibition in lifelong

		wellness skills, indicating that they frequently experienced substantial barriers that hindered their engagement in wellness-related practices and activities.
2.51 – 3.25	High	The respondents demonstrated a high extent of inhibition in lifelong wellness skills, indicating that they often experienced barriers that limited their engagement in wellness-related practices and activities.
1.76 – 2.50	Low	The respondents demonstrated a low extent of inhibition in lifelong wellness skills, indicating that they occasionally experienced barriers that limited their engagement in wellness-related practices and activities.
1.00 – 1.75	Very Low	The respondents demonstrated a very low extent of inhibition in lifelong wellness skills, indicating that they rarely experienced barriers that hindered their engagement in wellness-related practices and activities.

Validity. The validity of the research instrument was established using a content validity approach. A structured validity tool was developed and employed to evaluate the relevance and clarity of each item in the questionnaire. To ensure a systematic assessment, the Lawshe Content Validity Ratio (CVR) method was utilized.

The instrument was subjected to expert validation by a panel of ten (10) qualified experts in the fields relevant to the study using Lawshe's content validity tool.

During the validity 40 out of 50 items were accepted by the experts as valid to be used in the study. The results of the validation process yielded an overall validity index of 0.92 indicating a very high level of content validity. This suggests that the majority of the items were deemed essential by the experts, confirming that the instrument is appropriate, relevant, and capable of accurately measuring the intended constructs.

Reliability. To establish the reliability of the research instrument, a pilot testing procedure was conducted in one of the Catholic schools in Bacolod City involving 30 respondents who were not part of the actual study population. The purpose of this pilot test was to examine the internal consistency of the questionnaire before its formal administration. The data gathered were analyzed using Cronbach's Alpha, as certified by the institutional statistician, to determine the consistency of the items in measuring their respective constructs.

For Part II (Participation in Lifelong Wellness Skills), the instrument obtained a Cronbach's Alpha coefficient of 0.86, indicating good internal consistency. Meanwhile, Part III (Inhibition in Lifelong Wellness Skills) yielded a coefficient of 0.97, which reflects excellent reliability. These results demonstrate that the research instrument is highly reliable and appropriate for use in the actual data-gathering phase of the study.

Data Gathering Procedure

The process of data collection in this study was systematically conducted in three phases to ensure accuracy, ethical compliance, and reliability of the data gathered.

Pre-Survey Phase. In this stage, the researcher prepared all the necessary groundwork before administering the questionnaire to the sample of MAED teachers. First, the researcher obtained institutional permissions and ethical clearance by submitting a formal letter of request to the graduate school and the college administration, explaining the purpose of the study and seeking approval for data collection. Next, the adapted instrument was finalized after expert validation and pilot reliability testing, and logistical arrangements were made, such as setting the schedule for distribution, identifying the specific sample of 142 MAED teachers for the academic year 2025–2026, and coordinating with program coordinators to facilitate access.

The researcher also briefed the participants by preparing an information sheet and consent form, and respondents were informed about the study's objectives, confidentiality, and voluntary participation. A pilot run was likewise conducted with a small non-actual respondent group (from another school) to test the clarity and timing of the questionnaire. Finally, the materials were prepared, including printed questionnaires or online forms, instructions, return boxes, or digital collection mechanisms, and a timeline was established for the survey proper.

Survey Proper Phase. After establishing the validity of the research instrument through expert evaluation using the Lawshe Content Validity Ratio (CVR) method, the survey proper phase was conducted. Prior to data collection, permission to administer the questionnaire was secured from the appropriate authorities.

The finalized instrument consisted of 20 items for participation in lifelong wellness skills and 20 items for inhibition in lifelong wellness skills. This validated questionnaire was then distributed face-to-face to the identified respondents. The purpose of the study was clearly explained to ensure that the participants fully understood the nature of their involvement. They were assured that their responses would remain strictly confidential and would be used solely for academic purposes.

The respondents were given sufficient time to answer the questionnaire to ensure thoughtful and accurate responses. The researcher closely monitored the distribution and retrieval process to maximize the response rate and ensure completeness of data using the 20-item participation and 20-item inhibition instrument.

After all questionnaires were collected, responses were checked, organized, and prepared for statistical analysis. Incomplete or inconsistent responses were handled appropriately to maintain the integrity of the data-set, ensuring that only valid responses from the 20 participation items and 20 inhibition items were included in the final analysis.

Post-Survey Phase. After the questionnaires had been collected, the researcher proceeded with the initial handling of the data. First, the data were reviewed by inspecting the responses for completeness, inconsistencies, and errors such as blank items and multiple markings. Any problematic questionnaires were excluded or flagged for further review. The data were then coded by assigning numerical values to the Likert-scale responses, entered into statistical software, and securely backed up.

Once data entry had been completed, the researcher conducted data cleaning procedures, such as checking for out-of-range values, missing data, and outliers in preparation for statistical analysis. When necessary, follow-up procedures were carried out in which the researcher contacted respondents to clarify ambiguous answers or incomplete responses.

After the cleaning process, the data-set was finalized and the statistical procedures were applied. Finally, the researcher prepared a summary of the data-gathering process, including the dates of data collection, response rate, issues encountered, and the corresponding actions taken to address them. The raw data, supporting documents such as consent forms and correspondence, and the master file were then securely stored for future reference and possible audit purposes.

Statistical Treatment

To determine the appropriate statistical tools for inferential analysis, the Shapiro-Wilk test was used at the 0.05 level of significance.

To determine the extent of participation in lifelong wellness skills among MAED students when grouped according to number of years in teaching and teaching load, the mean and standard deviation were used.

To determine the extent of inhibition in lifelong wellness skills among MAED students when grouped according to number of years in teaching and teaching load, the mean and standard deviation were used.

To determine whether there is a significant difference in participation in lifelong wellness skills among MAED students when grouped according to number of years in teaching and teaching load, the Mann–Whitney U test was utilized at 0.05 alpha level.

For problem number 4. To determine whether there is a significant difference in inhibition in lifelong wellness

skills among MAED students when grouped according to number of years in teaching and teaching load, the Mann–Whitney U test was utilized at 0.05 alpha level.

For problem number 5. To determine whether there is a significant relationship between participation and inhibition in lifelong wellness skills, Spearman's rank-order correlation was used. This nonparametric correlation test was selected because the normality assumption was not met based on the Shapiro-Wilk test. The level of significance was set at 0.05.

Ethical Consideration

Prior to the commencement of participant contact and data collection, the study protocol—including the research narrative, informed consent form, and survey instrument—was formally submitted to the Institutional Review Board (IRB) of La Consolacion College Bacolod for ethical review and approval. No research activities were initiated until written IRB clearance had been obtained. Any necessary amendments to the protocol or consent materials were likewise submitted for IRB review and approval before implementation.

In conducting this study on the participation and inhibition of teachers in lifelong wellness and skills, the researcher strictly adhered to established ethical standards. Informed and voluntary consent was obtained from all respondents prior to their participation. Participants were informed of their right to withdraw from the study at any time without penalty. The confidentiality and anonymity of respondents were safeguarded throughout the research process, and all collected data were securely stored with access restricted to the researcher. These measures minimized potential risks or discomfort and upheld the ethical principles of respect for persons, beneficence, and justice in human-subject research.

Chapter 3

RESULTS AND DISCUSSION

This study aimed to determine the extent of participation and inhibition in lifelong wellness skills among MAED students who are practicing teachers in one of the catholic colleges in Bacolod City for academic year 2025 - 2026. The researchers utilized the descriptive, comparative and correlational design to achieve the study. This chapter focuses on showing, analyzing, and explaining data collected for this study. It presents the results using statistical methods to describe and understand the method described the information related to the problem.

Participation in Lifelong Wellness Skills

Table 2 shows that 0 to 5years in service (n=123) obtained the mean score (M=2.95, SD=0.60) while the 6 to 15years in service (n=19) obtained the mean score (M=2.93, SD=0.59).

Table 2 :Descriptive Statistics of Participation in Lifelong Wellness Skills by Years in Teaching

Years in Teaching	n	M	SD
respondents with0 to 5 years in teaching	123	2.95	0.6
respondents with6 to 15 years in teaching	19	2.93	0.59

Note: Very High (3.26 – 4.00); High (2.51 – 3.25); Low (1.76 – 2.50); Very Low (1.00 – 1.75)

Table 2 presents the descriptive statistics of participation in lifelong wellness skills according to years in teaching. Teachers with 0 to 5 years of service (n = 123) obtained a mean score of 2.95 (SD = 0.60), while those with 6 to 15 years of service (n = 19) obtained a mean score of 2.93 (SD = 0.59). Based on the established mean range (2.51–3.25), both groups were verbally interpreted as having a High level of part-

icipation in lifelong wellness skills. The findings indicate that respondents, regardless of their years in service, generally demonstrate active engagement in wellness-related practices. Moreover, the very small difference in mean scores suggests that years in service have minimal influence on their participation in lifelong wellness skills.

The findings imply that participation in lifelong wellness skills is consistently practiced among teachers across different stages of their professional careers. Both newer and more experienced teachers exhibit similarly high levels of engagement, indicating that awareness and involvement in wellness activities may be integrated into their personal and professional lifestyles. From this perspective, wellness promotion programs appear to be relevant and beneficial to all teachers regardless of tenure. Educational institutions may therefore continue strengthening wellness initiatives and providing equal opportunities for participation, as these programs can contribute to maintaining teachers' overall health, productivity, and quality of life throughout their years of service.

The results are supported by studies showing that teacher engagement in wellness and professional activities is often more strongly influenced by organizational support and work environment than by years in service. Research by Demerouti & Bakker (2022) emphasizes that job resources such as autonomy, collaboration, and leadership support play a stronger role in participation than tenure. Similarly, Li et al. (2022) found minimal differences in wellness engagement across experience levels among educators, supporting the idea of consistency across years in service.

Participation in Lifelong Wellness Skills

Table 3 shows that Full teaching Load (n=119) obtained the mean score (M=2.94, SD=0.63) while the Overload (n=23) obtained the mean score (M=3.00, SD=0.42).

Table 3 : Descriptive Statistics of Participation in Lifelong Wellness Skills by Teaching Load Classification

Teaching Load	n	M	SD
Full Teaching Load	119	2.94	0.63
Overload	23	3	0.42

Note: Very High (3.26 – 4.00); High (2.51 – 3.25); Low (1.76 – 2.50); Very Low (1.00 – 1.75)

Table 3 shows that both groups of MAED students obtained a high level of participation in lifelong wellness skills. Those with a full teaching load posted a mean of 2.94 (SD = 0.63), while those with overload posted a slightly higher mean of 3.00 (SD = 0.42). The difference between the two groups is very small, which suggests that participation in wellness practices remained consistently high regardless of teaching load.

This result implies that teaching load may not be a major determinant of participation in lifelong wellness skills among the respondents. Even though overload often brings greater demands, the students still maintained a high level of engagement, which may indicate that wellness participation is influenced more by personal commitment, coping skills, and school support than by workload category alone. This also suggests that wellness initiatives should be sustained for both full-load and overload groups, since both remain active in wellness-related practices.

The findings are supported by studies suggesting that teacher engagement in wellness practices can remain stable even under varying workload conditions when adequate coping strategies and institutional support are present. Research by Demerouti & Bakker (2022) highlights that job resources such as support, autonomy, and positive work environments are stronger predictors of engagement than workload alone. Similarly, Collie et al. (2021) found that teachers may maintain well-being practices even under increased job demands due to adaptive coping mechanisms.

Inhibition in Lifelong Wellness Skills

Table 4 shows that 0 to 5yrs in service (n=123) obtained the mean score (M=3.04,SD=0.63) while the 6 to 15years in service (n=19) obtained the mean score (M=3.25,SD=0.55).

Table 4 : Descriptive Statistics of Inhibition in Lifelong Wellness Skills by Years in Teaching

Years in Teaching	n	M	SD
respondents with 0 to 5 years in teaching	123	3.04	0.62
respondents with 6 to 15 years in teaching	19	3.25	0.55

Note: Very High (3.26 – 4.00); High (2.51 – 3.25); Low (1.76 – 2.50); Very Low (1.00 – 1.75)

Table 4 presents the descriptive statistics of inhibition in lifelong wellness skills among MAED students when grouped according to years in service. Results show that those with 0 to 5 years of teaching experience obtained a mean of 3.04 (SD = 0.62), interpreted as high inhibition, while those with 6 to 15 years of experience obtained a slightly higher mean of 3.25 (SD = 0.55), also interpreted as high inhibition. The findings indicate that both groups experience a relatively similar level of inhibition, with only a slight increase among more experienced teachers.

These results imply that years in service may not substantially reduce or increase inhibition in lifelong wellness skills among MAED students. The similarity in scores suggests that barriers to wellness participation—such as time constraints, workload pressure, and institutional demands—may persist regardless of teaching experience. This also indicates that inhibition is likely influenced more by environmental and organizational factors rather than tenure, highlighting the need for institutional wellness support systems that address all teachers equally, regardless of their years of service Rongen et al (2014).s

The results are consistent with studies suggesting that teacher engagement in wellness activities may improve with experience due to increased resilience, professional maturity, and awareness of burnout risks (Dreer, 2023). Demerouti & Bakker (2022) also support the idea that accumulated job experience combined with adequate job resources can enhance engagement behaviors over time.

Inhibition in Lifelong Wellness Skills

Table 5 shows that Full teaching load (n=119) obtained the mean score (M=3.07,SD=0.64) while the overload (n=23) obtained the mean score (M=3.08,SD=0.48).

Table 5 : Descriptive Statistics of Inhibition in Lifelong Wellness Skills by Teaching Load Classification

Teaching Load	n	M	SD
Full Teaching Load	119	3.07	0.64
Overload	23	3.08	0.48

Note: Very High (3.26 – 4.00); High (2.51 – 3.25); Low (1.76 – 2.50); Very Low (1.00 – 1.75)

Table 5 presents the descriptive statistics of inhibition in lifelong wellness skills according to teaching load. The findings indicate that respondents with a full teaching load (n = 119) obtained a mean score of 3.07 (SD = 0.64), while those with an overload teaching assignment (n = 23) obtained a slightly higher mean score of 3.08 (SD = 0.48). Based on the legend provided, both mean scores fall within the High level of inhibition. The minimal difference between the two groups suggests that inhibition in lifelong wellness skills is experienced at a similar level regardless of whether teachers carry a full load or an overload teaching assignment.

The results imply that teaching load alone may not be a major factor influencing inhibition in lifelong wellness skills, as both groups reported similarly high levels. This suggests that other factors, such as time management challenges, administrative responsibilities, workplace stress, or limited opportunities for wellness activities, may contribute more significantly to the inhibition experienced by teachers. From this perspective, schools and educational institutions should implement wellness programs and supportive policies that address the needs of all teachers, regardless of teaching load. Promoting work-life balance, providing opportunities for physical and

mental wellness activities, and reducing unnecessary work-related pressures may help lessen inhibition and encourage the development of lifelong wellness skills among educators.

The findings are consistent with studies suggesting that teacher participation in wellness activities is more strongly influenced by job resources, organizational support, and work environment than by workload alone Alkan (2026). Nwoko et al., (2024) also found that teachers can maintain engagement in well-being practices even under increased job demands when adequate coping strategies and support systems are present.

Differences in Participation by Years in Teaching

A Mann–Whitney U test was conducted to examine differences in participation between years in service groups. The test yielded U = 1132, p = .826, indicating that the difference was not statistically significant.

Table 6 Mann–Whitney U Test for Differences in Participation by Years in Teaching

Comparison	**U**	**p**
Respondents with 0 to 5 vs 6 to 15 yrs	1132	0.826

Note. Mann–Whitney U test was used due to violation of normality assumption.

The Mann–Whitney U test was conducted to determine whether there is a significant difference in participation based on years in service. The results showed U = 1132, p = .826, indicating that there is no statistically significant difference between teachers with 0 to 5 years and those with 6 to 15 years of service. This suggests that both groups demonstrate similar levels of participation, and any observed differences in ranks are likely due to chance rather than a meaningful group effect.

This result implies that years in service do not substantially influence participation levels in the context of the study. In practical terms, both early-career and more experienced teachers appear to engage in participation activities at comparable levels, which may reflect standardized institutional expectations or shared working conditions regardless of tenure. This aligns with research suggesting that teacher engagement and participation are often more strongly influenced by school culture, leadership support, and professional development opportunities than by length of service alone. For example, studies have shown that supportive organizational environments play a more critical role in teacher engagement than demographic variables such as experience

Supporting evidence indicates that teacher participation and engagement tend to be stable across experience levels when organizational conditions are consistent. Research on teacher motivation has found that job resources such as autonomy, collaboration, and leadership support are stronger predictors of engagement than years of experience (Layek et al., 2024).

In contrast, some studies suggest that years in service can influence participation patterns. Experienced teachers may show reduced participation due to burnout, routine fatigue, or reduced motivation, while early-career teachers may demonstrate higher enthusiasm and engagement in professional activities (Klusmann et al., 2020). Other findings also indicate that novice teachers often participate more actively in development programs as part of professional adjustment, whereas veteran teachers may become less involved due to accumulated workload stress and administrative fatigue (Reilly et al., 2025).

Overall, the present findings align more closely with literature emphasizing institutional and environmental

factors over tenure, while contrasting with studies that highlight experience-related declines or differences in participation.

Differences in Participation by Teaching Load

Mann–Whitney U test was used due to violation of normality assumption.

Differences in participation by teaching load were assessed using the Mann–Whitney U test. The obtained values were U = 1402 and p = .855. The result was not statistically significant.

Table 7 Mann–Whitney U Test for Differences in Participation by Teaching Load Classification

Comparison	U	p
Full Teaching Load vs Overload	1402	0.855

The Mann–Whitney U test was conducted to determine whether there is a significant difference in participation between teachers with Full teaching Load and those with Overload teaching assignments. The results showed U = 1402, p = .855, indicating that the difference between the two groups is not statistically significant. This means that teachers with different teaching loads demonstrate comparable levels of participation, and any observed variation is likely due to random chance rather than a meaningful difference in workload category.

This finding implies that teaching load alone does not significantly affect participation among teachers. In practice, both full-load and overload teachers may still engage similarly in school-related activities, possibly due to shared institutional expectations, professional commitment, or uniform workload distribution strategies within schools. It also suggests that participation may be more influenced by organizational culture, leadership encouragement, or personal motivation rather than the sheer number of teaching hours.

Supporting studies indicate that participation and engagement among teachers tend to remain stable across varying workload levels when schools provide adequate support systems. Research has consistently shown that job resources such as collegial support, autonomy, and administrative backing are stronger predictors of teacher engagement than workload alone. Similarly, post-pandemic studies report that teacher participation in professional and school activities remained relatively uniform despite fluctuations in workload demands, largely due to adaptive coping mechanisms and institutional adjustments.

However, contrasting findings suggest that heavier teaching loads can negatively affect participation. Some studies report that teachers with overload assignments may experience fatigue, reduced motivation, and time constraints that limit their involvement in extracurricular and professional activities (Freeman, 2024). Other research also highlights that excessive workload can gradually reduce engagement over time, particularly when it is not balanced with sufficient recovery time and organizational support (Oliveira, et al., 2026).

Differences in Inhibition by Years in Teaching

Mann–Whitney U test was used due to violation of normality assumption.

Differences in inhibition by years in teaching were examined using the Mann–Whitney U test. The obtained statistics were U = 871.5 and p = .074. The result was not statistically significant.

Table 8 Mann–Whitney U Test for Differences in Inhibition by Years in Teaching

Comparison	U	p
0 to 5 vs 6 to15 yrs	871.5	0.074

The Mann–Whitney U test was conducted to determine whether there is a significant difference in inhibition levels in lifelong wellness skills between teachers with 0 to 5 years and those with 6 to 15 years of service. The results yielded U = 871.5, p = .074, indicating that the difference is not statistically significant at the conventional alpha level of 0.05. Although the p-value is relatively close to the threshold, it still suggests that both groups exhibit comparable levels of inhibition, with no strong evidence of a meaningful difference based on years in service.

This result implies that years in service may not be a major determinant of inhibition in lifelong wellness skills among teachers. In practical terms, both early-career and mid-career teachers may experience similar levels of challenges in maintaining wellness-related behaviors, possibly due to shared work demands, institutional pressures, or similar coping environments within schools. It also suggests that inhibition may be more strongly

associated with workplace conditions such as stress load, emotional demands, and organizational support rather than tenure alone. This aligns with contemporary occupational health perspectives emphasizing that teacher well-being is shaped more by psychosocial work factors than by years of experience.

Supporting evidence indicates that teacher well-being and related behavioral outcomes often show minimal variation across years in service when job conditions remain consistent. Research has found that emotional exhaustion and reduced well-being can affect both novice and experienced teachers similarly, especially when exposed to continuous workload pressures and limited institutional support (Maas, 2021). Other studies also suggest that well-being trajectories among teachers tend to stabilize over time unless there are significant changes in work environment or support systems (Nwoko, et al., 2024).

In contrast, some research argues that years in service can influence well-being-related outcomes such as inhibition, stress management, and coping behaviors. Early-career teachers are often reported to experience higher vulnerability to stress and emotional strain due to lack of experience and classroom adjustment difficulties, while more experienced teachers may demonstrate better coping strategies over time (Klusmann et al., 2020). Conversely, other studies note that long-term exposure to teaching demands may also lead to cumulative stress and burnout in mid-career teachers, which can equalize differences between groups.

Differences in Inhibition by Teaching Load Classification

Mann–Whitney U test was used due to violation of normality assumption.

Inhibition scores across teaching load groups were compared using the Mann–Whitney U test. The computed values were U = 1422 and p = .768. The result was not statistically significant.

Table 9 Mann–Whitney U Test for Differences in Inhibition by Teaching Load Classification

Comparison	**U**	**p**
Full Teaching Load vs Overload	1422	0.768

The Mann–Whitney U test was conducted to determine whether there is a significant difference in inhibition levels in lifelong wellness skills between teachers with Full Load and those with Overload teaching assignments. The results showed U = 1422,

p = .768, indicating that the difference between the two groups is not statistically significant. This means that both full-load and overload teachers demonstrate comparable levels of inhibition, and any observed differences in ranks are likely due to random variation rather than a true effect of teaching load.

This finding suggests that teaching load does not significantly influence teachers' inhibition in lifelong wellness skills. In practical terms, teachers—regardless of whether they carry full or overload assignments—may experience similar barriers in maintaining wellness-related behaviors. This could indicate that inhibition is shaped more by systemic and psychological factors such as stress management capacity, institutional climate, and access to wellness support rather than workload quantity alone. It also implies that schools may have relatively uniform conditions that affect teachers similarly across different teaching assignments, reinforcing the idea that organizational context is a stronger determinant of well-being-related outcomes than workload differences.

Supporting literature suggests that teacher well-being outcomes such as stress, burnout, and behavioral inhibition are often more strongly influenced by psychosocial work conditions than by workload differences alone. Studies have shown that job resources like administrative support, collegial relationships, and autonomy play a greater role in determining well-being than the number of teaching hours (Demerouti & Bakker, 2022). Research during recent years also indicates that teachers across different workload levels may report similar well-being challenges when exposed to shared institutional pressures and demands (Hang et al., 2025).

In contrast, some studies argue that heavier teaching loads can still negatively affect well-being and related behavioral outcomes. Evidence suggests that overload conditions may contribute to fatigue, reduced recovery time, and increased emotional strain, which can gradually impair wellness practices and coping behaviors (Halat et al., 2023). Other research also highlights that sustained high workload without adequate support can lead to cumulative stress effects, potentially differentiating teachers over time in terms of well-being and functioning.

Relationship Between Participation and Inhibition in Lifelong Wellness Skills

The relationship between participation and inhibition was examined using Spearman's rank-order correlation. The computed coefficient was $\rho = -0.063$ with $p = .456$. The relationship was not statistically significant.

Table 10 Spearman's Rank-Order Correlation Between Participation and Inhibition

Variables	Spearman's rho (ρ)	p-value	Interpretation
Participation – Inhibition	-0.063	0.456	Negligible negative correlation; Not Significant

Note. ρ = Spearman's rho. Spearman's rank-order correlation was used due to violation of the normality assumption.

The table shows the Spearman's rank-order correlation between participation and inhibition, yielding a coefficient of $\rho = -0.06$ with a p-value of 0.456. This indicates a negligible negative relationship between the two variables. The very low correlation value suggests that as participation slightly increases, inhibition very slightly decreases, but the relationship is extremely weak. Furthermore, the p-value is greater than the 0.05 significance level, indicating that the relationship is not statistically significant.

From an interpretative standpoint, this result implies that participation and inhibition in lifelong wellness skills among respondents operate independently of each other. It suggests that increasing participation does not necessarily reduce inhibition in a meaningful or predictable way. This may indicate that other factors—such as institutional support, personal motivation, workload, or environmental conditions—play a more influential role in shaping both variables. Therefore, interventions aimed at improving participation may not automatically address inhibition unless they are specifically designed to target both constructs separately.

Studies that would agree with this finding are those reporting weak or non-significant relationships between participation in wellness or professional development programs and psychological barriers such as inhibition, especially in teacher populations where external factors dominate behavior. For instance, research highlighting that wellness engagement is more influenced by organizational climate than individual hesitation would support this result. On the other hand, studies that might disagree are those that find a strong negative relationship between participation and inhibition, suggesting that higher engagement in wellness activities significantly reduces psychological barriers through habituation, confidence building, or improved well-being. Such contrasting findings may occur in contexts where structured wellness interventions are intensive and consistently implemented, leading to measurable behavioral and psychological change.

Chapter 4

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusion and recommendations that were formulated based on the gathered data.

Summary of Findings

This study examined the participation and inhibition of lifelong wellness skills among Master of Arts in Education (MAED) students, considering years in service and teaching load classification. The findings revealed that respondents demonstrated a high level of participation in lifelong wellness skills regardless of years in service or teaching load. Teachers with 0-5 years of service (M = 2.95) and those with 6-15 years of

service (M = 2.93) both exhibited high participation levels. Similarly, respondents with a full teaching load (M = 2.94) and those with an overload teaching assignment (M = 3.00) also showed high participation.

In terms of inhibition, both groups reported a high level of inhibition in lifelong wellness skills. Teachers with 0-5 years of service obtained a mean score of 3.04, while those with 6-15 years of service obtained a mean score of 3.25. Likewise, respondents with full teaching loads (M = 3.07) and overload teaching assignments (M = 3.08) demonstrated comparable levels of inhibition.

The results of the Mann–Whitney U tests showed no significant differences in participation when respondents were grouped according to years in service (U = 1132, p = .826) and teaching load classification (U = 1402, p = .855). Similarly, no significant differences were found in inhibition based on years in service (U = 871.5, p = .074) and teaching load classification (U = 1422, p = .768). These findings indicate that neither years in service nor teaching load significantly influences teachers' participation in or inhibition of lifelong wellness skills.

Lastly, the Spearman's rank-order correlation analysis revealed a negligible negative relationship between participation and inhibition (ρ = -0.063, p = .456), which was not statistically significant. This suggests that participation in lifelong wellness skills is not significantly associated with inhibition among the respondents. Overall, the findings imply that teachers maintain relatively consistent levels of participation and inhibition in lifelong wellness skills regardless of their years of service and teaching load, highlighting the possible influence of organizational support, workplace environment, and personal motivation rather than demographic or workload-related factors.

Conclusion

The study concluded that Master of Arts in Education (MAED) students demonstrated a high level of participation in lifelong wellness skills regardless of their years in service and teaching load classification. This indicates that the respondents generally recognize the importance of wellness and actively engage in practices that promote their physical, mental, emotional, and social well-being. The consistency of participation across groups suggests that wellness-related behaviors are commonly practiced among teachers regardless of professional experience or workload demands.

The findings further revealed that respondents experienced a high level of inhibition in lifelong wellness skills. Despite their active participation, teachers encountered barriers that may limit their full engagement in wellness activities. These barriers may be associated with various personal and professional circumstances that affect their ability to consistently practice wellness behaviors.

The study found no significant differences in participation when respondents were grouped according to years in service and teaching load classification. This suggests that teaching experience and workload do not significantly influence teachers' involvement in lifelong wellness skills. Both early-career and more experienced teachers, as well as those with full and overload teaching assignments, exhibited similar levels of participation.

Similarly, no significant differences were found in inhibition levels across years in service and teaching load

groups. This indicates that the challenges and barriers related to wellness engagement were experienced relatively equally among respondents regardless of their teaching experience and workload classification.

Moreover, the correlation analysis revealed a negligible negative relationship between participation and inhibition that was not statistically significant. This finding suggests that participation in lifelong wellness skills is not significantly associated with the level of inhibition experienced by the respondents. Teachers may continue to engage in wellness activities despite encountering certain barriers, indicating that the presence of inhibition does not necessarily prevent participation in wellness-related practices.

Overall, the findings indicate that participation and inhibition in lifelong wellness skills remained relatively consistent across the demographic variables examined in the study. Since years in service and teaching load classification were not found to be significantly associated with participation and inhibition levels, it is

possible that other factors not examined in this study may contribute to teachers' wellness behaviors. Future research may explore organizational, environmental, psychosocial, or personal factors that could further explain variations in participation and inhibition in lifelong wellness skills.

The study concludes that promoting lifelong wellness skills among teachers remains essential for enhancing their overall well-being and professional effectiveness. While participation levels were encouraging, the presence of high inhibition highlights the need for continued wellness initiatives, supportive programs, and institutional efforts that may help reduce barriers and encourage the sustained practice of healthy and balanced lifestyles among educators.

Recommendations

For teachers and MAED students, it is recommended that they continue their active participation in lifelong wellness activities and further strengthen practices that support their physical, mental, emotional, and social well-being. Given that the study revealed both high participation and high inhibition, teachers should be encouraged to adopt effective coping mechanisms, self-care strategies, and time-management practices to help address barriers that may hinder consistent engagement in wellness-related activities. Sustaining positive wellness behaviors while addressing existing challenges may contribute to improved overall well-being and professional effectiveness.

For school administrators and educational institutions, it is recommended that they maintain and enhance wellness programs that support teachers' continued engagement in lifelong wellness skills. Since respondents demonstrated high participation despite experiencing high levels of inhibition, institutions should implement initiatives that help reduce barriers to wellness participation. These may include wellness seminars, mental health support services, stress-management programs, flexible wellness activities, and workplace practices that promote a healthy work-life balance. Such efforts may help teachers sustain their participation while minimizing challenges that affect their wellness practices.

For policymakers and educational leaders, it is recommended that teacher wellness remain a priority in educational planning and professional development initiatives. Policies and programs that promote holistic well-being, provide adequate support systems, and create opportunities for wellness engagement should be strengthened. Institutional efforts aimed at fostering a supportive environment for teachers may help sustain high levels of wellness participation while addressing factors that may contribute to wellness-related inhibition.

For future researchers, it is recommended that similar studies be conducted using larger and more diverse samples across different educational settings to enhance the generalizability of the findings. Future research may also investigate other variables not examined in the present study that could be associated with participation and inhibition in lifelong wellness skills, such as organizational culture, leadership support, workplace climate, stress levels, motivation, and work-life balance. Qualitative or mixed-method research designs may likewise provide deeper insights into the experiences, challenges, and facilitators influencing teachers' lifelong wellness practices.

Chapter 5

Output

"Training Program Matrix (2026)

Teacher Lifelong Wellness Enhancement Program (TLWEP – PE Focused)"

Rationale

The findings of the study revealed that MAED students demonstrate high participation in lifelong wellness skills while simultaneously experiencing high levels of inhibition. This indicates a paradox where engagement

exists, but barriers such as workload pressure, time constraints, institutional demands, and psychosocial stressors continue to hinder full wellness optimization.

Moreover, no significant differences were found when grouped according to years in service and teaching load, suggesting that wellness challenges are systemic rather than demographic. Likewise, participation and inhibition were found to be independent constructs, meaning that increasing participation alone does not automatically reduce barriers.

General Objective

To enhance teachers' participation in lifelong wellness skills through structured physical activity–based training, wellness education, reflective practice, and institutional support mechanisms, while reducing inhibitions related to workload, stress, and limited wellness engagement.

Target Participants: MAED Students / Teachers

Matrix of Activities, Budget, Persons Involved, and Evaluation

Activities	Description	Persons Involved	Budget (PHP)	Evaluation Method	Success Indicators
1. **Wellness & Physical Fitness Orientation Seminar** Week 1 – Day 1	Introduction to lifelong wellness, baseline fitness assessment (BMI, flexibility, step test), and importance of physical activity in teaching profession	Program Director, PE Faculty, Graduate School Professors, Participants	₱5,000	Pre-test wellness awareness; baseline fitness profile	100% completion of fitness assessment; improved wellness awareness scores
2. **Functional Fitness & Active Movement Session (PE-Based)** Week 1 – Day 2	Guided moderate-intensity exercises (aerobic dance, bodyweight training, stretching, mobility routines)	PE Instructors, Fitness Trainer	₱10,000	Fitness performance checklist; heart rate monitoring; post-session reflection	Improved stamina scores; 80% active participation rate
3. **Stress Management Through Physical Activity (Mind-Body Exercise)** Week 1 – Day 3	Yoga, breathing exercises, and mindfulness movement (e.g., Tai Chi-inspired routines)	PE Faculty, Wellness Coach	₱6,000	Observation checklist; participant self-rating scale	Reduced stress level ratings; improved emotional regulation feedback
4. **Work-Life Balance & Active Lifestyle Planning Workshop** Week 2 – Day 1	Designing individualized weekly wellness plan including exercise schedule (e.g., 3–5 days/week activity plan)	MAED Faculty Trainers	₱5,000	Individual wellness action plan output	90% submission of structured fitness/wellness plans
5. **Peer**	Group sharing + light group	Facilitators,	₱4	Reflection	Increased peer

Coaching & Reflective Movement Session Week 2 – Day 2 (AM)	physical activity (walking group, Zumba, or circuit rotation) followed by reflection	Participants	,000	journal; peer feedback form	support engagement; improved motivation scores
6. **Institutional Wellness & PE Integration Planning Workshop** Week 2 – Day 2 (PM)	Designing school-based wellness program including PE-friendly workplace activities (stretch breaks, active breaks, faculty fitness program)	School Administrators, PE Coordinators	₱5,000	Group output: Institutional Wellness & Activity Plan	At least 1 institutional wellness program designed
7. **Wellness Commitment & Active Lifestyle Pledge Ceremony** Week 2 – Day 3	Participants commit to long-term wellness and physical activity adherence	Program Coordinator, Participants	₱2,000	Pre/post comparison; commitment form tracking	100% submission of wellness commitment plans

Budget Summary

Category	Estimated Cost (PHP)
Resource Speakers	₱10,000
Training Materials & Fitness Equipment	₱6,000
Meals and Snacks	₱8,000
Venue and Logistics	₱5,000
Certificates and Printing	₱2,000
Miscellaneous	₱1,000
Total Estimated Budget	**₱32,000**

Evaluation Plan

Evaluation Type	Description
Physical Fitness Pre-test and Post-test	Measures improvements in flexibility, endurance, and activity levels (e.g., step test, stretching range, perceived exertion scale)
Participation Tracking Log	Records attendance and engagement in physical activities
Observation Checklist (PE Performance Rubric)	Evaluates movement quality, participation, effort, and safety compliance
Wellness Reflection Journals	Captures changes in attitudes, motivation, and wellness behavior
Peer Feedback Assessment	Evaluates group interaction, motivation, and support system development
Follow-up Evaluation (2–3 Months Post-Training)	Assesses sustained physical activity engagement and implementation of wellness plans

Expected Outcomes

- Increased participation in regular physical activity and lifelong wellness practices
- Improved physical fitness indicators (endurance, flexibility, activity consistency)
- Reduced perceived inhibition to wellness engagement

- Strengthened stress management through movement-based strategies
- Enhanced work-life balance and active lifestyle planning
- Development of institutional PE-friendly wellness programs
- Sustained adoption of active lifestyle habits among teachers

TEACHER LIFELONG WELLNESS ENHANCEMENT PROGRAM (TLWEP- PE Focused)

Participant Evaluation Form

Name (Optional): _____

School: _____

Date: _____

Instructions:

Please evaluate the training program by placing a check (✓) in the box that best describes your level of agreement with each statement.

Rating Scale

Scale	Description
5	Strongly Agree
4	Agree
3	Moderately Agree
2	Disagree
1	Strongly Disagree

A. Program Content and Relevance

Statements	5	4	3	2	1
1. The objectives of the training were clearly presented.	☐	☐	☐	☐	☐
2. The topics discussed were relevant to my professional and personal wellness needs.	☐	☐	☐	☐	☐
3. The activities enhanced my understanding of lifelong wellness skills.	☐	☐	☐	☐	☐
4. The training addressed common barriers affecting teacher wellness.	☐	☐	☐	☐	☐
5. The program provided practical strategies that I can apply in my daily life.	☐	☐	☐	☐	☐

B. Resource Speakers and Facilitators

Statements	5	4	3	2	1
6. The speakers demonstrated mastery of the topics discussed.	☐	☐	☐	☐	☐
7. The facilitators encouraged active participation.	☐	☐	☐	☐	☐
8. Questions and concerns were addressed effectively.	☐	☐	☐	☐	☐

9. The speakers communicated ideas clearly and effectively.	☐	☐	☐	☐	☐
10. The facilitators created a supportive learning environment.	☐	☐	☐	☐	☐

C. Training Activities and Learning Experience

Statements	**5**	**4**	**3**	**2**	**1**
11. The wellness orientation increased my awareness of lifelong wellness.	☐	☐	☐	☐	☐
12. The stress management workshop improved my coping skills.	☐	☐	☐	☐	☐
13. The work-life balance session provided useful time-management strategies.	☐	☐	☐	☐	☐
14. The peer support activities encouraged meaningful reflection and sharing.	☐	☐	☐	☐	☐
15. The wellness planning workshop helped me identify actions for improving wellness in my workplace.	☐	☐	☐	☐	☐

D. Program Outcomes

Statements	**5**	**4**	**3**	**2**	**1**
16. I am more motivated to engage in lifelong wellness practices.	☐	☐	☐	☐	☐
17. I feel more capable of managing stress and maintaining well-being.	☐	☐	☐	☐	☐
18. The program helped reduce barriers that hinder my wellness practices.	☐	☐	☐	☐	☐
19. I intend to implement my personal wellness action plan.	☐	☐	☐	☐	☐
20. I would recommend this program to other teachers.	☐	☐	☐	☐	☐

Overall Rating of the Program

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Participant Signature

_____

Thank you for your participation and valuable feedback.

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