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Exploring the Perceived Wellness and Exercise Self-Efficacy of Basic Education Teachers: A Basis for Physical Exercise Program Plan

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ABSTRACT

This study explores basic education teachers' perception of their wellness and their exercise self-efficacy from which we would develop a preliminary framework to design a physical exercise program. To the best of my knowledge, I am not aware of any research in the area of physical activity that explores teachers' perceptions of their wellness and the confidence they hold for doing physical activity within a typical work day in cases of stressful work. This study draws upon the theory of wellness and Bandura's (1997) theory of self-efficacy. It used a mixed methods research and a survey for the quantitative part of the study to measure the wellness and self-efficacy (of the physical, mental, emotional and social) and the in-depth interviews for the qualitative part to focus on how the selected participants described their lived experiences.

The results indicate that although most teachers see the importance of engaging in physical activity and overall wish to lead healthier lives, perceptions of self-efficacy seem to be affected, to some degree, by time and institutional work demands as well as family and personal life commitments. Nonetheless, positive social networks and organized options available seem to assist in attaining perceived wellness and increasing exercise participation. Teachers scoring higher on wellness assessments reported better supportive sustainability while those reporting the lowest wellness scores cited problematic family and organizational structures.

These results highlight the need for an integrated socioculturally informed physical exercise intervention that incorporates mental and emotional support as well as institutional change in addition to physical fitness. The additional focus on institutional support as described should assist teachers in the proposed holistic program which centers on practical inclusiveness routines, the systematic addition of wellness education, and the promotion of healthful habits around the activities to increase resilience and performance.

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CHAPTER ONE
INTRODUCTION

- *The Problem and its Background*

Physical health carries a heavy weight since it is foundational and other aspects of holistic wellness are affected by an individual's physical health. Activities and Exercise are terms commonly used, synonymous in both concepts of progressing and enhancing overall well being. According to WHO, physical activity is defined in 2022 as any bodily movement produced by skeletal muscles that requires energy expenditure. This characterization parallels the observations by Caspersen et al. (1985) that describes physical activity as planned and structured and repetitive body movement done to improve or maintain one or more components of physical fitness.

Engaging in consistent exercise and physical activities is advantageous in multiple ways pertaining to one's health. To begin with, these activities help in the improvement of one's flexibility, cardiovascular system, muscular strength, and overall physical conditioning which leads to the enhancement of one's physical well-being. Increased physical well-being improves one's ability to perform the routine activities and functions one does each day with greater ease and efficiency (Domalaon & Department of Education [DEPED], 2021). Also, research done in 2022 by personnel from the Mayo Clinic showed the importance of physical activities to mental health. The reduction of stress, anxiety, and depression is well documented in literature. Physical activities help to improve one's mood and stimulate a feeling of well-being. Physical exercises facilitate the production of endorphins which are natural mood enhancers, thus, exercises facilitate the improvement of one's emotional state. In addition, the contribution that physical activity makes to the improvement of cognitive function and intellectual well-being is an important reason why it is essential to engage in physical activity

The value of physical activity to human health is less and less understood, when it should be the opposite. The investigations referred to indicate a troubling global picture, with about 1.8 billion adults not meeting the bare minimum levels of physical inactivity recommended for optimal health (World Health Organization [WHO], 2024). The increase in inactivity can be partially explained by the increase in technology and the greater digital distractions that have claimed ever growing amounts of attention and time. With respect to the shift in behaviors, data established in Ani Petrosyan (2023) In Statista provides evidence of the aforementioned increase in global internet usage. Approximately 2023, global internet users reached around 5.19 billion, demonstrating a marked change in the daily habits of large portions of the world's populations. The increase of screen time technologies in human behaviors is possibly the most important contributor to the decline of physically active lifestyles, and therefore to the growing public health challenge of sedentariness.

The broadening scope of physical activity poses challenges for individuals in various professions, regardless of their demographic characteristics, as most individuals would like to incorporate physical activity into their daily routines. Given the time constraints inherent in each occupation, it is difficult for most working individuals to engage in most activities. Even educators, as noted by Klassen et al. (2013), which is an occupation in the higher professions, is also not devoid of disappointments in trying to incorporate physical activity into their routines. Given the time obligations governing the teaching profession, coupled with the multiple responsibilities, it is likely that such individuals will not engage in regular physical activity.

Will (2022), based on a study by the RAND Corporation, explains that burnout is related to stress among teachers and school principals. In addition to burnout, a considerable segment of the survey participants also demonstrated depressive symptoms. Stating the figures more precisely, 85% of principals and 75% of teachers described experiencing job-relate stress on a frequent basis. Whereas only 44% of workers in other fields have experienced burnout, the burnout described by 50% of the respondents.

Data from the World Health Organization which was cited by Jovic Yee (2019) exemplifies the problem of sedentary lifestyles on a global scale. Focusing on the adolescent demographic, the Philippines ranks second, next to South Korea, to the world's most inactive population. This can be traced to the overuse of technologies and the limited availability of spaces where people can freely exercise. A pandemic-related survey on the status of physical fitness among Filipinos was also published by a reputable organization (Manila Times, 2021; Rappler, 2021). In 2022, the same organization reported disturbing findings regarding the inactivity of adult Filipinos showing that, among the inactive population, 45.5% across both sexes did not partake in sufficient physical activity (World Health Organization, 2022). Survey results show that safety and health protocols as well as quarantine measures have impacted the daily life of Filipinos. Because of this, 67% of Filipinos have low physical activity which decreases the number of people who become and maintain regular exercise. As stated by the World Health Organization (2022), disorders of the musculoskeletal system have been identified as one of the leading causes of disability in the world. These disorders affect the bones, joints and muscles which reflects the importance of promoting physical activity to maintain one's health and well-being.

To distill the essence of it all, the rapid transformations the world is undergoing today have created major obstacles in understanding the nature of physical exercise and appreciating its benefits. The effects of time and stress related challenges on the educators, who themselves are caught up in the web of these transformations, has resulted in a decline of physical exercise at all levels. This is not a problem of a single country; rather, it is a significant and visible problem affecting the youth of the Philippines,

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not to mention the world. Given the rising prevalence of musculoskeletal disorders globally, there is an urgent need to promote physical exercise to maintain overall health and prevent disorders. To effectively tackle these challenges, the cohesive efforts of governments, educational institutions, and the community are imperative. The promotion of physical exercise should be prioritized, as it leads to positive lifestyle changes and overall life satisfaction.

- *Background of the Study*

Acquiring new knowledge relies fundamentally on self-confidence in physical activities and a sense of overall wellness. Self-efficacy, a concept introduced by Albert Bandura in 1977, suggests that every individual possesses a unique level of confidence that allows them to perform required tasks to realize a goal. In this study, exercise self-efficacy is the comprehension and attitudes individuals possess concerning their potential to engage in physical activities within educational contexts. Researching exercise self-efficacy and perceived wellness primarily aims to inform critical gaps relating to individuals' ability to initiate and maintain healthy behavioral patterns, particularly within educational contexts.

Pertaining to the current study, a concerning report concerning physical inactivity was published by the World Health Organization (2024) and numerous other studies, which reveal that almost 1.8 billion adults across the world are physically inactive. Therefore, improving one's understanding of, and one's self-efficacy pertaining to, exercise in the very least should become a priority to motivate individuals to lead more active lives.

Additionally, studies have documented teachers' experiences that detail multiple work demands, considerable stress, and burnout. I seek to illuminate how these demands negatively impact teachers' mental health, evidenced by the proportion of survey participants that reported depressive symptoms (Will, 2022).

This study aims to understand the intricate connections between people's understanding of wellness and their self-efficacy toward physical activity. Fuelvm (2023) mentions that these include six areas that are fundamental to optimizing an individual's health: physical, mental, social, occupational, spiritual, and emotional. Recognizing that these areas are synergistic entails that the positive change of one facet is likely to trigger multiple changes for the good to other areas of an individual's development.

Expanding on this idea, Sidman et al. (2009) points out that the health of an individual has a key role in creating his or her perception of self-efficacy about physical activity. Overall, the research indicates that seeing oneself as healthy or well will lead to a more confident perception of ability to participate in and maintain physical exercise routines. Understanding this way of being well becomes a key element of motivation and desire to engage in routine physical activity. On the other hand, poor health or low-energy perception can affect self-efficacy and reduce the likelihood of being or remaining active. As such, an overall view about individual health—such as physical, emotional, and psychological sense, relates to their confidence and readiness to exercise repeatedly. This interconnectedness suggests that health and wellness programs must focus not just on promoting physical activity through enhancing exercise self-efficacy, but also both on enacting and managing individuals' general dimensions of health and wellness perceptions

Many research projects have shown the undeniable advantages physical exercise offers to an individual's wellbeing. Nevertheless, research work has yet to look into the perceived efficacy of the most exercise-deprived basic education instructors. No literature aimed to solve the problem of time constraints to reap the health benefits of a workout, which has been communicated as a barrier. This study seeks to assess educator's wellbeing and the perceived correlations between exercise self-efficacy and wellbeing. This follows the previous insights providedTo understand how perceptions of self wellness impact educators' confidence and motivation to be physically active, the study analyzes self wellness perceptions. Giving a sense of perceived wellness provides individuals an understanding of recognition and positive feedback. This recognition provides an area in which an individuals can work in addition to serving motivational purposes for individuals to address those areas in a person's wellness. This study serves to follow and understand the significant insights which advocate the optimal wellbeing and self-efficacy in exercising of educators concerning the actual wellness, present exercise engagement and exercise programs offered to them. This exploration will contribute to the development of exercise programs that are effective for basic education teachers to incorporate physical activity into their busy schedules.

- *Theoretical Framework*

This study will utilize three (3) theoretical frameworks namely, Self-Efficacy Theory of Bandura, Wellness Multidimensional framework by Adams et al., (1997) and Universal Design for Learning. The use of these frameworks in this study are explained in this section.

- *Self-Efficacy by Bandura (1977)*

The main basis for this research was Albert Bandura's theory of self-efficacy (1977). This referred to beliefs regarding one's abilities to perform behaviors that are necessary to achieve goals. On the contrary, the concept of exercise self-efficacy encompassed six (6) dimensions of personal well-being. For the purpose of this research, the level of exercise self-efficacy will be used to assess the self-efficacy of basic education teachers surrounding well-structured physical activities. The Exercise Self-Efficacy survey and the Wellness perception survey are two written tools from which the researcher will gather data. The researcher in this case will

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gather data with the cooperation of the respondents. The two tools aimed to assess the respondents perceived abilities to perform well-planned physical activities and the level of wellness with six dimensions of health

- *Perceived Wellbeing by Adams Et Al., (1997)*

The Multidimensional framework of perceived wellness introduced by Adams et.al in 1997 includes the dimensions of physical, social, psychological, intellectual, emotional, and spiritual wellness. Having a positive attitude toward, and caring for, one's health are signs of physical wellness, along with regular exercise, a balanced diet, sleep, and healthy bodily functions. Inner stillness and harmony, spiritual peace, and wellness can be achieved through the pursuit of meaningful ideas, beliefs, and activities. A sense of meaning, purpose, and connectedness can also be obtained through communion with the transcendent. Psychological wellness is the ability to deal with stress and to resolve problems and obstacles. Resilience, optimism, self-esteem, and other coping abilities are also pertinent. Social wellness comprises the quality of social and relational interactions. These include, but are not limited to, close relationships and social ties, social support, a sense of purpose, respectful communication, and boundaries. Emotional health encompasses the constructive and effective control of one's emotions and the rational and empathetic understanding of emotions. Intellectual health includes the desire and ability for lifelong learning, critical thought, problem solving, and creativity. An open attitude toward new ideas and constructive criticism augments cognitive functioning.

- *Universal Design for Learning (UDL) by Meyer and Meyer (1984)*

The UDL educational framework lays out guidelines for preparing instructional materials, lessons, and assessments that consider the broad spectrum of student needs. And recognizes the importance of catering to the needs of students with diverse backgrounds, abilities, and learning preferences. UDL integrates the goals of friendly educational environments and materials that sustain an inclusive and adaptable teaching and learning atmosphere. Considering these objectives, educational materials and tools developed with the UDL framework will focus on the three core principles: the provision of multiple means of representation (information is provided through different forms and around different conceptual channels), the provision of multiple means of expression (leaners are offered different avenues to show and articulate what they have learned), and the provision of multiple means of engagement (abstract motivational techniques are used to capture and sustain learner attention and focus). These components enhance designing materials for wellness and physical exercise program plans. UDL is credited to Harvard School of Graduate Education faculty, David Rose and Ann Meyer.

- *Conceptual Framework*

Integrating Perceived Wellness and Exercise Self-Efficacy in Designing a Physical Exercise Program.

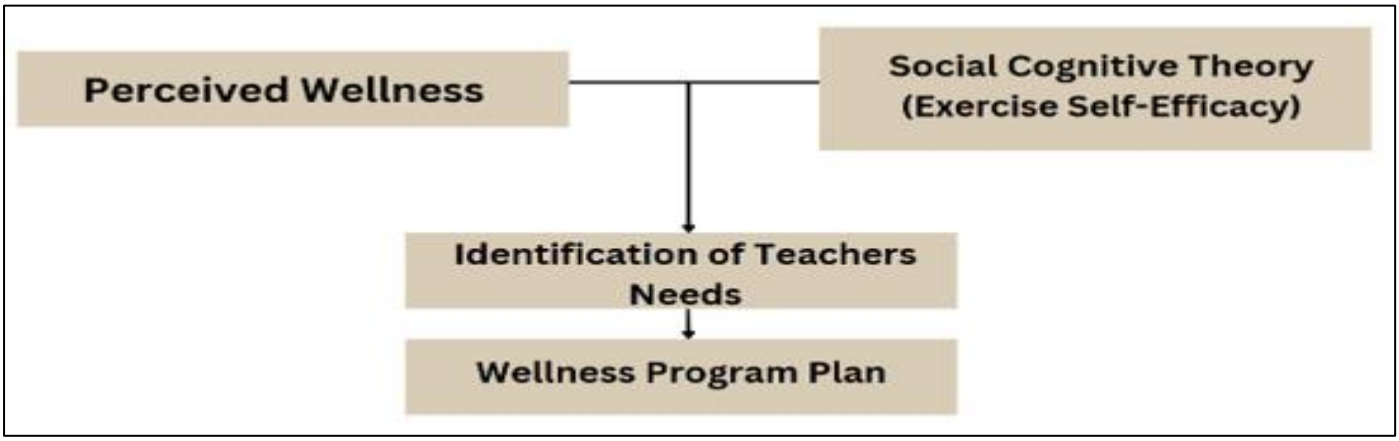

Fig 1 Conceptual Framework

In order to have an explicit view on how the study is anchored, the discussed theoretical background is considered as a critical foundation of developing the study's conceptual framework. This study utilized the Exercise Self-Efficacy Survey and the Perceived Wellness Survey which are based on a theory-based model. More directly however, the current study is based upon Bandura's Self-Efficacy Theory (1977) and the broader Social Cognitive Theory (Bandura, 1986), which account for the interplay among cognitive, behavioral, and environmental factors of learning and action. These models explain how people's belief in their capabilities influences motivation, behavior, and perseverance in putting physical activity into practice.

Furthermore, the construct of perceived wellness defined by Adams et al. (2007), is employed to investigate how individuals evaluate their life as whole. This relationship is particularly pertinent in examining how teachers perceive their ability to maintain their wellness, and how this, in turn, affects their capability and motivation to engage in exercise-related behaviors.

The study is guided by the hypothesis that the exercise self-efficacy and perceived wellness among basic education teachers can be quantified and that the two constructs are associated. The combination of these theories allows in-depth exploration of the psychological and social determinants of teachers' health-behaviors. The results will be used to guide the development of an

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physical exercise program to build self-efficacy and sense of wellness, which will address these critical barriers to sustained physical activity for educators.

➢ *Statement of the Problem*

This study aims to gain insights into the wellness and self-efficacy toward exercise of the participants. It analyzes the correlation between the two and assesses the impact of exercise efficacy on the participants' wellness. Seeing a gap in the sector, especially for basic educators who are busy, pressed for time, and with scant resources, the project also intends to develop a tailored, time-conscious physical exercise plan. This, along with the other initiatives, will contribute considerably to the literature by addressing practitioners' needs in the sector. This leads to the following specific questions:

- How well can the respondents be described in terms of wellness?
- How well can the respondents be described in terms of exercise self-efficacy?
- Is there a significant relationship between Exercise Self-efficacy and Perceived Wellness?
- Does exercise self-efficacy predict the perceptions on wellness?
- What program plan can be produced that is responsive to the varied needs and identified struggles of basic education teachers in maintaining wellness and exercise efficacy?

➢ *Hypothesis*

- Ho1: There is no significant relationship in the perceived level of wellness and exercise self-efficacy of respondents.
- Ho2. Exercise self-efficacy does not impact the perceived level of wellness of the respondents.

➢ *Significance of Study*

This study details the exercise self-efficacy and perceived wellness of basic education teachers. This is a vital area of study considering the increasing demands placed on teachers. These variables may provide valuable inputs at different levels and within different dimensions of education and institutions—each with particular benefits and consequences. The value of this research resides at the ability to inform and influence and motivate change within the following perspectives.

- Faculty and Teachers – The results will offer instructors better insights into how they view their own wellness, especially their self-confidence concerning participation in physical activities, which self-awareness might assist in forming the basis to develop more positive lifestyle habits which in turn will enhance their own well-being and efficacy on the job. In addition, the findings of this research might assist teachers in demonstrating positive health practices to their students, which emphasizes the importance of physical wellness.
- School Heads and Administrators – Quality schools are about effective leadership and prioritizing teachers' wellness. Recognizing physical and psychological grievances within the educator population allows for the implementation of more effective supportive programs and policies.
- Department of Education – There is little doubt the study has important policy implications. Including teacher wellness programs in public and private educational institutions is now backed by research. The department may consider the findings in formulating educator health, retention, and job satisfaction improvement strategies at the national level.
- Future Researchers – The exercise self-efficacy and perceived wellness study lays important groundwork for exploring self-efficacy and wellness further. Subsequent scholars may build on this by considering different study populations, longitudinal study designs, or implementation- and intervention-oriented research. Moreover, this study may serve as a base reference to build theories and models on self-efficacy and wellness more broadly in the wellness of teaching and education.

This study illustrates the important relationships self-efficacy and professional fulfillment, and wellness and self-efficacy, sustain in a teacher's role. The implied outcomes advocate for the right to wellness and self-efficacy of educators as a core component for the development of more supportive, healthy, and effective school systems, enhancing resiliency in the educational framework overall.

➢ *Scope and Limitation of the Study*

This study focuses on the faculty of St. Scholastica's Academy Marikina, a private sectarian institution providing education from Kinder through Grade 12 in Marikina City. For the quantitative phase of the study and using Slovin's formula along with stratified sampling, 91 teachers comprising the pre-school, grade school, and high school departments will be selected to complete two survey questionnaires. These questionnaires are intended to measure the participants' self-efficacy in exercising and their perceived wellness in the three areas of wellness: physical, mental, and social.

During the second phase, convenience and purposive sampling will be utilized to select eight teachers for informal interviews, as they have diverse scores on the surveys. This mixed method study will deepen understanding of the relationship between the teachers' perception of wellness and their self-efficacy in physical exercise. The study only considers the teaching staff at St. Scholastica's Academy, as the other employees and institutions will not be included. This limitation will affect the study's

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generalizability, which will pertain to comparable school settings. Furthermore, the range of the surveys focuses solely on perceived wellness and self-efficacy in exercise as the core objective is to design an physical exercise program for educators.

➢ *Definition of Terms*

- Perceived Wellness- Understanding and raising the awareness of the individual about his/her/their dimensions of wellness. In this case, the physical, mental, social, emotional, spiritual, and psychological aspects. In this study, the definition is based on research of Adams, T., Bezner, J., & Steinhardt, M. (January, 1997). It implies that the individual values the instrumental provision of the family and friendship networks, has experienced diverse physical health conditions, both positive and negative, and seeks intellectually stimulating and challenging tasks, but sometimes doubts the reliability of the supportive network, and the provision of mental stimulation, and the mental tasks in his/her life.
- Self-Efficacy - An individual's belief in their ability to carry out activities to reach a particular objective is self-efficacy. The present study is anchored on Albert Bandura's self-efficacy theory (1977). Self-efficacy is an indication of a person's belief in their individual capability to achieve particular performance goals.
- Exercise-Self-efficacy – It is perceived as individual's self-assurance in engaging in bodily workouts. Based on the work of Neupert et al., (2009), this phrase contemplates the adherence to the routine of bodily workouts, regardless of the situation. It consists of working out for 20 mins three times a week, even when one feels tired, stressed, low, or even depressed. It also includes the persistence of this routine when there is a significant amount of work to manage in the house, when there are alternate fun activities, when there is lack of emotional or social support from the family or friends, when there is lack of will, and even when one is far from home, for instance, on a trip or a holiday. Such a definition underlines the importance of the persistence of the routine, even considering one's emotional, mental, or situational constraints.
- Physical Exercise Program Plan- The output material from this study seeks to enhance the overall health and exercise self-efficacy of the respondents. The material is tailored for basic education teachers, considering their context and needs. This approach aids them in being not just effective, but authentic, in their daily routines.

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CHAPTER TWO
METHODOLOGY

The current methodology is designed to assess the self-perceived wellness and exercise self-efficacy of basic education teachers at the Private Sectarian School. Serving as the model for the systematic study that explains the intricate connection between the teachers' belief systems about engaging in exercise and the experience of each facet of wellness, this chapter outlines the framework for the inquiry. With the thoughtful design of the study plan, the research will ensure that there is a comprehensive and precise exploration of these fundamental areas, thus enhancing the understanding of the comprehensive wellness of basic education teachers.

- *Research Design*

This mixed method explanatory sequential design study investigates the study in detail. The two-phase methodology begins with the quantitative data collection and analysis, and then the second phase, which is the acquisition of qualitative data, is intended to further explore the first phase conclusion.

During the first phase of the study, the collection of quantitative data will occur in order to assess the perceived maintenance of the physical, mental, and social wellness of basic education teachers, as well as the self-efficacy in exercise. This, in turn will lead to quantitative analysis to address the questions that were formulated and empirically test the proposed conceptualization. Subsequently, in the next step, qualitative data will be gathered from the teachers in the study so that the more substantial explanations of the quantitative results obtained will be provided. This will allow the qualitative phase to fully pursue the latent construct that might explain the variances in self-efficacy in exercising and the perceived wellness of teachers. Therefore, this dissertation should be able to demonstrate the relationship between self-efficacy in exercising, perceived wellness and teaching as well as self-care.

Considering this research involves conducting a survey and a formal interview with certain individuals, this procedure may encounter some challenges. In the quantitative portion of this research, survey respondents may experience some form of disconformity which, in turn, may lead to emotional distress and reluctance toward participation in the study. For this reason, the researcher may need to refer such respondents to the school Guidance Office to obtain the support and counseling needed.

Taking part in the qualitative phase, there could be a problem with participant availability during the putative interview sessions. This is the reason why the researcher prepared a fallback plan. This encompasses sending other invitations to other participants, and, thus, the study moves on, even if some of the participants who were originally invited do not show up. This plan will no doubt help in keeping the research active.

- *Population and Sampling*

The population under this study involves the teaching staff of St. Scholastica's Academy Marikina’s private-sectarian school which provides Kinder to Grade 12 education in Marikina City. A sample of 91 teachers which would comprise the preschool, grade school, and high school departments, would partake in the quantitative phase of the study, which involves completing two survey questionnaires on perceived wellness and exercise self-efficacy. Moreover, for the second phase, convenience and purposive sampling methods will be used. For an informal interview, 8 teachers will be chosen based on differing survey results.

Calculating the Z-scores will aid the description and analysis of the collected quantitative data. These Z-scores will also help identify outliers in the study. More specifically, Z-scores of greater than 3 and less than -3 denote outliers, since they are beyond the 3 standard deviation mean and hence, potentially, extreme data points. This technique serves the purpose of identifying high and low extreme data points and hence may help in determining the data points that require deeper analysis.

- *Respondents of the Study*

Data for this study will come from the 117 Basic Education Teachers at St. Scholastica’s Academy of Marikina. This group comprises teachers at the Pre-school, Grade School, Junior High School, and Senior High School levels. The target population for this study also encompasses educators of all ages, subjects, and genders. The decision to focus on basic education teachers came from the literature survey, which mentioned the profession’s insatiable and exhausting demands, particularly the profession's stressful lifestyle along with the high expectations placed on teachers to meet the myriad needs of their students.

- *Research Instrument*

Two distinct instruments will be used to aid in the collection of quantitative data for this study. Both instruments are adapted questionnaires used as preliminary research tools for measuring the study variables. Furthermore, these questionnaires are adapted, although the researcher will first try to acquire correspondence permissions for these instruments from the original owner or developer via direct means of communication, most likely email or text messages, to obtain the necessary authorization concerning adaptation for the research at hand.

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The first of such instruments is the Exercise Self-Efficacy (ESE) survey, adapted from a study by Neupert and colleagues, published in 2009 and entitled "Exercise Self-Efficacy and Control Beliefs: Effects on Exercise Behavior After an Exercise Intervention for Older Adults." This research explored the beliefs older adults held regarding exercise as part of their daily activities.

Exercise Self-Efficacy (ESE) was taken from the 2009 study, "Exercise Self-Efficacy and Control Beliefs: Effects on Exercise Behavior After an Exercise Intervention for Older Adults," authored by Neupert et al. and colleagues. In the present study, and consistent with the findings pertaining to the goal beliefs on the older sample, the greater resistance to an initial adoption, the lower the beliefs that changed during the first few months was observed. In contrast, a greater Self-efficacy of exercising and control beliefs, measured at six months, was found to significantly correlate with the maintenance of exercise behavior during the nine to twelve months period, suggesting that exercise self-efficacy and the behavior of exercising are indeed correlated.

The ESE questionnaire consists of nine items with four levels of confidence anchored being 4 - Very Certain, 3 - Certain, 2 - Less Certain, and 1 - Uncertain. This survey aims to capture the respondents' beliefs surrounding the practice of the respondent's exercise. Some of the foremost questions revolve around whether the individual is motivated to keep an exercise routine and whether he/she is able to overcome barriers of fatigue and work. In "Relationships among walking speed, selected clinical symptoms, and exercise self-efficacy in people with bilateral symptomatic knee OA" Ogwumike and Musa (2019) used ESE to assess self-efficacy in people with OA.

The study demonstrated that within a sample of one hundred individuals with osteoarthritis (OA), fifty percent have a poorly developed exercise self-efficacy; yet merely two percent of the general population exhibit a pronounced belief in the importance of exercising. The instrument manual lists a coefficient alpha of .88, which falls in the acceptable range of reliability. The instrument also underwent extensive validation.

Adams et al. (1997) introduced the Perceived Wellness (PW) survey in the article "The Conceptualization and Measurement of Perceived Wellness: Integrating Balance across and within Dimensions," published in the American Journal of Health Promotion. The survey aimed to assess the social, mental, and physical facets of wellness, for which it was revised and constructed. Each dimension was assigned three components which warranted scoring on a scale of 1 (Very Strongly Disagree) to 5 (Very Strongly Agree). Sample questions included attitudes of optimism on social support infrastructures (familial and peer support, colleagues), cognitive engagement and challenges, and expectations on physical health. Sidman et al. (2009) and Martyn (2015) strategically applied PW in their studies to assess the relation of exercise self-efficacy and perceived healthiness in a sample of university students. In Sidman et al. (2009) study, self-efficacy to engage in exercise was strongly associated with the well-being of each facet: physical, spiritual, intellectual, psychological, and emotional. Martyn (2015) also studied the importance of demographic factors in relation to SWB and exercise self-efficacy in university students.

The project's qualitative component will involve collection of data through the interviews of eight (8) purposively sampled respondents. The use of a semi-structured interview approach will facilitate permeation of the data collection process as it will allow respondents to freely articulate their lived experiences pertaining to the subject in question without the constraining pressure of a rigid questionnaire.

The decision to incorporate qualitative data focused on the construction of a holistic physical exercise plan for teachers. Beyond the quantitative data, the qualitative purpose of this study along with the onsite or remote discussions slated to contribute for the purposive selection of study participants will be prioritized. Through this purposive stratified sampling technique, the research team aims to make certain that the physical exercise plan, integrated as a core component of the study, will be feasible for teachers operating in Pre-school, Grade School, and High School educational environments.

Once potential participants accept the invitation to take part in the study, the interviews will begin. As the researcher, I will invite them to first discuss their teaching experiences. Most of the time interviews become small talk, but I believe in this case, the interview will also become a space for friendly discussion to relieve the tension. After I feel that rapport is sufficiently established, I will discuss the research objectives and clarify the ethical issues of informed consent and confidentiality. An interview will be followed by a debriefing discussion to clarify and confirm respondents' responses. Research staff will conclude the session by letting participants know the data availability and expiration time. Participants will also be informed of the session's conclusion.

- *Data Analysis*

In this section the data is analyzed in relation to the research questions and objectives set out in Chapter 1. The analysis includes descriptive and inferential statistical procedures, as well as thematic analysis, in order to explore the phenomenon.

- *Descriptive Statistics*

The teacher attributes and the outcome variables, self-efficacy and perceived wellness, will be described by statistics. That is, for average, standard deviation, minimum, maximum, and range. Categorical variables will be expressed as percentages and frequencies.

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➢ *Pearson Correlation Coefficient (r) and Regression Analysis*

In order to determine whether the perception of wellness and self-efficacy can be related some statistics will be employed and the degree of the relationship between the respondents' perception of wellness and self-efficacy will be calculated by using Pearson correlation coefficient (r). The correlation coefficient ranges from -1 to +1.

Where:

Indicates a perfect positive linear relationship, meaning that as one

Variable increases, the other variable also increases proportionally.

r = -1

Indicates a perfect negative linear relationship, meaning that as one

Variable increases, the other variable decreases proportionally.

r = 0

Indicates no linear relationship between the variables.

The formula for Pearson's correlation coefficient (r) is as follows:

$$r = \frac{\sum(X_i - \bar{X})(Y_i - \bar{Y})}{\sqrt{\sum(X_i - \bar{X})^2 \cdot \sum(Y_i - \bar{Y})^2}}$$

Where:

Xi and Yi are individual data points for variables X and Y, respectively.

X and Y are the means of variables X and Y, respectively.

Simple linear regression will be used to know the impact of exercise self-efficacy with wellness.

The assumption testing required for Pearson R and Regression are normality, linearity and homoscedasticity. If there are violations, its non-parametric counterpart will be used.

➢ *Thematic Analysis*

A Coding Reliability Thematic Analysis method will be used to analyze the semi-structured interviews qualitative data. This approach was selected for its organized and rigorous process to guide the stratified sampling design, and to help reveal the coherent themes that exist in educator wellness. Thematic analysis will occur after the quantitative stage, using scores from the *Perceived Wellness* and *Exercise Self-Efficacy* scales to identify participants.

Participants will be purposefully selected to guarantee a wide spectrum of wellness and self-efficacy profiles, including high, moderate, and low scorers on both scales. The research participants will be meticulously chosen to guarantee representation from across Pre-School, Grade School, and High School levels. Specifically, two participants will be selected from the lowest wellness classification and two from the highest, as determined by the Perceived Wellness Index. One participant from the “Most Uncertain” group and two from the “Very Certain” group—based on exercise self-efficacy scores—will also be included. Additionally, one Physical Education teacher or school leader will be selected, bringing the total number of participants to eight.

This purposeful stratified sampling method is consistent with the research aim of developing a wellness initiative that emphases a holistic approach of wellness equally applicable to teachers with various roles, schedules and experiences. Interviews will be transcribed word-for-word and will be analyzed using a line-by-line coding approach to capture emergent themes and patterns. Emerging codes will be refined and categorized using iterative coding and constant comparison.

To increase credibility and dependability of the results, member checking will be applied. This process consists of verifying the accuracy of themes and interpretations along the way with participants. Because the researcher is an instructor in the context of the study, there may be a sense of comfort and rapport between the two and may deepen data quality. But it also opens the door to bias. To help cope with that, validation methods will be applied, including periodic consultation with the research mentor and feedback from key informants. These procedures aimed at ensuring the credibility and trustworthiness of the thematic analysis.

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➢ *Data Gathering Procedure*

Data collection will begin with a formal request to the School Directress's Office. An approved copy will then be shared with the Grade School and High School department coordinators. Principals will be contacted to arrange a time, ideally during a faculty meeting, when the teachers will be available to complete the surveys.

Questionnaires will be conducted through Microsoft Forms, something most educators are acquainted with, or through hard copies. The collection of quantitative data will be done electronically, although the researcher will be there to answer any questions that may arise during the process.

For the qualitative phase of the research, I will be conducting individual, informal interviews with some selected participants. I will select from the participants based on the information provided during the data collection phase. They may choose to meet in person or virtually, depending on their preference and what is convenient for them. Interview participants will be sent information on the study objectives and an explanation on the needed confidentiality concerning their interview responses. To aid in transcription, all interviews will be audio recorded.

In consideration of the potential sensitivities of some participants regarding the study, the guidance counselor has been invited to respond to any psychological or emotional issues..

This study seeks to create a scaffolded physical exercise program that meets the distinctive needs of teachers, allowing them to incorporate wellness into their busy schedules. The program will include the components of perceived wellness, and exercise self-efficacy, and physical activity. During the preliminary stage of the study, the perceived wellness and exercise self-efficacy surveys will be used to collect the needed data. The surveys will capture teachers' perceptions of their overall wellness and the extent to which they feel they can participate in physical activity. The data will inform the design of a customized exercise program to enhance physical wellness and overall professional wellness.

To gain a better understanding of our survey results, we will follow up with the individuals who completed the survey. A survey on its own will not be able to grasp the depth such qualitative data will provide, thus offering invaluable understanding of the context surrounding teachers' wellness and exercise habits. Iqualitative results will be crucial to explaining the survey results and determining the particular needs and interests for the exercise program.

Incorporating mixed methods research approaches strengthens the rigor of this research. The quantitative components of the instruments which measure exercise self-efficacy and perceived wellness will form part of the surveys. These instruments have been established as valid and reliable in previous research (Roscoe, 2020; Hagger & Hamilton, 2022), and so the data will be valid and reliable too. After the surveys, a qualitative interview will be conducted to gather more data about the teachers who promote wellness and exercise behaviors. The mixed methods model will make it possible to examine the particular experiences and settings which quantitative approaches tend to overlook. This research must include qualitative methods. This will make it possible to provide a more extensive and profound account of the intricate issues at hand (Creswell & Poth, 2021). The interviews will assist in elucidating the survey results and in determining the particular necessities and preferred physical activity program options.

This research aims to construct a multifaceted physical training intervention for teachers by integrating various theoretical models and methodological frameworks. Grasping their perceived health status and self-efficacy regarding exercise will assist the program in managing barriers and optimizing motivating factors. Existing literature suggests that tailored interventions are more successful in promoting long-term behavior changes and achieving the desired health benefits. Dishman and associates (2021) studied the impact of customized exercise programs on school educators, obtaining markedly improved participation rates and health outcomes.

These holistic findings are anticipated to aid the development of an exercise initiative to improve teachers' health and well-being. This initiative can help improve the individually focused and systemically geared attitudinal contexts for more regular physical activity for teachers. This increase in movement will improve the overall quality of life for teachers.

➢ *Ethical Consideration*

- *Reliability Analysis*

To enhance accessibility for potential respondents—which included teaching professionals beyond the primary audience of the study—previously validated questions were converted into Google Forms. This change was made after taking into account the validation critiques, feedback, and suggestions. There were thirty participants in the pilot testing.

Achieving consistency in research requires measuring different facets of reliability. Trustworthiness in the data increases when researchers reduce errors and other sources of variability that might skew the results. Cronbach's alpha, which calculates the degree of correlation among items in a test or a scale, was used to assess internal consistency and reliability. It should be noted that the higher the Cronbach's alpha value, the higher the reliability of the test, with values higher than 0.80 being labeled high reliability,

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0.70-0.79 moderate reliability, and below 0.70 low reliability. Use of reliability measures strengthens the findings, and validation of instruments increases the credibility of the data, thus making the research results practical (Smith and Johnson, 2018).

Table 1 Reliability Analysis

Variables	Number of Items	Cronbach's Alpha	Interpretation
Exercise Self-Efficacy	9	0.94	High Reliability
Perceived Wellness	18	0.85	High Reliability

The 9-item Exercise Self-Efficacy scale is shown to have acceptable reliability, demonstrated by a Cronbach's alpha score of 0.94, which indicates that the internal components of the scale are correlated to one another and consistently measures self-efficacy in exercise. The 18-item Perceived Wellness scale also demonstrates good reliability as shown by a Cronbach's alpha of 0.85, indicating that the items are consistent and that perceptions of wellness are measured in a reliable manner. The scales, overall, demonstrate good internal consistency, thus supporting the reliability of the Exercise Self-Efficacy and Perceived Wellness measures.

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CHAPTER THREE
RESULTS AND DISCUSSION

This section discusses the study results in relation to participants' wellness and exercise self-efficacy to address the research questions posed in the beginning. The authors will describe the respondents regarding wellness and exercise self-efficacy and analyze the interrelation of these constructs. The study will analyze and determine the extent to which the exercise self-efficacy could account for the perception of wellness and the correlation between exercise self-efficacy and perceived wellness. Lastly, a thoroughly designed special program plan which aims to address the specific needs and challenges of basic education teachers in the promotion of general wellness and exercise efficacy will be provided. The authors expect that the recommendations coming from the findings of this study will strengthen the research on teachers' working lives.

➢ *Extent of Wellness Among Respondents*

The survey assessing wellness dimensions socially, physically, and mentally was based on Adams et al. (1997) published work in the American Journal of Health Promotion. Each one of these dimensions consists of six statements evaluated on a Likert scale of 1 (Very Strongly Disagree) to 5 (Very Strongly Agree). Sample statements capture feelings of optimism, social support, expectations of one's health, and the existential meaning. Since no specific scoring system was described for PW, the study used weighted mean and standard deviation (SD) as the preferred approach for response analysis. This technique elucidates important patterns in the data and ranks the statements, indicating which wellness dimensions respondents strongly or weakly endorsed.

Table 2 Level of Wellness

Statements	Mean	SD	Interpretation
1. Members of my family ask for my support such as Emotional, Financial, Moral and Physical	4.13	0.79	High
2. My physical health, including conditions, injuries, and overall status, has restricted me in the past.	3.18	1.22	Average
3. I will always seek out activities that challenge me to think and reason.	3.95	0.74	High
4. Sometimes I wonder if my family will help me with my emotional, financial, moral, and physical concerns.	3.05	1.22	Average
5. My body seems to resist physical illness very well.	3.20	1.07	Average
6. I avoid activities which require me to concentrate.	1.96	0.82	Low
7. My friends know they can always confide in me and ask me for advice.	4.31	0.61	Very High
8. My physical health is excellent.	3.16	0.90	Average
9. Generally, I feel pleased with the amount of intellectual stimulation I receive in my daily life.	3.86	0.81	High
10. My family has been available to support me in the past.	4.30	0.75	Very High
11. Compared to people I know; my past physical health has been excellent.	3.63	0.98	High
12. The amount of information that I process in a typical day is just about right for me (i.e., not too much, not too little).	3.56	0.96	High
13. In the past, I have not always had friends with whom I could share my joys and sorrows.	2.31	1.19	Low
14. I expect to always be physically healthy.	3.73	0.96	High
15. In the past, I have generally found intellectual challenges to be vital to my overall well-being.	4.15	0.70	High
16. My friends will be there for me when I need of help.	4.16	0.81	High
17. I expect my physical health to get worse	2.27	1.09	Low
18. My life has often seemed void of positive mental stimulation.	2.57	1.01	Low
Overall	3.66	0.29	High

Legend: 1.00-1.80 (Very Low), 1.81-2.60 (Low), 2.61-3.40 (Average), 3.41-4.20 (High), 4.21-5.00 (Very High)

A high level of wellness was recorded for basic education teachers (M = 3.66, SD = 0.29). Among all dimensions, social support was considered as the most pronounced. The statements "My friends know they can always confide in me and ask me for advice" (M = 4.31, SD = 0.61) and "My family has been available to support me in the past" (M = 4.30, SD = 0.75) indicate the extent to which the teachers value their social networks and family support in bolstering their wellness. The support from family and friendships helped the teachers in positive endorsement of their wellness.

Statements that received the highest endorsement include, "I will always seek out activities that challenge me to think and reason" (M = 3.95, SD = 0.74) and "In the past, I have generally found intellectual challenges to be vital to my overall well-being" (M = 4.15, SD = 0.70). These, along with the social support received from peers and family that was also highlighted, "My friends

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will be there for me when I need help" (M = 4.16, SD = 0.81) and "Members of my family ask for my support such as Emotional, Financial, Moral, and Physical" (M = 4.13, SD = 0.79), indicate that well-being was derived as a function of cognitive engagement, valued attachments, and mutually reinforcing relations.

The high-rated but below overall mean statements suggest that basic education teachers positively view their physical health, but not quite as strongly as their social and intellectual well-being. Respondents feel that "The amount of information that I process in a typical day is just about right for me" (M = 3.56, SD = 0.96) as well as "Compared to people I know, my past physical health has been excellent" (M = 3.63, SD = 0.98) and, therefore, these respondents feel relatively healthy compared to others, although these ratings are below the overall wellness mean (M = 3.66, SD = 0.29). This suggests that even if cognitive engagement is strong, respondents are not likely to view physical well-being as a prominent strength.

The average-rated and below-mean statements highlight uncertainties in family support and concerns about physical health, with "Sometimes I wonder if my family will help me with my emotional, financial, moral, and physical concerns" (M = 3.05, SD = 1.22) suggesting that while social support is generally strong, some respondents may feel uncertain about their family's reliability in times of need. Additionally, statements related to physical health, such as "My physical health is excellent" (M = 3.16, SD = 0.90), "My physical health, including conditions, injuries, and overall status, has restricted me in the past" (M = 3.18, SD = 1.22), and "My body seems to resist physical illness very well" (M = 3.20, SD = 1.07), reflect moderate perceptions of physical well-being, suggesting that while teachers do not necessarily see themselves as unwell, their confidence in their physical resilience is weaker compared to other wellness dimensions.

The lowest-endorsed statements suggest that basic education teachers generally do not have issues with cognitive disengagement, social isolation, or worrying about their future health. The statement "I avoid activities which require me to concentrate." (M = 1.96, SD = 0.82) received the lowest score which indicates that most teachers participated in activities that require attention reflecting their cognitive engagement. A similar conclusion may be drawn from the statement "I expect my health to get worse." (M = 2.27, SD = 1.09) where lower expectation of health deterioration implies teachers do not predominantly expect a negative outlook concerning their health. Moreover, the social support is vividly present in the statement "In the past, I have not always had friends with whom I could share my joys and sorrows" (M = 2.31, SD = 1.19) where lower agreement shows that most respondents have had friends, reliable social support, and have not experienced isolation. The most positive statement from the group was "My life has often seemed void of positive mental stimulation" (M = 2.57, SD = 1.01).

The strengths showing in basic education teachers' wellness illustrate the value of robust social networks and social provisions, as well as intellectual engagement with surroundings and health resources. This is demonstrated in teachers' wellness ratings describing family and peer connective influence and resilience. The wellness of basic education teachers would benefit from greater positive self-vision and self-assuredness in physical health. This may be a result of some respondents expressing a central tendency with regards to possible health issues and the reliability of supportive kin. Program effective wellness social and cognitive resource frameworks while improving advanced physical health self-maintenance and self-fit-vision frameworks.

- *Level of Exercise Self-Efficacy Among Respondents*

The Exercise Self-Efficacy (ESE) survey utilized in this study is adapted from Neupert et al. (2009), who studied the connections between exercise self-efficacy, control beliefs, and the long-term exercise behavior. The ESE survey contains nine questions gauging the individuals belief regarding their capacity to keep exercising regardless of challenges, rated on a 4-point scale of 4 (Very Certain) to 1 (Uncertain). Weighted mean and standard deviation (SD) were used to compute highly endorsed and low-endorsed statements.

Table 3 Level of Exercise Self-Efficacy

Statements	Mean	SD	Interpretation
1. Exercise regularly (3 times a week for 20 minutes).	2.53	0.96	Certain
2. Exercise when you are feeling tired.	2.09	0.85	Less Certain
3. Exercise when you are feeling under pressure to get things done.	2.41	0.95	Less Certain
4. Exercise when you are feeling down or depressed.	2.58	0.91	Certain
5. Exercise when you have too much work to do at home.	2.08	0.85	Less Certain
6. Exercise when there are other more interesting things to do.	2.21	0.78	Less Certain
7. Exercise when your family or friends do not provide any kind of support.	2.08	0.78	Less Certain
8. Exercise when you don't really feel like it.	2.01	0.8	Less Certain
9. Exercise when you are away from home (e.g., traveling, visiting, on vacation).	2.12	0.88	Less Certain
Overall	2.23	0.61	Less Certain

Legend: 1.00-1.75 (Uncertain), 1.76-2.50 (Less Certain), 2.51-3.25 (Certain), 3.26-4.00 (Very Certain)

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The respondents articulated low levels of self-efficacy regarding exercise. This is exemplified in the overall average self-efficacy rating of 2.23 (SD = 0.61), classified as "Less Certain." This signals deficiency in confidence toward sustaining exercise habits when faced with disruptions. Considering the individual item responses, the highest rated statement, "Exercise when you are feeling down or depressed" (M = 2.58, SD = 0.91, "Certain"), arguably implies that respondents, at least to some degree, consider exercise to be a viable method for overcoming some emotional distress. In addition, the statement "Exercise regularly (3 times a week for 20 minutes) was rated close to a 2.5, (M = 2.53, SD = 0.96, "Certain") confirms that, to some degree, they also maintain a commitment to exercise."

Although most statements self-efficacy statements were rated as "Less Certain." This illustrates an absence of confidence in exercising when there are difficulties. The statement "Exercise when you don't really feel like it" received the lowest average (M = 2.01, SD = 0.80). This finding suggests that the absence of motivation is a considerable barrier to exercising regularly. In addition, the low scores related to exercising with fatigue (M = 2.09, SD = 0.85), with a demanding workload (M = 2.08, SD = 0.85), and with poor social support (M = 2.08, SD = 0.78) suggest that these also are important barriers when considering exercise participation.

These findings indicate that while some respondents can commit to exercise under normal circumstances, maintaining consistency in the face of physical, emotional, and social barriers remains a challenge. Future wellness interventions should focus on motivation-building strategies, overcoming barriers to physical activity, and fostering self-efficacy in challenging situations.

- *Examining the Relationship Between Exercise Self-Efficacy and Perceived Wellness*

Spearman's rank-order correlation was conducted to evaluate the relationship between overall wellness and exercise self-efficacy. This non-parametric test was conducted because there was only a weak linear trend present in the scatterplot and this test is capable of detecting non-linear relations. Spearman's correlation ρ can range from -1 to 1. Positive values imply that there is a direct relationship i.e. lower exercise self-efficacy is associated with greater wellness. Negative values suggest that there is an inverse relationship i.e. greater self-efficacy is associated with lower wellness. The correlation strength is weak ($\rho < 0.30$), moderate ($\rho = 0.30$ to 0.49), and ($\rho \geq 0.50$) strong. Statistically, a p-value < 0.05 indicates that the relationship is significant, meaning the association is unlikely due to chance and a p-value > 0.05 indicates there is not enough evidence to say a meaningful correlation exists.

Table 4 Correlation Between Perceived Wellness and Exercise Self-Efficacy

Wellness	r value	p-value	H_0 Decision	Interpretation
Exercise Self-Efficacy	0.20	0.06	Accept H_0	Positive Weak Correlation; Not Significant

The results from the Spearman's rank-order correlation for overall wellness and exercise self-efficacy showed a weak correlation and a weak positive association of ($\rho == 0.20$, $p == 0.06$). As the p-value exceeds the threshold of 0.05, the correlation fails to reach the threshold of statistical significance. This implies no evidence exists to suggest any linear correlation. However, a weak positive correlation weakly implies those with higher exercise self-efficacy report higher wellness, though the association remains weak.

This aligns with the literature, which indicates self-efficacy may partly contribute to certain aspects of wellness, though the impact of other psychosocial factors may be even greater. in Al Ghdani and Ismail (2020), a positive correlation of self-efficacy and mental health of teachers was reported, with self-efficacy and mental health of teachers directly proportional; those with higher self-efficacy were with higher mental health scores. However, in the current study weak results may in part be due to the lack of focus on one component of exercise self-efficacy, as other dimensions may mitigate the relationship.

Furthermore, von Muenchhausen et al. (2021) examined the relationship between teacher self-efficacy and the teacher's mental health, determining that the correlation is moderate, and self-efficacy improvements do not always translate to substantial improvements in well-being. This suggests that while self-efficacy may have some influence, it is not the sole determinant of one's wellness. Other factors such as job satisfaction, support at the workplace, resilience, and emotional well-being are likely alternative contributors to overall wellness besides self-efficacy, and may mediate or eclipse the effects of self-efficacy.

- *Impact of Exercise Self-Efficacy Towards Perceived Wellness*

From the point of view of statistics, the fact that two things are linked does not mean that one affects the other. Before determining the relationship between the effect of exercise self-efficacy on wellness, the effect of exercise self-efficacy on wellness and the confidence intervals, normality, heteroskedasticity, and small sample bias deviation tests had to be performed using a parallel mediation bootstrapping analysis (5,000 iterations). While bootstrapping confidence intervals, one of the things that helps with inferential accuracy of the regression models is the reduction of bias in parameter estimation which helps with the efficiency and dependability of the tests and rebuttals and hypothesis testing (Hassan & Ali, 2022, Silva et al., 2022).

Table 5 Model Summary for Exercise Self-Efficacy and Perceived Wellness

Model	R	R^2	Adjusted R^2	RMSE	F	df	p	Ho Decision	Interpretation
1	0.16	0.02	0.01	0.35	2.22	1,89	0.14	Accept Ho	Not Significant

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- *Note. R^2 = coefficient of determination; RMSE = root mean square error.*

The model's summary indicates that exercise self-efficacy accounts for only 2% of the variation in wellness ($R^2 = 0.02$), which indicates weak predictive ability. The adjusted R^2 (0.01) is even lower which suggests that the model lacks generalization. Moreover, the F-statistic (2.22, $p = 0.14$) suggests that the model is insignificant, which means that for the current group, self-efficacy for exercise does not significantly predict total well-being. The limited predictive capability is consistent with the findings of Wang et al. (2022), which notes that although self-efficacy does positively influence the exercise and emotional health, in the absence of other psychological and behavioral factors, the direct influence on overall well-being is minimal. Similarly, Zhang and Chen (2022) documented that although exercise self-efficacy positively correlates with health-related quality of life, there are other factors that influence it. Physical vulnerability is a determinant and is comprised of chronic illness, social and psychological resilience, and the social support network.

These outcomes show that with respect to the relationship SLSB practices appeared to not mediate or moderate the variables of actual physical activity, the stress management and lifestyle habits of the individuals examined, while intervening mediating or moderating the variables influence the outcomes of the present study. In addition, these outcomes show the intricacies of the various constructs that make up the domain of wellness and the poorly aligned expectations of such a complex multilayer domain that hinges predominantly on one facet of psychology and one psychological model. These results lead to the conclusion that research and programming for the wellness of educators ought to center on the more expansive factors of the domain inclusive of the cognitive, emotional, social and behavioral components, with the aim of more comprehensively assessing the wellness of educators and having a measurable or actionable influence on their wellness.

➢ *Developing a Program Plan to Support Basic Education Teachers in Maintaining Wellness and Exercise Self-Efficacy*

In order to create a responsive program blueprint which helps basic education teachers maintain wellness and perceptions of self-efficacy, a qualitative phase was used to extend trends observed in the quantitative results. Quantitative findings revealed that the majority of teachers had high wellness, an optimistic long-term perspective regarding their health, and good support from family, friends and cognitively engaging activities. Yet some expressed doubt regarding the support of family and obstacles to keeping fit. Guided by these findings, expert-validated interview questions were created to gather deeper insight into these themes. Eight (8) teachers were purposefully selected, representing high and low scores in wellness and exercise self-efficacy, along with input from a school leader. Interview responses were analyzed using Creswell and Cresswell's (2018) six-step thematic analysis approach, which involved organizing, reading, coding, developing themes, interpreting meanings, and ensuring accuracy. This qualitative phase helped contextualize the data and guide the formulation of a grounded, needs-based program.

Table 6 Thematic Analysis of the Teachers' Views of Wellness, Health Outlook, and Social-Cognitive Support

Themes	Codes	Sample Statements
Social Support	Family and peer influence	"My family has a strong support for me… but the kind of friends you have at work, sometimes you really have no choice." – Key Informant 1
	Peer encouragement	"Kapag nasa mood ako mag-exercise, ready to help naman yung support group ko, particularly my friends." – Key Informant 2
	Social reintegration	"Medyo nawawala yung social aspect… pero gradually nakakaplano na ng mga different vacation with friends and family." – Key Informant 8
Institutional Support	School wellness initiatives	"It is already incorporated in our schedule… everyday nag-eexercise po kami after morning routine." – Key Informant 3
	Group activity scheduling	"Mayroong talagang Zumba… naglalakad every morning… kapag may session kami dito." – Key Informant 6
Exercise Inconsistency	Follow-through challenges	"Lahat naman sila okay, kaya lang yung regularity… kaya hindi natutuloy." – Key Informant 4
Internal Resilience	Emotional resilience amid limited support	"Feeling ko matibay lang talaga yung damdamin ko kaya hindi ako mabilis maapektuhan." – Key Informant 5
Role Modeling	Teacher wellness impact on students	"Kung healthy tayo, ganun din ang gagawin ng mga bata… dapat tayo ang maging model." – Key Informant 7

➢ *Social Support as a Foundation for Teacher Wellness*

Most participants reported high levels of perceived wellness, optimism about long-term health, and motivation derived from their support networks and cognitive engagement in response to inquiries about their wellness outcomes. Social support was identified as the primary theme, characterized by consistent mentions of encouragement from family, friends, and colleagues in the workplace. This is consistent with current literature highlighting the protective function of interpersonal relationships in mitigating professional stress and fostering emotional equilibrium.

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Institutional support, especially via school-based wellness programs, was often identified as a significant factor in maintaining well-being. The favorable tone of the majority of responses indicates that numerous educators recognize their wellness requirements and are actively pursuing or gaining from supportive frameworks.

➢ *Cognitive Wellness and Professional Identity*

Cognitive stimulation and emotional resilience emerged as significant factors, in addition to social support. Participants identified mental challenges and emotional coping mechanisms as essential components of their well-being. Some linked these elements directly to their roles as educators, where sustaining emotional composure and exhibiting positive behaviors fulfill both personal and professional purposes.

Themes including “Resilience” and “Role Modeling” illustrate that teachers view wellness as an integral aspect of their professional identity, extending beyond mere self-care. Several participants considered their capacity to exemplify healthy habits—physical, emotional, and cognitive—as essential to influencing student attitudes and behaviors.

➢ *Contrasts Across Wellness Levels*

- Higher Wellness Group (Key Informants 3, 6, 7): Participants belonging to this group had more connectedness of wellness in daily life and teaching practices. Their perceptions were influenced by systemic institutional culture and proactive peer relationships. Their stories are a testament to a proactive mental attitude and a capacity for maintaining wellness despite being busy schedules.
- Lower Wellness Group (Key Informants 1,2): While there was social and institutional support, these teachers experienced environmental constraints and challenges following and maintaining schedules. What you have told me shows me that piece of support is present but not enough, if it's not connected to system change or individualized calendars of time and energy.
- Ambivalent Outlook (Key Informant 5): This person was unsure about the validity of their high wellness score, and they felt that they experienced wellness due to self-management and self-coping rather than because of what was present in their environment. Their perspective enriches the theme of “Self- Perceived Resilience” (Valentine-Lefebvre et al., 2017) and underlines the need for programs that acknowledge and strengthen individual coping together with social coping strategies.
- Leadership Perspective (Key Informant 8): The school leader who provided a leadership perspective held a full view of their situation, where he/she credited peer support and focused on the importance of re-establishing social connections within one's professional connection. This view integrates individual and organizational well-being and emphasizes the need for a supportive environment that develops staff at all organizational levels.

➢ *Implications for Program Design*

The findings underscore the necessity for wellness initiatives targeting interpersonal, cognitive, and institutional domains. A successful wellness program must:

- Strengthen Social and Peer Networks: Establish peer-led groups that promote accountability, connection, and mutual support.
- Integrate Wellness into Professional Identity: Encourage mentorship and role-modeling activities that link wellness practices with teaching.
- Support Flexible Participation: Offer diverse, low-barrier physical activities and personalized wellness goals that accommodate individual schedules and capacities.
- Foster Intrinsic Motivation: Provide tools and resources that build self-efficacy and emotional resilience, empowering teachers to sustain wellness habits over time.

Ultimately, A program that addresses both structural needs and personal narratives is more likely to enhance the long-term well-being of educators in diverse contexts.

Table 7 Thematic Analysis of the Teachers’ Views of Perceptions on Familial Support Doubt

Theme	Codes	Sample Statement
Realistic Family Challenges	valid family issues, strong family support, delegation of tasks	"Sa sobrang supportive... sila na rin yung gumagawa ng lesson plan ko." (Key Informant 8)
Intentional Boundaries	balanced time, quality family time, family gatherings	"I don’t bring my work at home… every Sunday we have a simple salo-salo or dinner with siblings." (Key Informant 6)
Time Constraints	busyness, inconsistent support, work prioritized over family	"So yun siguro yung hindrance… busy eh… natutunan naming mag-balance ng work and family." (Key Informant 3)
Cultural and Familial Burdens	familial expectations, cultural obligation, self-neglect	"In the Philippines, you’re expected to support the family after graduating… sometimes they forget about their well-being" (Key Informant 1)
Indirect Family Discouragement	lack of active family support, discouraging messages, external	"‘Exercise ka na lang sa bahay’—mga ganung advice ng family minsan… nakakatamad talaga." (Key Informant 2)

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Theme	Codes	Sample Statement
	influence	
Perceived Support vs. Action	burnout, lack of energy, supportive in theory	"Pag dating sa idea active sila… pero pag oras na, hindi natutuloy." (Key Informant 4)
Youth-led Support	youth peer support, positive social engagement	"Last year, they will go even sa sports center after class hours... nagba-badminton and walking." (Key Informant 7)
Family Structure Variance	different family dynamics, non-supportive upbringing	"I think it depends on the family dynamics... not all parents are supportive, especially if they weren't raised that way." (Key Informant 5)

➢ *Varying Experiences of Familial Support*

Participant responses revealed a spectrum of experiences regarding familial support, with some teachers affirming strong, dependable relationships, while others expressed doubts or dissatisfaction. The salient themes under the categories namely "Realistic Family Challenges," "Indirect Discouragement," and "Cultural and Familial Burdens" show how caregiving, financial, and traditional expectations can contradict the experience of being supported. These external pressures can conflict with teachers' personal health goals and may even deter healthy behaviors, such as exercising.

Conversely, the remaining teachers reported more positive experiences with: "Intentional Boundaries," "Youth-Led Support," and "Active Support Systems." These families had the insights that effective communication, common goals, and clearly identified personal time facilitated finding strength in each other's engagements and taking care of work more effectively.

➢ *Wellness Classification and Familial Dynamics*

In responses were compared based on wellness categorization, differences became apparent. Teachers in higher levels of wellness often reported the use of proactive coping styles or structured forms of family support, such as team bonding activities, mutual fitness goals, and task allocation, enhanced their wellness. These informants highlighted well-being as a collective project rather than an individual effort.

Participants with lower levels of wellness, in contrast, had family dynamics that added stress, or got in the way of health behaviors. For instance, in one case, informants felt that their family valued relaxation over physical activity, while in another case, informants experienced pressure from financial obligations that limited time and energy to care for oneself. "Uncertain" respondents recognize that family support can be sporadic, influenced by upbringing, extended family, structure or generational practices.

These shifts emphasize that familial influence is multi-dimensional lessons that either allow or impede individual well-being.

➢ *Implications for Wellness Programming*

Given this complex interplay, wellness programs need to move beyond simplistic self-care interventions. They need to be context relevant, which recognizes and responds to the different familial experiences that teachers may have. Such components may include:

- Training sessions on setting limits and juggling work life and personal life.
- Advice on dealing with family expectations, particularly in cultures where care giving or financial roles play a large part.
- Access to peer and institutional support networks that can supplement insufficient familial backing.
- Family-inclusive wellness initiatives that involve relatives in school wellness events to foster mutual understanding and shared goals.

Recognizing that familial support differs in both nature and purpose enables such programs to more effectively tackle the practical challenges educators encounter, fostering more equitable and sustainable avenues to wellness.

Table 8 Thematic Analysis of the Teachers' Views of Perceptions of the Role of Exercise in Maintaining the Overall Well-Being as a Teacher

Theme	Codes	Sample Verbatim Statements
Stress Relief and Burnout Prevention	simple routines, stress relief, burnout prevention, mental reset	"It's really very important… even the simplest one… lalo feeling mo for the day na burnout." (KI1); "Exercise became something that helped me calm down... it gave me time to think and reflect." (KI5)
Physical Function and Maintenance	joint mobility, physical limitations, healthy circulation, body conditioning	"Pag wala kang exercise, yung mga buto-buto mo parang kinakalawang na." (KI6); "Ito na ata yung epekto ng walang physical activity... ngayon pa lang ako nakakarecover." (KI4)
Mental and Cognitive Clarity	mental clarity, cognitive sharpness, brain fog, age-related decline	"Pag active ako, pati memory ko nafi-feel ko na nagshi-sharp." (KI3); "Walking gave me time to calm down... helped clear my mind." (KI5)

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Routine Building and Habit Formation	daily school routine, habit change, physical flexibility, consistency	"We do the exercise after prayer… we encourage the students to move every day." (KI7); "Kapag may system ka… parang nae-energize yung katawan mo and nababago yung habits mo." (KI2)
Energy and Productivity Enhancement	energizing routine, positive outlook, productivity boost, physical stamina	"After jogging, parang napaka-energized ng day ko... mas productive ako sa work." (KI2); "We need to maintain our health… pantayan yung energy ng bata… exercise helps." (KI8)
Institutional or Environmental Support	school-based routine, structured program, wellness committee, role modelling	"Every first Friday may Zumba… organized by the wellness committee." (KI8); "We do it with students… ginagawang example sarili ko para ma-encourage sila." (KI7)

- *The Role of Exercise in Teacher Well-Being*

Throughout the qualitative responses, exercise was consistently identified as a central component of teachers' overall well-being. Participants emphasized that physical activity—whether formal or informal—not only promotes physical health but also enhances mental clarity, emotional stability, and stress relief. Even simple activities such as walking during breaks or stretching between classes were perceived to significantly influence their ability to manage daily responsibilities. For many, exercise served not only as a health strategy but also as a form of psychological reset, aiding them in navigating emotional fatigue, workload pressures, and age-related changes.

- *Stress Relief and Burnout Prevention*

Key informants 1, 2, and 5 reported that exercise was described by teachers with low perceived wellness as a method of coping for stress and burnout. The participants referred to physical exercise as a way to regulate affect overflow. They perceived starting or continuing a fitness program not as a luxury but as a critical intervention to alleviate higher fatigue levels associated with their work. There were time pressures, varying motivation and inadequate support from the institution systems that were often reported as challenges to sustaining these practices.

- *Physical Function and Maintenance*

Key Informants 3, 6, 7, and 8 were also participants representing those in better states of wellness and frequently suggested the importance of exercise for sustaining movement vitality and action. These women had incorporated activity into their lifestyles and often cited institutional programs or peer support as critical enablers. Further, frequent involvement in fitness programs enhanced musculoskeletal health, lowered fatigue levels, and heightened the sense of physical competence, and it was particularly relevant to cope with the physical hardship of teaching.

- *Mental and Cognitive Clarity*

Several respondents linked heavy exercise to improved attention, mood control, and mental acuity. Teachers reported that it improved their performance and decision making even in short durations of simply standing up or moving. This concept was especially prevalent among those who participated in mindfulness-based activities or movement practices early in the school day. Exercise was portrayed as a way to diminish stress and as a contributor to the ability to perform as a professional and maintain cognitive resilience.

- *Routine Building and Habit Formation*

Sustainable exercise behavior was a distinguishing factor between the less well teachers and the other teachers. Although high-wellness participants continued proactive regimens, others had difficulty establishing or adhering to consistent routines. Participants frustrated by the lack of consistency wanted strong direction, ways to be held accountable, and programs that accommodated their unique situation and circumstances. The focus on habit-formation highlighted the need for programs that are not only scalable and flexible, based on varying schedules and energy levels, but realistic.

- *Institutional and Environmental Support*

Support from institutions was often cited as a critical facilitator — or barrier — to maintaining physical health. Encouraging environments such as wellness rooms, scheduled activity breaks, or peer led initiatives enhanced teacher buy in. Contrarily, teachers were often forced to forego their own health and wellness because administration focused more on their professional duties. Participants overwhelmingly favored schoolwide programs that have leadership/staff support and are integrated into the school culture, indicating that teacher well-being is a collective responsibility rather than an individual one.

- *Implications for Program Development*

These results suggest the pervasiveness of the need for wellness programs that are comprehensive, flexible, and flexible to meet teacher needs. Schools might help to support the formation of habits by establishing consistent practices like morning stretching, walking clubs, or group workouts. For those teachers at risk of burnout, recovery-based approaches that emphasis low-intensity exercise and emotional support may better suit their needs. Additionally, institutional policies that provide dedicated wellness time and create supportive environments can enhance the sustainability of such efforts.

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Crucially, interventions must acknowledge the multifaceted role of exercise—as both a preventive health measure and a vital source of emotional resilience. A one-size-fits-all approach is unlikely to succeed. Instead, programs should empower all teachers, regardless of their wellness status, to engage in meaningful and manageable physical activity that supports their long-term well-being and professional performance.

Table 9 Thematic Analysis of the Teachers' Views of Perceptions on Physical Exercise Challenges Encountered

Themes	Codes	Sample Verbatim Statements
Time and Structural Constraints	time constraint, workload, institutional limitations	"The very first one preventing us to exercise is the kind of work we have... even supportive superiors can't change the priority: work first."; "Just give us time to have a Zumba every Friday or yoga... instead of very long spiritual sessions." (Key Informant 1)
Time Management and Consistency	time management, paperwork overload, lack of consistency, need for scheduling	"After work, you're so tired... remaining time before bed is only four hours. Of course, you'd rather rest or scroll your phone."; "If you don't stick to your schedule, you lose the habit and you might not come back to it anymore." (Key Informant 2)
Motivational Barriers and Environment	laziness, unsafe infrastructure, mental fatigue, discouraging environment	"Number one challenge ko ay katamaran… sometimes I'm mentally stressed and physically tired that I don't want to move anymore."; "Wala akong pwedeng puntahan, walang sidewalk, unsafe, naka harang ang mga kotse." (Key Informant 5)
Energy Depletion and Financial Limits	fatigue after work, financial constraint, weekend responsibilities	"When I get home, I'm tired... I want to go to the gym but I can't. Maybe when I retire."; "I have a treadmill at home, or I walk around the camp on weekends… but even then, house chores take up time." (Key Informant 3)
Role Overload and Limited Movement	multiple roles, limited physical activity, family responsibilities	"As a teacher and a parent, I sacrifice exercise time. My only exercise is walking from the corner to our house." (Key Informant 7)
Discipline and Health Trade-offs	lack of discipline, tiredness, food-related compensations	"The mind says yes but the body says no… so instead I just reduced my food intake." (Key Informant 6)
Social Isolation and Routine Disruption	lack of companion, time zone mismatch, feeling of isolation	"I wish I could exercise with my wife, but her work is in a different time zone… I'm left alone." (Key Informant 4)
Workload and Coping through Movement	teaching load, using walking as stress release, high demand teaching schedule	"Since my load is 24 hours, walking helps me release stress… that's how I cope." (Key Informant 8)

➢ *Barriers to Physical Activity Among Teachers*

Several interconnected issues that prevent them from regularly engaging in physical activity were consistently identified by the participants. Time constraints, severe workloads, and physical tiredness were the most frequently mentioned obstacles. Teachers are aware of the advantages of exercise, but these difficulties show a pattern of personal and structural obstacles that keep them from making it a priority.

➢ *Time and Structural Constraints*

Participants were particularly interested in the themes of "Time and Structural Constraints" and "Time Management and Consistency." Teachers say they frequently don't have enough time or energy for exercise because of their long workdays, after-school obligations, and homework. In some cases, erratic schedules and a lack of defined health times have only exacerbated the problem. As an example of how organizational objectives can inadvertently carry on the neglect of teachers' physical health, one participant suggested replacing scheduled wellness time with extended spiritual formation times.

Key Informants 1 and 2 – who were members of the Lowest Wellness group – were the most negative in their comments, which revolved around feeling physically and mentally overwhelmed by the combined stresses of their professional roles. Their answers indicate that as a long-term strategy, developing a regular fitness routine is unlikely to last, if structural changes are not present.

➢ *Motivational Barriers and Environmental Limitations*

Besides the time-related barriers, some participants mentioned the category of "Motivational Barriers and Environmental Restrictions." Low intrinsic motivation, lack of availability of safe and walkable environments and non-supportive personal or school schedules were frequently reported. These were particularly applicable to those in the Most Uncertain and Very Certain

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exercise self-efficacy groups (Key Informants 5,6 and 7), who experienced fluctuating levels of energy, role overload, and sporadic motivation.

Significantly, some participants responded to these constraints by making use of coping mechanisms such as dietary modification and a short walk to countervail inactivity. These career behaviors convey an adaptive orientation, but also the fact that supportive structures are required to facilitate the intended pragmatic behavior.

- *Resilience and Coping Through Movement*

The Most Well-Rated Teachers (Key Informant 3 and 4) appeared to be more resilient, with active lifestyles in spite of similar barriers. They were more predisposed to doing an at-home exercise or light physical activity as a destressing activity, even when they also experienced "Social Isolation and Routine Disruption," particularly during schedule changes or academic changes. From their proactive perspective, a person's mental wellness can be linked to his/her ability to exercise as well as his/her creativity and stamina to maintain an exercising schedule.

The PE teacher (Key Informant 8) illustrated the subtheme "Workload and Coping through Movement" through how he integrates walking in his everyday life as a useful strategy for handling demands from work and promotion of health. This approach shows that the use of exercise as a potential tool is practical and flexible, serving as a particular effective tool when integrated within a daily habit.

- *Programmatic Implications and Systemic Recommendations*

The importance of wellness programs that target internal motivators (such confidence, exhaustion, and habit building) as well as external obstacles (like time limits and schedule conflicts) is highlighted by these findings. Schools can start by instituting institutional techniques to normalize physical activity throughout the school day, like walk-and-talk sessions, regular movement breaks, or scheduled group exercises.

To help teachers make sustainable and well-informed health decisions, professional development workshops could also include modules on energy management, self-regulation, and habit formation. For people who struggle with chronic fatigue or time poverty, offering alternatives for time-efficient, low-impact activities can also assist close the gap between intention and action.

The intersection of "Role Overload," "Discipline and Health Trade-offs," and physical inactivity underscores the necessity of equitable task distribution and a wellness-oriented school culture. Investing in proactive, teacher-centered wellness strategies enables educational institutions to reduce burnout and promote sustained professional and personal well-being.

Table 10 Thematic Analysis of the Teachers' Views of Perceptions on Physical Exercise Challenges Encountered

Theme	Codes	Sample Verbatim Statements
Teacher Wellness and Stress Reduction	burnout reduction, stress reduction, stress release, self-care, emotional regulation, pain relief	"If we take care of physical well-being… we reduce absences and improve mood." (KI1); "Exercise helps release stress and prevents illness among teachers." (KI5)
Professional Functioning and Health Benefits	classroom management, posture improvement, prevention of long-term illness, physical and mental clarity	"Exercise affects the way we manage classrooms and deal with students and parents." (KI1); "It helps with posture and body pain—very important for teachers." (KI5)
Structure, Consistency, and Accountability	scheduled implementation, routine scheduling, evaluation of impact, lack of follow-through, need for consistency	"If it's in the schedule, it should be followed—let's see if it's effective." (KI3); "Without structure, other tasks are always prioritised." (KI6)
Organisational Support and School-Wide Integration	school support, school-wide commitment, meeting replacement, institutional scheduling, healthy lifestyle promotion	"Schools should allot time once a week for physical activity instead of just meetings." (KI7); "Structured school-wide programs help promote a healthy lifestyle." (KI2)
Cognitive and Emotional Clarity	Mind-body connection, positive mindset, hydration and mood, cognitive clarity	"When your body is in good condition, you're mentally sharp and less irritable." (KI4); "It improves our mindset and helps with how we respond to stress." (KI1)
Balance and Time Management	balance with other tasks, competing priorities, workload, professional responsibilities	"We're tired… if not prioritised, we won't be consistent." (KI6); "Include it in the schedule to balance with academic work." (KI3)
Motivation and Social Engagement	peer motivation, co-teacher participation, fun and shared experiences	"You're more motivated when playing with co-teachers—it becomes enjoyable." (KI2)
Personalization and Relevance	individual teacher needs, personalization, effectiveness, goal alignment	"It should be personalised… based on what each teacher wants to improve." (KI8)

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➢ *The Value of Structured Physical Activity for Teacher Well-Being*

Teachers largely concurred that structured physical activity programs can substantially improve their overall well-being and professional effectiveness. Responses identified recurring themes including "Teacher Wellness and Stress Reduction," "Professional Functioning and Health Benefits," and "Structure, Consistency, and Accountability." Participants indicated that structured wellness initiatives could facilitate stress relief, enhance mood, strengthen immune response, and positively influence teaching performance and long-term health.

Numerous observers have indicated that these programs promote a culture of self-care; however, they also warned that in the absence of institutional support and clear scheduling, even effectively designed wellness activities may be sidelined by academic pressures. The feedback indicates a persistent demand for wellness to be regarded as a professional imperative, systematically incorporated into educational frameworks, rather than as an intermittent or discretionary endeavor.

➢ *Perspectives Based on Wellness Levels*

- *Teachers with Lower Wellness Levels*

Participants exhibiting lower wellness levels (Key Informants 1 and 2) indicated a significant demand for organized and consistent exercise opportunities. These programs have been deemed crucial for tackling burnout, fostering a healthy mindset, and boosting engagement with professional duties. Their comments highlighted the restorative function of exercise in rebalancing emotional energy and enhancing classroom presence.

- *Teachers with Higher Wellness Levels*

In contrast, those with higher wellness levels (Key Informants 3 and 4) focused more on the integration and long-term sustainability of wellness initiatives. They highlighted the need for integrating physical activity into the school day and maintaining scrutiny on such programs as to their effectiveness. The view of these students is that they are willing to improve their wellness skills when access to institutional systems is available.

➢ *Teachers with Uncertainty or High Self-Efficacy*

Key Informants 5–7—with being uncertain or fairly sure about being active—all mentioned practical issues such as current health problems and many obligations and the difficulty to pursue goals consistently. Particularly responsive to the theme of "Structure, Consistency, and Accountability," it indicated: Consistency and structure are key to helping me stay committed and consistent with my routine.

➢ *Specialized Insight from the PE Teacher*

The PE teacher (Key Informant 8) brought up "Personalization and Relevance" as a theme, explaining that effective wellness initiatives need to appeal to the personal fitness level and the individualized needs of each student by meeting them where they are at, recognizing their needs, and establishing personalized fitness and wellness goals with/at/for them. They suggested that programs lacking customization may alienate or demotivate participants, especially those dealing with unique physical, emotional, or scheduling challenges.

➢ *Program Design: Structure, Flexibility, and Institutional Backing*

The findings make it clear that effective wellness programs must strike a balance between structured implementation and individual flexibility. Teachers from all wellness backgrounds called for:

- Formal Scheduling: Programs should be embedded into the weekly school calendar to avoid competing with teaching and administrative duties.
- Administrative Support: Institutional policies must explicitly support teacher wellness as a professional priority.
- Customizable Activities: Options should be scalable and adaptable to different fitness levels, health conditions, and preferences.
- Peer-Led Participation: Encouraging group engagement and shared experiences can improve morale, accountability, and long-term participation.
- Performance and Wellness Monitoring: Assessment tools should measure not just attendance, but also improvements in stress levels, health markers, and classroom performance.

➢ *Implications for Policy and Practice*

The ability of physical wellness programs to address the system as well as individual aspects of teacher health is ultimately what determines their success. Programs need to be more than just extracurricular activities; they need to be backed by regulations, empathetically created, and sensitive to the needs of the actual world. In addition to showing concern for the health of educators, institutionalizing wellness shows a dedication to preserving a motivated, resilient, and productive teaching staff.

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Table 11 Mixed-Methods Analysis

Domains	Quantitative Findings	Qualitative Findings
Wellness	The results indicate **very high social support**, with participants affirming that **family has been consistently supportive (M = 4.30)** and **friends trust them for advice (M = 4.31)**. This highlights strong personal relationships as a key wellness asset. The responses reflect **low cognitive and social wellness**, with concerns about concentration (M = 1.96), declining health (M = 2.27), limited past friendships (M = 2.31), and lack of mental stimulation (M = 2.57	Social support from family and peers boosts teacher wellness. Peer encouragement helps, but exercise follow-through is inconsistent. Newer teachers are rebuilding social ties. School-led wellness programs are valued. Busy schedules hinder consistent exercise. Some rely on personal resilience. Others see wellness as modeling for students.
Exercise Self-Efficacy	Teachers show **moderate exercise self-efficacy**, feeling confident when **down (M = 2.58)** and in maintaining **regular routines (M = 2.53)**. However, confidence decreases when **tired**, **busy**, **away from home**, or **lacking support** (M = 2.01–2.21), indicating that **motivation and competing demands** affect consistency.	**Inconsistent follow-through** due to lack of structure and accountability. **Competing priorities** and heavy workload limit participation. **Lack of time** during the school day for wellness activities. **Limited school support** reduces program implementation. **Low motivation** without peer involvement. **Generic programs** that don't fit individual needs. **Unclear benefits** or lack of integration into daily routines. **Guilt or conflict** about prioritizing wellness over work tasks.
Relationship of Wellness and Exercise Self-Efficacy	A weak, non-significant correlation was found between wellness and exercise self-efficacy (ρ = 0.20, p = 0.06).	The weak, non-significant correlation between exercise self-efficacy and wellness is supported by qualitative themes, which show that **exercise alone is not a strong predictor of well-being**. . **Exercise Inconsistency** – Teachers struggle with follow-through despite recognizing its benefits. *"Kapag nasa mood ako mag-exercise… pero hindi naman natutuloy." – Key Informant 2* **Internal Resilience** – Some attribute wellness to emotional strength rather than physical activity. *"Feeling ko matibay lang talaga yung damdamin ko kaya hindi ako mabilis maapektuhan." – Key Informant 5* **Social and Institutional Support** – Wellness is often tied to external support systems, not self-efficacy alone. *"Everyday nag-eexercise po kami after morning routine." – Key Informant 3*

➢ *Barriers to Exercise*

The combined quantitative and qualitative findings reveal that, although educators indicate a considerable amount of social support, notable obstacles impede regular participation in physical activity. Educators demonstrated assurance in their capacity to perform under typical conditions or when in a state of emotional equilibrium. Nonetheless, this assurance significantly diminishes in times of exhaustion, increased demands, travel, or when there is a deficit of social support. The quantitative data reveals an

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inconsistency, indicating a moderately high level of exercise self-efficacy, while simultaneously demonstrating a weak and non-significant relationship with overall wellness ($\rho = 0.20$, $R^2 = 0.02$). Qualitative responses indicated that numerous educators face challenges with follow-through, frequently attributing this to scheduling conflicts and a deficiency in motivation. As one educator expressed, “Kapag nasa mood ako mag-exercise… pero hindi naman natutuloy,” highlighting the disconnect between intention and consistent follow-through.

- *Sources of Wellness*

Many educators stressed that while physical activity contributes to wellness, social connections, institutional wellness programs, and emotional resilience have a greater influence on their well-being. For example, a teacher said, "Feeling ko matibay lang talaga yung damdamin ko," which several participants said reflects their sense of well-being, which comes from strong internal emotions. This realization underscores the notion that exercise self-efficacy alone is insufficient as an independent factor to explain this intricate state of wellness. Instead, their well-being is primarily affected by peer support, work climate and sources of emotional and cognitive stability.

- *Workload and Scheduling Constraints*

A second theme that emerged from the qualitative data was the competition between work commitments and individual health goals. Heavy teaching loads, administrative duties, and time pressure were given by many respondents as reasons why they did not have time to do much on a regular basis. These workload-related barriers provide the reason why even individuals who report moderate to high self-efficacy for exercise still have difficulty transferring such confidence into sustained exercise adherence. The contradiction between professionalism and self was a significant barrier to even basic bodily engagement which highlights the challenge of seeking institutional solutions given how the needs of working, practicing teachers remain relatively under-recognized within such institutions.

- *Application of Findings to Program Development*

- *Teacher Wellness Enrichment Program (TWEP)*

The results of this study which examined the perceived wellness and exercise self-efficacy of basic education teachers, were used to build a solid evidence base to tailor an inclusive, evidence-based physical exercise program. Although not always statistically significant these findings emphasized the interconnectivity of personal, professional and institutional drivers of teachers’ wellness behaviors and indicated a need for a more programmatic approach to designing accessible, effective and psychologically informed interventions. But the authors said teachers also often faced nasty, significant stressors, such as insufficient time and absence of supportive frameworks, allowing them to find the motivation, energy, and space to engage in wellness practices. What we learned from these observations played an important role in the design of the Teacher Wellness Enrichment Program (TWEP), an integrated program focused on mental and physical wellness.

The findings highlighted the role of mental well-being and cognitive resilience, leading to the creation of the Teacher Mental Wellness and Cognitive Enrichment Program, one of the main components of TWEP. These include mindfulness and meditation sessions designed to decrease stress and enhance concentration; cognitive skill workshops that contribute to clarity of thought and will aid in decision making; mental health check-ins that help identify psychological distress early on; and awareness campaigns that lead to destigmatization among the teaching community. Such action is a direct response to common themes in the qualitative data around burnout, emotional fatigue and the need for an organized system of support.

Simultaneously, the research also found that many teachers wanted to tackle their physical health but has no confidence and not knowledgeable enough to do so or has not enough support available from the school on addressing physical wellbeing with pupils. As a result, the Health Education Seminar Series, an essential pillar of TWEP, was locally developed. Health seminars that allow participants to learn more about wellness issues like nutrition and prevention of diseases in a practical way; the Fitness for Faculty program that provides convenient exercise classes for employees to fit their schedule and ability levels; and the Wellness Challenge Program that incorporates game aspects to increase participation, accountability, and a sense of accomplishment.

Together, these program elements reflect a strategic, evidence-based approach to addressing the nuanced needs articulated by participant. Through the integration of wellness opportunities at work, that take into consideration teachers’ day to day realities, the programs are designed to nurture lifelong habits, enhance exercise self-efficacy, and create a culture of wellness within the school. The practical implication of these results is that TWEP is not only theoretically guided, but also feasible in practice providing an all-encompassing approach to the multidimensional wellness that teachers experience.

- *Self-Efficacy for Exercise Program (STEP)*

The Self-Efficacy for Exercise Program (STEP was created in direct response to the results of this study that participants' exercise self-efficacy and perceived wellness of elementary teachers was investigated. Both the quantitative measures and qualitative interviews indicated a number of common obstacles that influenced the teachers’ motivation and capacity to participate in physical activity—primarily low perceived physical capability, lack of peer support and limited exposure to safe and effective forms of physical activity. These results highlighted the importance of a program of physical activity with a mandatory,

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participatory, and flexible nature, which could meet the personal and professional characteristics of teachers. The Movement-Based Wellness Using Movement Competency Screening (MCS), the Interdepartmental Sports and Games Tournament and the Physical Fitness Awareness Initiative are just a few such initiatives of STEP that fulfills these requirements.

First, the Movement Competency Screening (MCS) has been a pivotal addition to the program. Participants in the study also reported high levels of worry about physical pain or injury, or lack of physical preparedness – elements that are a direct deterrent to exercise self-efficacy. MCS offers an objective, client specific method to seek functional deficiency, asymmetry, or risks of injury. By assessing the participants' movement potential prior to initiating any exercise, the program ensures that exercise is safe, scaled correctly, and individualized. This builds a confidence of readiness to engage long-term in activities without the worry of being injured.

The second significant finding of the study was the role of social support and positive motivational climate as important factors for achieving long-term PA. Teachers who reported peer empowerment and positive peer support were more likely to engage in wellness efforts and report greater self-efficacy. With this as a background, the Interdepartmental Sports and Games Tournament was adopted as a demonstration towards improving sharing, cooperation and unity amongst faculty and staff members. This fosters a fun sense of competition, promotes teamwork and department wide wellness goals, and ensures exercise feels as though you are doing it together as a community, and social activity rather than something that participant can do by themselves. It may also support a positive behavioral modelling and social reinforcement, to which Bandura considered in self-efficacy's development.

Finally, several respondents expressed an awareness deficit of or misinformation about physical fitness, not just in terms of what the benefits of regular exercise/living a healthy lifestyle might be – but also in terms of what is realistically possible within the time-constraints of a teacher's schedule. The Physical Fitness Awareness Initiative Innovating on this trend, the Physical Fitness Awareness Initiative focused on providing precise and actionable knowledge through health campaigns, infographics, and interactive seminars. The goal of these initiatives is to close the gap of information, to bring information" and to change attitudes toward wellness. Moreover, high knowledge and awareness have demonstrated a positive effect on motivation and perceived behavioral control — thereby enhancing one's perception of their ability to sustain active and healthy behaviors.

In summary, the STEP Program is a research-based response to the everyday problems and longings of the Basic Education Teacher. Together, personal assessment (MCS), social engagement (Tournaments), and knowledge gain (Awareness Campaigns) correlate to multiple aspects of self-efficacy. Together, these elements produce a context in which teachers feel able, supported, and knowledgeable, helping to establish conditions for sustainable change in physical activity and health in the school sector.

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CHAPTER FOUR
SUMMARY, CONCLUSIONS AND RECOMMENDATION

- *Summary of Findings*

This part contains the summary of findings of research on the perceived wellness and exercise self-efficacy of basic education teachers. The study analyzed the way teachers understand well-being, physical, social and mental well-being, as well as their self-efficacy with regard to exercising.

Two Likert scale questionnaires were used in the investigation. The first instrument focused on teachers' perceptions of where they fell along the continuum of social, mental, and physical wellness, and the second tool measured teachers' confidence (self-efficacy) in engaging in physical activity.

The wellness pooled results were divided into 1.00-1.80 (Very Low), 1.81-2.60 (Low), 2.61-3.40 (Average), 3.41-4.20 (High), and 4.21-5.00 (Very High) based on the results obtained with quantitative method screening.

- *Teacher's Level of Wellness*

The questionnaire was organized to focus on three key dimensions of wellness: Social, Mental, and Physical well-being. The study revealed that basic education teachers demonstrated a notably high level of social well-being, especially regarding the support from their families and the trust, they place in close friendships, which serve as vital sources of emotional guidance and companionship. The quantitative results have been confirmed by qualitative interview feedback, where numerous educators indicated a sense of ease in reaching out for guidance and emotional backing from their most intimate social networks.

Moreover, although most teachers saw their colleagues as consistent help, this was seen as merely "Above Average," meaning somewhat less confidence in peer support than family support. Despite these general encouraging signs, a mean score of 3.05 on particular items suggested that several respondents had doubts about the dependability of familial support, especially in resolving emotional, financial, moral, and physical problems. Teachers cited unmet family expectations, lack of active involvement, discouraging messages, and complex family dynamics as obstacles to consistent and reliable support factors which, in some cases, led to feelings of a non-supportive upbringing. Interview data expanded on this finding.

Additionally, the consistency of these findings was reinforced by responses from teachers who reported a low level of social support, particularly those who had not experienced meaningful emotional connection with friends in the past. These individuals were more likely to express hesitation or lack of confidence in sharing personal experiences both joyful and sorrowful with others in their social environment. This suggests that past relational experiences play a critical role in shaping current perceptions of social wellness in history on emotional openness and trust in support systems.

Second, teachers' total mean score for mental wellbeing is 3.42, which is interpreted as "Above Average" or "High." According to this, most basic education teachers have a high and favorable opinion of their own mental abilities. According to the findings, a large number of educators see their prior experiences, especially those that presented major obstacles—as worthwhile chances for development and improvement of general wellbeing. Greater psychological strength, flexibility, and mental resilience seem to have been cultivated by such experiences. The information shows that teachers are constantly willing to take on intellectual challenges and frequently use their critical thinking and problem-solving abilities when carrying out their duties. Mental agility is not only encouraged but also necessary given the dynamic and challenging character of the teaching profession, supporting the ongoing growth of cognitive talents.

This finding was reinforced by interviews in which participants expressed their mental wellness in terms of hydration and mood control, the mind-body link, cognitive sharpness, and the cultivation of a happy outlook. These components were viewed as essential for keeping focus, sustaining high performance, and navigating the psychological challenges of teaching. Overall, the data indicate that mental wellbeing is both a recognized strength and an essential pillar of professional effectiveness among basic education instructors.

However, a "Low" interpretation was given to two specific claims: that teachers frequently shun tasks that require focus and that they don't have enjoyable mental stimulation in their lives. Surprisingly, the low ratings for these claims actually indicate that most respondents disagree with the remarks, indicating that they do not relate to such characterizations. According to the findings, teachers actively look for cognitively stimulating activities and embrace assignments that call for ongoing focus and cognitive effort. These findings confirm the perception of basic education teachers as proactive in fostering their students' cognitive health, robust, and intellectually engaged personalities.

Subsequently the basic education teachers total physical health score of 3.20, classified as average, was obtained from the overall interpretation. The information shows that instructors believe they are in better physical health than their peers and typically think they are in good physical health. Nevertheless, a number of responses fell within the average range, especially those pertaining

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to the view that their bodies effectively resist disease and that they are not hindered by any physical condition in conducting everyday tasks, even though their self-assessment was generally favorable. This shows that although educators recognize a certain degree of physical health, their faith in long-term physical resilience and consistent physical activity is still a little hazy or inconsistent.

The statement that "I expect my physical health to get worse" earned a mean score of 2.27, which indicates that it was interpreted as having a "Low" interpretation. This appears to be an important finding from the survey. analyzing this finding, it is clear that the majority of educators disagree with this sentiment, which shows that they are generally optimistic and dedicating themselves to maintaining their health. The respondents displayed a forward-thinking and proactive mentality, which indicates that they undertook a conscious effort to protect their well-being and decline behaviors that may damage their physical health. Contrast to the passive stance of teachers on they took toward the decline of their physical health.

The total mean score of teachers' perception regarding their wellness was 3.66; an Above Average or High wellness level. This suggests that general education teachers generally have a positive view of their physical and emotional health. The data does indicate some strength in social wellness particularly in the teachers' perception of peer/family support. Teachers demonstrated a well-develop basic knowledge of intellectual wellness, being prepared to tackle mental challenge and recognizing the continued need to develop and grow cognitive skills.

However, despite these optimistic signs, teachers still show doubt concerning their physical health, indicating that their belief in sustaining physical health does not quite match the confidence in social and intellectual dimensions. This disparity further indicates the necessity of the role of physical health as part of holistic well-being.

The total mean score of teachers' perception of the personal well-being fell into the range of Above Average or High. This indicates that in general, teachers in basic education view their general well-being optimistically. There is evidence of a strong social component to well-being in teachers, particularly in terms of how teachers perceive the support they get from colleagues and friends. Teachers had a good understanding of intellectual wellness, as reflected in their readiness to come to terms with mental challenge and the fact that they customarily perceived that they always needed to perform the task of cognitive enhancement and development.

However, despite these positive perceptions, some of the teachers felt doubtful about their physical well-being, indicating that their belief in how they promoted their physical health, was not totally in line with their emotional and cognitive perception. This gap demonstrates the necessity of extending the focus on physical well-being as one aspect of overall wellness.

- *Teacher's Level of Exercise Self-Efficacy*

The ESE Scale was developed by Neupert et al. (2009) to investigate the association between self-efficacy beliefs and sustained participation in physical activity. The scale consists of: Items: NINE Description: Assesses an individual's confidence to continue exercising under challenging conditions or amidst competing life priorities. The results were interpreted with a four-point Likert scale: 1.00–1.75 (Uncertain), 1.76–2.50 (Less certain), 2.51–3.25 (Certain), and 3.26–4.00 (Very certain).

According to the information obtained, ESL teachers reported feeling generally not very confident to be physically active, and this was particularly apparent when faced with personal or occupational obligations. The median score was 0.61 (mass range), that includes the "Less Certain" classification. This is a substantial degree of 'lack of confidence' expressed by the participants in their ability to retain physical activity in adverse conditions and perhaps represents the most significant finding in the study.

Notably, items 2, 3, and 5 indicate a relapsing hesitation to exercise among the teachers; they feel insecure about how to rank exercise against (i) work when feeling stress at work, or (ii) when having obligations to family and friends. The responses to items 6, 8, and 9 also showed a lack of interest and value of physical exercise, and numerous teachers pointed out that they do not take part in physical activities in their everyday lives. Item 7 was also analyzed with a "Less Certain" component, due to the role played by social variables (encouragement or discouragement of family and friends) in the personal involvement of teachers in PA.

Second, both the quantitative results and the interview responses suggested several contextual barriers which are associated with basic education teachers' low exercise self-efficacy. These barriers involve the adaptation of general exercise programs that do not accommodate for the individual needs and circumstances of each teacher, inconsistent execution without structured guidance and support, and insufficient organizational backing for wellness programming. All these issues highlight a broader structural issue in terms of promoting and sustaining health among teachers.

- *Relationship Between Exercise Self-Efficacy and Perceived Wellness*

The purpose of the present study is to examine the critical relationship between exercise self-efficacy and perceived wellness of elementary and secondary school educators. The overall aim was to explore whether teachers' confidence in their ability to engage in regular physical activity was linked to their general view of wellness.

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To assess this relationship, a non-parametric statistical method known as Spearman's rank-order correlation was employed to measure the strength and direction of a monotonic association between two ranked variables. Spearman's correlation coefficient (ρ) covers from -1 to 1, with positive values signifying a direct relationship (i.e., greater levels of exercise self-efficacy match with elevated levels of perceived wellness), and negative values indicate a relationship that is opposite (i.e., higher self-efficacy correlates with diminished wellness levels).

The correlation strength is typically classified in the following manner: Weak correlation is indicated by a value of ρ less than 0.30, moderate correlation is represented by values ranging from (ρ = 0.30 to 0.49, Strong correlation: (ρ ≥ 0.50). and strong correlation is defined as a value of ρ equal to or greater than 0.50. a p-value below 0.05 indicates that the observed relationship is unlikely to have occurred by chance and is therefore considered statistically significant.

Both factors have a weakly positive correlation with one another. The result is not statistically significant, though, as the p-value is higher than the 0.05 cutoff, suggesting that there is not enough data to support a meaningful association. Although there is a minor trend for instructors who report feeling more confident about exercising, this link is not very strong and could not hold true for all of the population under study.

On the other hand, to assess the predictive impact of exercise self-efficacy on perceived wellness, the researcher employed linear regression analysis with bootstrapping techniques. Bootstrapping was utilized to enhance inferential accuracy and reduce potential estimation bias, particularly given the limited predictive strength suggested by the data.

The findings also showed that exercise self-efficacy explained only 2% of the variance of perceived wellness (R^2 =.02), indicating an extremely weak prediction between the two factors. In addition, the F-statistic associated with performing a regression was 2.22 with a p-value of 0.14, not significant. This would mean that exercise self-efficacy cannot predict perceived wellness for the participants involved in this research. That is, although there appears to be a weak link between the two variables, exercise self-efficacy in and of itself is not a strong indicator for overall health in this case.

- *Conclusion*

The research investigated the relationship between exercise self-efficacy and perceived wellness among private sector basic education teachers. Given that the primary aim was promoting general well-being, the data offered a foundation for the design and development of a targeted well-being and physical exercise program specific to teachers. It is a program that raises the bar for educators to consider their health first and empowers teachers to create a sustainable work life balance - something that is especially necessary when you consider the demands of the work such as time, effort and emotional commitment. Moreover, the study emphasized that the belief in teachers' competence to engage in self-care/burnout prevention contributes to the growth of positive habits and patterns that ultimately lead to sustained personal and professional growth.

Based on the main purpose of this study, which aims to assess how educators perceive their health in the face of the demands of the profession, it was observed that basic education teachers tend to have a self-assessment of well-being, in their majority, in a positive manner. Of the multiple components of wellness, the social dimension has been identified as one of the key dimensions. Strong family and peer support were also considered as important in enhancing the teacher's sense of balance, satisfaction and resilience at work.

The findings have implications for understanding how best to build a secure, positive and sustainable work environment for teachers: supportive communities of practice. Studies conducted by Mohan & Sharma (2024) and Kaihoi et al. (2022) suggest that solid social networks can significantly boost psychological well-being and reduce work stress. Support structures support teachers. Teacher health is powerfully connected to support structures because these promote rich interpersonal relationships among colleagues and greater intrapersonal perception of emotional needs. Li et al. (2022) found that social support was an important predictor of teachers' psychological well-being, highlighting the need for creating supportive school communities. The results suggest that both the general welfare of teachers, and their professional sustainability are strongly influenced by a solid social base.

Yet the research also indicates inconsistency in the levels of social capital amongst teachers. There were others who shared that they faced immense emotional burden due to difficult family situations, work pressure and outside obligations. The differences indicate that well-being efforts need to consider the various personal and social contexts that mold each teacher's reality.

Indeed, several elementary teachers conveyed receiving meaningful support from family and teacher peers, as well as attempts to rebuild a social support structure after personal and professional disruptions. This may indicate that for many teachers, the social aspect of well-being acts as a buffer, promoting resilience and well-being.

However, there's more to the story when you look more closely. And some teachers have solid networks of emotional, financial and/or logistical support while others have few such supports. These differences are frequently determined by the stress level naturally inherent within the profession of teaching. As Klassen et al. (2013), while for most of the people teaching is viewed as a noble profession, it is also riddled with high level of stress, long working hours and numerous duties and responsibilities.

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Teachers often must cater to students' academic and emotional needs, sit in meetings, and target district goals and the like--all of which take up a large portion of their day. These demands thus can impact on their ability to nurture relationships around them in their personal life and can continue to live a life of balance and regular self-care, and further point to the required institutions strategies that both build up professional and personal support structure for educators.

Moreover, cultural expectation, family obligation and their tendency towards self-neglect add to the challenge of teacher-relatives' opportunities to receive reliable and meaningful social support. Qualitative information suggested that, although several participants were expressed concern about their health by their relatives, advice to rest rather than engage in physical activity was also frequently given. While this guidance may be offered with good intentions, it has the potential to demotivate health behaviors. Some of the respondents also felt emotionally supported but they were still finding it hard to stay motivated and lacked energy to keep up with their wellness routines. Others also noted less overt forms of discouragement, e.g., absence of family participation in physical activities or being dismissive regarding the need for exercise. These perspectives underscore that simply "having" social support is not enough: It's also about the quality, sustained, and action that supports long-term health and well-being.

The latter findings are in congruence with those of Kitzman-Ulrich et al. (2010), who emphasized the importance of family participation in the adoption of healthy lifestyles, highlighting the need for those working at high-stress jobs such as teaching. In that regard, family members have the critical role of reinforcing patterns through structured guidance and consistent encouragement and modeling--all of which are necessary for the formation of associations and the development of routines that create lasting wellness habits.

This relationship is also in line with Bandura's Social Learning Theory (1997), which argues that people learn from one another, through observation, imitation, and modeling in their social environment (Bandura, 1997). Family members themselves act as primary role models or active participants in pro-health behaviors (e.g., regular physical activity), substantially affecting an individuals' self-efficacy and motivating them to emulate certain habits. On the other hand, when families have not found ways to include and demonstrate wellness-driven behaviors, they become the unintentional detractor of the individual trying to lead a healthy life.

In summary, the family context has an important role in favoring or detracting from the process of acquisition of health promoting habits by educators. Thus, teacher wellness interventions need to take a wider, collective standpoint beyond individual, and focus on socio-cultural and relational aspects. By targeting both structural and relational elements, such initiatives have a greater likelihood of making an enduring difference and of contributing to a culture of good health in education.

Besides social contexts, personal constructs, such as self-efficacy, are important factors determining the teachers' professional development and well-being. As emphasized by Doan et al. (2024), self-efficacy significantly affects teachers' motivation, job satisfaction, and long-term commitment to the profession. Teachers with high self-efficacy are less likely to experience demotivation, a lack of professional satisfaction, and increased turn over. These data emphasize the need to encourage and bolster not external, i.e., social support, but internal, i.e., confidence in oneself and a firm belief in personal efficacy. Promoting also social support systems and personal self-efficacy thus should be considered as mutually dependent strategies that jointly facilitate teacher retention, well-being, and developing a resilient educational workforce.

Findings from the current study indicate that the psychological well-being level of primary school teachers was generally considered as "above average", which implied that most teachers tend to consider their mental health in a positive way. Many participants answered that previous life and work tests they experienced were meaningful experiences which helped them to grow and become more emotionally mature. This viewpoint presents a psychological profile of mental well-being marked by resourcefulness, adaptivity, and a psychological hardiness that are key factors in teacher effectiveness and emotional well-being.

These results are consistent with that of Wang et al. (2021), which pinpointed strong problem-solving skills and a high level of social support as key coping strategies for teachers. Their study also found little use of disengagement strategies, underscoring the importance of a positive mindset underpinned by positive social relations in promoting teacher well-being.

Furthermore, the findings of this study affirm that many basic education teachers gain from supportive social networks, which include support from family and friends, and that teachers "make an effort to reconstruct social ties" in the face of personal and professional disruptions (pp. The social domain of wellness also serves as a highlighted asset for many participants' overall wellness.

However, the data paints a much more nuanced view of strong support. Some teachers reported having access to consistent emotional and relational support, from other teachers or family members, while for others the support they received—whether emotional, financial, or physical—was spotty at best. Such differences are often formed by the heavy requirements of the teaching job. As Klassen et al. (2013) noticed, teaching continues to be a noble, yet adult vocation characterized by onerous time commitments and various professional duties. From tending to students' academic and emotional requirements to upkeeping administrative duties and participating in parent-teacher meetings, constantly, such teachers often feel that they are running on

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empty. These work-related demands commonly limit their ability to establish close friendships, make time for self-care, and access reliable, restorative social networks.

The influence of cultural norms, familial roles, and personal tendencies to self-sacrifice can exacerbate a teacher's lack of access to stable and quality social support. Some of the informants in the present study reported that although the family had worries about their health, they were recommended to rest rather than to be physically active. Although given with benevolent intentions, this advice could paradoxically deter one from engaging in health-enhancing activities. Some also shared receiving emotional support but that they had a hard time with the motivation or energy they needed to continue wellness practices consistently.

More subtle forms of negative messages were also reported, such as negative attitudes towards family participation in health-related behaviors or discouragement of physical fitness. These findings highlight the need to take into account not only the availability of social support but the quality, stability, and compatibility with the behaviors that promote long-term well-being.

These results are consistent with those of Kitzman-Ulrich et al. (2010) who highlighted the importance of family members in encouraging physical activity and healthy eating, particularly for people in high-stress professions including teaching. Family members serve in this situation as important agents of behavioral support—providing support and encouragement, and modeling healthy behaviors that are necessary for maintaining healthiness.

This relational dynamic is further supported by Bandura's Social Learning Theory (1997), which posits that individuals learn behaviors through observation, imitation, and reinforcement within their social environments. When family members model or actively participate in health-oriented behaviors—such as regular physical activity—they significantly influence an individual's self-efficacy and motivation to adopt similar habits. Conversely, when families do not prioritize or visibly engage in wellness behaviors, they may unintentionally undermine the individual's efforts to maintain a healthy lifestyle.

Thus, in summary, the family context appears to be an important variable in the adoption of healthy behaviors and the discipline required for sustaining these practices by educators. Consequently, wellbeing program need to focus beyond the individual and consider the wider socio-cultural as well as occupational contexts. For development of successful and sustainable wellness initiatives, an integrative model that takes account of structural as well as individual aspects, is required.

- *Recommendation*

This study was grounded in the objective of supporting educators in prioritizing their health and well-being, despite the intensive demands of the teaching profession. Specifically, it explored the relationship between exercise self-efficacy and perceived wellness among basic education teachers, with the aim of informing the development of wellness programs tailored to their unique professional realities.

The quantitative results of the study indicate that teachers receive strong social support on emotional, financial, moral, and public challenges, especially from peers and family members. But a more nuanced look at the data also suggests that some teachers question whether families can be counted on to be supportive. These people commonly reported apprehension or lack of confidence in sharing good and challenging personal experiences within their circle of friends. This reluctant implies that past relational experiences (especially concerning emotional vulnerability and trust) have a significant impact on present social wellness.

This is also supported by qualitative data that challenges the notion of social support. There were incidents depicting lives of disappointed familial demands, lack of engagement, discouraging interactions, and difficult family relationships. These trauma experiences commonly result in a sense of emotional numbing and lack of supportive, nurturing figures. This kind of result emphasizes the complex nature of social well-being and emphasizes the importance of resourced interventions to encourage peer and family connections within the school system.

Recommendations The study recommends the design and adoption of a comprehensive, holistic workplace wellness program that is responsive to Filipino teachers. The intervention program should focus on localized interventions, sustainable strategies, and alignment with organizational policies to promote educator well-being in a multifaceted manner. The current study is informed by the model proposed by Portes (2025) that calls for context-sensitive wellness models as an expression of the idiosyncratic socio-cultural and occupational conditions of teachers in the Philippines.

In accordance with the psychological needs recognized in this study, the introduction of a Teacher Mental Wellness and Cognitive Enrichment Program has been strongly recommended. This should include focused workshops on stress reduction, mindfulness and how to build and maintain psychological resilience under the demands of professional responsibilities. In addition to emotional self-regulation, the program will include an enrichment of mental training activities – reflective thinking activities, cooperative problem-solving tasks and pedagogical innovation labs - which keep cognitive processes activated and stimulated.

Next, participants should be educated on the key physiological factors that can contribute to cognitive health, such as nutrition, hydration, and sleep hygiene to reinforce cognitive clarity and sustaining attention. Taking the psychological and biological

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elements of mental health into account, the program could help to create a healthier, more well-rounded and more mentally agile teaching workforce. Not only might such a program improve student health and wellbeing individually, but it might also have a positive impact on the healthiness and supportiveness of the school environment in general.

And given the embeddedness of physical engagement in the program, the program can also address one the key findings of the study—teachers' low self-efficacy and lack of adherence to physical activity participation. By incorporating low-pressure, fun physical activities (eg, yoga, dance, team sports, wellness walks) into the school day, teachers have easy opportunities to be active without the stigma of traditional fitness activities. It's also a reminder that physical health isn't just an individual burden, but one that can be a collective, community-driven endeavor.

Institutionally, such an initiative would be a clear statement of administrative commitment to teacher wellness – that professional development involves more than pedagogical acumen; it means emotional and social and physical well-being. Creating opportunity for team building in the school calendar allows teachers to deal with the inevitable demands of the job with increased personal wellness and more robust interpersonal support. Ultimately, this more comprehensive approach may lead to lower burnout, greater job satisfaction, and a positive learning environment.

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It is clear from the result of study that primary teachers in general have strong and positive belief of their mental capacity. And what most people don't think about is previous professional and personal struggles are not just obstacles, but the fabric of their lives which may shape their identity, emotional strength and mental toughness. This orientation seems to foster an adaptive cognitive schema in which complex tasks are approached with critical thinking, creative problem solving, and open-ended inquiry. These are the types of characteristics that teachers need today in order to manage the increasingly multidimensional skills required to be an effective teacher where decisions; behavior and pedagogical innovations are all part of a teacher's daily activity.

This finding is additionally supported by the qualitative interview with teachers who associate multiple facets of mental well-being as fundamental to their job. For some runners they are – like good hydration and good mood maintenance; a good runner has a good mind-body connection, clear head, and a mandate to keep a good mood. These ingredients are often perceived as not only promoting cognition sharpness and focus, but also as critical processes for coping with stress and maintaining high professional performance.

By integrating psychological health promotion in schools, educators can capitalize on this current strength in the teaching population to help teachers ensure they are cognitively prepared for their role and are provided the support necessary to maintain psychological health throughout the school year.

In conclusion, based on the result of the study, the physical well-being of the basic education teachers was rated as fair. Most teachers feel as though they are in somewhat good health – compared to other teachers and mostly likely their peers – with some signs that they have modest confidence in their physical capabilities. Attitudes concerning the resistance to illness and the non-existence of physical limitations in daily activities yielded only moderate to average assurance. This suggests a discrepancy between perceived overall wellness and confidence in their own physical sustainability in the long term, which may reflect areas of susceptibility in teachers' physical self-efficacy.

Interestingly, we found the item with lowest mean score included a strong statement of disagreement, "I believe my physical health will deteriorate." That indicates a healthy dose of optimism and "can-do" as an attitudinal response to help keep healthy. Teachers do not feel fated to a process of physical decay; they seem to be dedicated to doing something about their health and taking action. But a positive outlook itself doesn't always guarantee long-term health, especially in a demanding career that often traps time and energy for taking care one's physical self.

Taken together, these suggestions inform the building of a school culture that not only advocates but nurtures teacher well-being in various aspects. By building these programs into the institution, schools have the potential to enhance teachers' wellbeing overall, as well as increasing engagement, satisfaction, and long-term professional sustainability.

Results of the study revealed that the physical wellness among teachers in basic education was perceived to be on the average. Most of our respondents consider themselves as in generally good health (they tend to believe they are in better physical health than their colleagues, for example) but most signs point to fairly low confidence in their physical strength. Items pertaining to resistance to illness and physical strength for daily activity and independence were reported to have a moderate level of confidence. This distinction between perceived general wellness and the perceived confidence in long-term physical sustainability may suggest potential weaknesses in the physical self-efficacy of teachers.

One survey question, for which the mean score was low, involved strong disagreement with the statement, "I anticipate my physical health will deteriorate." This indicates that they have an optimistic attitude toward life and are more in control concerning health. Teachers are not prepared to give in to the inevitability of their physical deterioration, and instead they seem determined to

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adopt behaviors to maintain and preserve good health. But a positive outlook just doesn't make for lifetime health when one has a profession that demands much and often reserves little time and energy to be physically good to oneself.

According to the results of this study, it is suggested that institution-level physical well-being program be established. It also will benefit the health of educators to make their own exercise at work more accessible and routine, with scheduled and structured physical activity sessions that are planned into the school day – for example, biweekly fitness breaks or guided mindfulness classes – so that teachers can participate in movement without feeling like they're creating more work for themselves. Furthermore, "Health Education Seminars" for injury prevention, nutrition, session plans, exercising, and stress control that is focused on the capacity of teacher in enjoying a PA plain life would be helpful.

Beyond person-based interventions, organizations need to take policy action on wellness through environmental and cultural change. It might mean you create wellness spots, or include a walk and talk as part of the staff meeting, or you might organize a whole school challenge. Institutionalizing practices like these can help to maintain teacher physical health and also contribute to a school climate that values teacher personal well-being as essential to professional longevity and effectiveness.

Consistent with this institutional perspective, Kim and Gurvitch (2020) argue the success of school-based Physical Activity Programs in enhancing the psychological and social well-being of educators—particularly in the areas of stress, interpersonal connection, and motivation to maintain physical health. Their findings highlight the need for wellness programs that focus not only on physical fitness but also more broadly on emotional and relational aspects of resilience in schools.

On the basis of these reflections and considering the interconnectedness of social, mental and physical aspects of health, we suggest the timing of Interdepartmental Sports and Games Tournament. Just include regular friendly competitions between the various faculty departments in the school with games like basketball, volleyball, and badminton, but with other types of games too, such as board games, card games, and even intellectually stimulating online games. This well-rounded structure ensures that participants are getting an opportunity for physical activity, mental exercise, and social interaction all at the same time - an overall wellness program.

Indeed, in more two decades as an institution, no other program like this has ever been attempted. The addition of this kind of a tournament will be a positive step towards total wellness for the school life. Through structured co-active participation and leisure activities, not only would physical activity be promoted, but relations between individuals could be strengthened, occupational stress could be reduced and collegial support networks could be provided.

At the end of the day, this tapestry of wellness would result in more unified and stronger organizational culture. The institution can create a foundation to address educator well-being, so it becomes part of the ongoing work of the institution to address the health and inclusion of these educators.

Such research is essential since it would signal to the Department of Education the importance of promoting teachers' physical wellness as a foundational pillar of professional sustainment and institutional effectiveness. Such policies should be supported both in publicly and privately funded schools. In in order to prevent stress among teachers, schools should introduce a policy to make subjecting teachers to regular medical examination mandatory.

One such significant suggestion is the inclusion of planned time for physical activities in a typical week's work of a teacher. If there were structured times regularly scheduled, for instance, one day a week or bi-weekly, educators always having access to consistent times to be more physically engaged without feeling they are taking away from their time spent with students. These designated periods of wellness can include structured exercise, active play breaks, or gentle exercise classes suitable for varying fitness levels and interests.

Furthermore, the Department of Education (DepEd) is recommended to promote the development of schools with designated wellness areas. These could be physical gatherings that encourage relaxation, movement and overall well-being, including paths of movement, hard-top exercise areas and corners of mindfulness. Modest efforts to promote walking meetings or facilitate movement between teaching hours can create a culture of daily PA and reduce sedentary time among teachers.

To build a sense of community and to provide motivation, the DepEd should also promote school-wide or interschool health challenges and sports competitions for teachers and school staff. These events may involve team sports such as football, fun runs, fitness challenges, or informal games that foster team effectiveness, promote physical interaction and enhance team spirit amongst faculty. These projects are not just healthy — they also increase team spirit and decrease stress levels, for a both social and mental boost.

And in doing so, the Department of Education may have a real impact in how wellness is integrated into the structure of education, and how educators can be supported, not only as working professionals, but as people who rely on their physical and mental health to provide quality education.

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According to the collected data, teachers of elementary grade were generally less confidence about their own ability to maintain involvement in physical activity when faced with the pressures of work, and work is affected by personal life. This was noted in both the "Less Certain" response category which suggests believing oneself to be less capable or not feeling able enough to exercise regularly in the face of other things to do. Teachers are aware of the importance of physical well-being but several internal and external constraints prevent them from converting such knowledge into practice.

A common theme in the qualitative data was the influence of social reinforcement—or lack thereof. Positive and negative feedback from family, friends, or the social context appeared to determine teachers' motivation towards physical activity. Lack of support and negative feedback often fern admission of health-related behaviors.

They also indicated that they would like some structure and accountability. The absence of customized health and wellness programs continued coaching and individual fitness plans was associated with poor engagement. Teachers said they wanted programs that accommodate their specific physical abilities and schedules, rather than universal, one-size-fits-all solutions.

Institutional elements likewise helped widen the health gap. The lack of school-level policies, opportunities and infrastructure support constituted the major deterrents according to many respondents. Lacking formal arrangements or a school culture that emphasizes health, physical activity tends to be pushed aside. Add to this the mental tiredness and emotional overload that all teachers are experiencing and who has the physical energy and drive to do anything else.

Based on the findings of this study, this study recommends that a Physical Fitness Awareness Initiative focusing on knowledge and behavioral change for basic education teachers, be undertaken. Central to the undertaking is a two-pronged twofold strategy involving education and practical assistance. The first part consists of a group of "Physical fitness seminars or webinars" delivering information to teachers about what the psychological and physiological positives are by teaching getting physical on a regular basis. These sessions would stress the importance of physical activity for stress relief, emotional resilience, and overall health, recasting exercise not as something nice to do, but as necessary for managing the demands of the job of teaching.

This is accompanied by the second component: "Personalized Exercise Planning Workshops". These practical sessions would inform teachers on developing personalized, achievable and sustainable physical activity habits that are compatible with their specific physical capabilities, daily/weekly schedules and other personal limitations. Since this hands-on, personalized approach removes both motivational and structural barriers, educators feel empowered and competent to overcome the barrier of bringing movement into the daily routine in realistic, easy-to-handle steps.

To promote the sustainability of these actions, it is also suggested to establish work time within schools by allotting specific time for wellness within the regular work week, (e.g., bi-weekly wellness breaks) allocated for structured physical activity. Incorporating these sessions into the official school schedule, and with the deliberate backing of the leadership, is an organizational expression of the prioritization of teacher health and wellness alongside longer-term academic goals.

Most importantly, working with the Department of Education is essential to bringing these efforts to scale in both public and private schools. System-wide policies need to be developed that support the cultivation of wellness-friendly spaces by, for example providing designated wellness spaces, allowing the use of walking meetings, and organizing inter-school teacher-staff events for schools. Furthermore, schools should adopt reward-based motivations to encourage prolonged participation in a healthy lifestyle and stimulate peer acceptance and peer involvement to shape the norms regarding good health habits.

Solving the physical wellness challenges facing teachers, however, is going to require a comprehensive approach that involves institutional support, social structures, bespoke programming, and lengthy policy changes. By eliminating the connection between wellness and a personal indulgence, the educational system will help develop a better, stronger, and more effective teaching force.

It is suggested that future studies should be conducted to investigate and understand the construct of self-efficacy among teachers, or even students, in particular how that affects the weighting of well-being against the satisfaction with one's life and professional effectiveness. With respect to confidence, the current study's findings can be used as a foundation for exploring further the psychological processes that are involved in self-efficacy, such as the relationship between internal beliefs, environmental supports, and structural aspects of the institution in which all support or detract from an individual's confidence in their ability to handle health and wellness issues.

Furthermore, longitudinal studies could investigate the long-term association between health promoting self-efficacy and occupational sustainability over time, for example in high-stress jobs such as in education. Such investigations might also contrast demographic or contextual variables (e.g., age, teaching level, urbanicity or rurality, or socioeconomic factor) to examine how aspects of wellness behavior and perceptions change across the life course.

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Future studies could further incorporate qualitative strategies like narrative inquiry or phenomenology to represent the “lived experiences” of educators as they juggle wellness and work demands. Such findings have the potential to add depth to our knowledge regarding the drivers and barriers which shape health-related decision-making in educational settings.

Ultimately, future research should work to add to the larger push for educational systems that are holistic in nature and understand our natural intrinsic connection between personal wellness and professional fulfillment. A more in-depth examination of self-efficacy and well-being by researchers can inform policies and interventions in a direction not only for improved health by individuals but also longevity and job satisfaction for educational professionals.

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