

**PERSONAL WELLNESS, RESILIENCE, AND PSYCHOLOGICAL WELL-BEING  
AMONG HEALTHCARE WORKERS DURING A PANDEMIC**

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## ABSTRACT

The pandemic had turned people's daily lives upside down and caused everyone to take into account complicated feelings and circumstances and has a recorded negative effect on an increasing number of persons' personal wellness and psychological well-being. This quantitative research made use of the descriptive, correlational (predictive) design in assessing whether the dimensions of personal wellness predict resilience and psychological well-being. It further assessed whether resilience predict psychological well-being of the Healthcare Workers in Cebu City for the third quarter of 2020. Findings of the study revealed that the healthcare workers had an outstanding personal wellness in all of its dimensions of emotional, environmental, intellectual, occupational, physical, social, and spiritual wellness. They had a normal level of resilience. Further, majority of the healthcare workers had a high level of psychological well-being. Emotional wellness and physical wellness positively predicted resilience. Occupational wellness predicted psychological well-being. Resilience predicted psychological well-being. Resilience is increased when emotional wellness and physical wellness are increased. Further, psychological wellness is increased when occupational wellness is increased. Furthermore, psychological well-being was influenced by resilience. The more resilient the person, the higher the level of psychological well-being he gains. As an output of the study, a wellness plan and a wellness model was proposed. Healthcare institutions should be very keen in instituting mechanisms to improve emotional, physical, and occupational wellness in order to protect the welfare of their healthcare workers as these facilitates psychological wellness and resilience.

*Keywords: Personal wellness; Resilience; Psychological well-being; Healthcare workers; Descriptive, Correlational (predictive design).*

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## Chapter I

### THE PROBLEM

#### Introduction

Every human desires to find a better quality of life. Quality of life is the overall well-being of both people and society, which can be expressed in several ways. Efforts such as increasing physical fitness, mental health, spiritual development, financial security and social interaction may be targeted in efforts to enhance one's quality of life. While the method of enhancing all of the above things, as well as a number of others, can be clumped together into a concept known as wellness, although very complex, but highly scientific (Oliver et al., 2008). As currently defined by the National Wellness Institute (2018), wellness is the active process of becoming aware of and making choices toward a more successful existence. Thus, it is the process of first identifying aspects of one's life that can be improved (e.g., physical fitness), then choosing to actively strive toward enhancing that particular deficit in one's life (e.g., regular physical activity). Wellness promotion augments health, which, in turn, can lead to the enrichment of one's quality of life. An individual's quintessential quality of life is reflective of an optimal state of health. Notwithstanding, the phenomenon of wellness signifies the relationship between quality of life and health.

Recently, the COVID-19 had greatly stirred the world, the new dreaded disease had been affecting people's health and wellness. According to World Health Organization (WHO) (2020), as the coronavirus pandemic rapidly sweeps across the world, it is inducing a considerable degree of fear, worry and concern in the population at large and among certain groups in particular, such as older adults, care providers and people with underlying health conditions. In public mental health terms, the main psychological impact to date is elevated rates of stress or

anxiety. But as new measures and impacts are introduced – especially quarantine and its effects on many people’s usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour are also expected to rise. Battling COVID-19 had been a major challenge globally. The phenomenon had imposed on everyone the task of taking full responsibility of one’s safety and health. With the nature of the disease and having no cure at the moment as well as it affecting all aspects of a person, a high level of resiliency can also be a key to keep the balance.

There have been reports of heightened feelings of anxiety and depression, with some fearful of post-lockdown anxiety and paranoia; the largest stressor being an overarching feeling of loss (loss of income, routine or social interaction). Other at-risk groups include children and students who have experienced closure of schools and/or universities causing significant disruption to daily routines, with factors such as exam postponement, accommodation expulsion and graduation cancellations contributing. Furthermore, there has been a significant detrimental impact to those suffering from on-going mental health conditions, due to decreased access to support and resources. The COVID-19 pandemic has seen the incidence of domestic abuse dramatically increase globally because of reduced options for support, increased exposure to exploitative relationships and disaster-related instability within the household. The COVID-19 pandemic is posing unprecedented challenges to the mental well-being of healthcare workers due to various factors including increased societal pressure, lack of adequate safety provisions such as personal protective equipment (PPE) and being in an emotionally strenuous environment with numerous patients dying suddenly, alone and scared (Alradhawi et al., 2020).

Resilience is the ability to adapt to adversity or a stressful life event. Research on resilience has a rich history, dating back to the 1950s; those studies focused on children growing

up in high-risk environments. More contemporary research looks at how we adapt to traumatic events like cancer, natural disasters and terrorism. While some researchers suggest resilience is “trait-like” – that is, hard-wired into one’s personality – others say it can be learned and acquired later in life. Some even say adversity brings potential benefits. In times of crisis, one should focus on what is within our control. Some examples: our appraisal of the situation, our behavioral response to the stressor, the choice of whom people spend time with and their management of the daily routine. Research shows that when resilient people face adversity, they look for the good amid the stress. They engage with the controllable aspects of their lives – like family, personal health and giving back to the community. They develop a healthy social support system of resilient role models, focusing on people who lift them up. Those who are inflexible, fatalistic or catastrophize are not part of the social support system. They manage emotions that accompany stress through emotional regulation techniques. They also use problem-solving coping techniques; seeking factual health information from reputable sources (Bellizzi, 2020).

Also according to the study of Qian et al. (2020) on resiliency, they suggested that in order to prevent a potential pandemic-level outbreak of COVID-19, as a community of shared future for mankind, recommend for all international leaders to support preparedness in low and middle income countries especially, take strong global interventions by using old approaches or new tools, mobilize global resources to equip hospital facilities and supplies to protect noisome infections and to provide personal protective tools such as facemask to general population, and quickly initiate research projects on drug and vaccine development. They also recommend for the international community to develop better coordination, cooperation, and strong solidarity in the joint efforts of fighting against COVID-19 spreading recommended by the joint mission report of the WHO-China experts, against violating the International Health Regulation (WHO,

2005a), and against stigmatization, in order to eventually win the battle against the common enemy - COVID-19. Failing to establish a strong resilience can greatly affect how a person stands amidst this pandemic. This affects the person's overall wellness, to include mental wellness that leads to feelings of being defeated.

Further, the COVID-19 pandemic has brought the concept of the 'new normal'. This has brought impact and changes also in the healthcare delivery system worldwide. The COVID-19 pandemic brought changes in how healthcare services are delivered. The wearing of personal protective equipment, the frequent hand hygiene, the wearing of masks and face shields, the observance of social distancing, and the quarantine measures are just a few of the things brought about by the new normal. Health care workers being the front liners are greatly challenged by these new developments in the care of patients. These challenges are greatly influencing the level of stress that healthcare workers are experiencing not just physical but emotional and psychological as well. Armoured with their commitment and passion for serving the people, they cannot just give in and be complacent. They have to keep themselves fit and strong in order to help others people. Thus, this study was conceptualized. The researcher being a healthcare professional cannot help but worry about the personal wellness and psychological well-being of her fellow healthcare workers. The two being two different concepts where personal wellness encompasses a more holistic coverage and the psychological well-being covers a specifically the mental aspect, in the context of the stud personal wellness covers emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness in the context of the study while psychological well-being pertains to the feelings felt over the recent last two weeks of being cheerful and in good spirits, calm and relaxed, active and vigorous, fresh and rested, and filled with things that interest as

influenced by the COVID-19 pandemic. With the two variables being separate and distinct from each other, the researcher is interested how personal wellness influences psychological well-being.

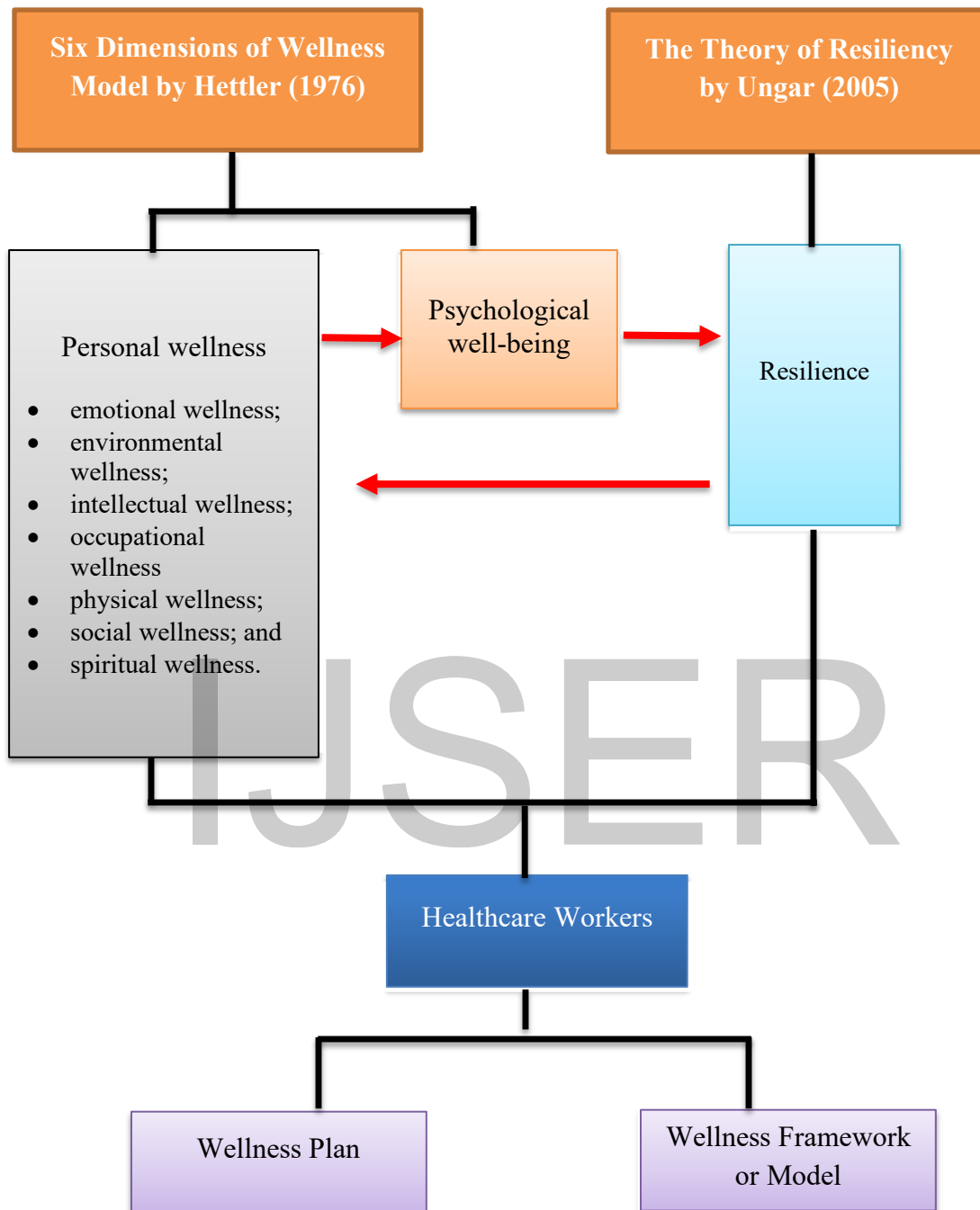
The researcher is also interested in looking into how resilient the healthcare workers are during these times of crisis. It is the intention of the researcher to produce new knowledge and information about influence of COVID-19 pandemic on the personal wellness predicting resilience, and psychological well-being as well as resilience predicting psychological well-being among healthcare workers in order to develop a wellness plan and a wellness model or framework that will contribute to the promotion of health and wellness to the healthcare workers. While there are several studies already conducted on personal wellness, resilience, and psychological well-being in general in normal situations, none had been conducted in Cebu City particularly looking into the influence and relationship of the three variables. Further the study will assess whether the dimensions of personal wellness predict resilience and psychological well-being. It will further assess whether resilience predict psychological well-being of the healthcare workers. With this research problems it can affect the wellness and quality of life of healthcare workers. To add to the distinctiveness of the study, the study is being done during this COVID-19 pandemic which is very timely and important.

The researcher is very hopeful that by doing this research work, she will be able to provide new knowledge and help healthcare workers improve their personal wellness, resiliency and psychological well-being. With the researcher's experience on research coupled with determination and interest on the topic, she is very hopeful that this work will yield success and will achieve is primary goal.

## Theoretical Framework

The study is anchored on the Six Dimensions of Wellness Model by Hettler (1976) and The Theory of Resiliency by Ungar (2005). The Six Dimensions of Wellness Model by Hettler (1976). Developed by Dr. Bill Hettler, co-founder of the National Wellness Institute (NWI), this interdependent model, commonly referred to as the Six Dimensions of Wellness, provides the categories from which NWI derives its resources and services (National Wellness Institute, 2020).

**Occupational Dimension.** The occupational dimension recognizes personal satisfaction and enrichment in one's life through work. At the center of occupational wellness is the premise that occupational development is related to one's attitude about one's work. Traveling a path towards occupational wellness, one will contribute his or her unique gifts, skills, and talents to work that is both personally meaningful and rewarding. One will convey his or her values through his or her involvement in activities that are gratifying for him or her. The choice of profession, job satisfaction, career ambitions, and personal performance are all important components of a person's path's terrain. Occupational wellness follows these tenets: (a) it is better to choose a career



**Figure 1. Schematic diagram of the study utilizing the Six Dimensions of Wellness Model by Hettler (1976) and The Theory of Resiliency by Ungar (2005).**

which is consistent with one's personal values, interests, and beliefs than to select one that is unrewarding to us and (b) it is better to develop functional, transferable skills through structured involvement opportunities than to remain inactive and uninvolved (National Wellness Institute, 2020).

**Physical Dimension.** The physical dimension recognizes the need for regular physical activity. Physical development encourages learning about diet and nutrition while discouraging the use of tobacco, drugs and excessive alcohol consumption. Optimal wellness is met through the combination of good exercise and eating habits. As one travels the wellness path, one will strive to spend time building physical strength, flexibility and endurance while also taking safety precautions so one may travel his or her path successfully, including medical self-care and appropriate use of a medical system. The physical dimension of wellness entails personal responsibility and care for minor illnesses and also knowing when professional medical attention is needed. By traveling the wellness path, one will be able to monitor his or her own vital signs and understand his or her body's warning signs. One will understand and appreciate the relationship between sound nutrition and how his or her body performs. The physical benefits of looking good and feeling terrific most often lead to the psychological benefits of enhanced self-esteem, self-control, determination and a sense of direction. Physical wellness follows these tenets: (a) it is better to consume foods and beverages that enhance good health rather than those which impair it and (b) it is better to be physically fit than out of shape (National Wellness Institute, 2020).

**Social Dimension.** The social dimension encourages contributing to one's environment and community. It emphasizes the interdependence between others and nature. As one travels a wellness path, one will become more aware of his/her importance in society as well as the impact



the person has on multiple environments. The person will take an active part in improving the world by encouraging healthier living and initiating better communication with those around the person. One will actively seek ways to preserve the beauty and balance of nature along the pathway as one discovers the power to make willful choices to enhance personal relationships and important friendships, and build a better living space and community. Social wellness follows these tenets that: (a) it is better to contribute to the common welfare of a person's community than to think only of ourselves; and (b) it is better to live in harmony with others and the person's environment than to live in conflict with them (National Wellness Institute, 2020).

**Intellectual Dimension.** The intellectual dimension recognizes one's creative, stimulating mental activities. A well person expands his or her knowledge and skills while discovering the potential for sharing his or her gifts with others. Using intellectual and cultural activities in the classroom and beyond the classroom combined with the human resources and learning resources available within the university community and the larger community, a well person cherishes intellectual growth and stimulation. Traveling a wellness path, one will explore issues related to problem solving, creativity, and learning. One will spend more time pursuing personal interests and reading books, magazines, and newspapers, while keeping abreast of current issues and ideas. As one develops his or her intellectual curiosity, one will actively strive to expand and challenge his or her mind with creative endeavors. Intellectual wellness follows these tenets: (a) it is better to stretch and challenge one's minds with intellectual and creative pursuits than to become self-satisfied and unproductive; and (b) it is better to identify potential problems and choose appropriate courses of action based on available information than to wait, worry, and contend with major concerns later (National Wellness Institute, 2020).

**Spiritual Dimension.** The spiritual dimension recognizes a person's search for meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe. The search will be characterized by a peaceful harmony between internal personal feelings and emotions and the rough and rugged stretches of a person's path. While traveling the path, one may experience many feelings of doubt, despair, fear, disappointment and dislocation, as well as feelings of pleasure, joy, happiness and discovery. These are all important experiences and components to the person's search and will be displayed in the value system one will adapt to bring meaning to his or her existence. One will know he or she is becoming spiritually well when his or her actions become more consistent with his or her beliefs and values, resulting in a "world view." Spiritual wellness follows these tenets: (a) it is better to ponder the meaning of life for ourselves and to be tolerant of the beliefs of others than to close one's minds and become intolerant; and (b) it is better to live each day in a way that is consistent with one's values and beliefs than to do otherwise and feel untrue to ourselves (National Wellness Institute, 2020).

**Emotional Dimension.** The emotional dimension recognizes awareness and acceptance of one's feelings. Emotional wellness includes the degree to which one feels positive and enthusiastic about one's self and life. It includes the capacity to manage one's feelings and related behaviors including the realistic assessment of one's limitations, development of autonomy, and ability to cope effectively with stress. The well person maintains satisfying relationships with others. Awareness of, and accepting a wide range of feelings in oneself and others is essential to wellness. On the wellness path, one will be able to express feelings freely and manage feelings effectively. One will be able to arrive at personal choices and decisions based upon the synthesis of feelings, thoughts, philosophies, and behavior. One will live and

work independently while realizing the importance of seeking and appreciating the support and assistance of others. One will be able to form interdependent relationships with others based upon a foundation of mutual commitment, trust, and respect. One will take on challenges, take risks, and recognize conflict as being potentially healthy. Managing one's life in personally rewarding ways, and taking responsibility for one's actions, will help the person see life as an exciting, hopeful adventure. Emotional wellness follows these tenets: (a) it is better to be aware of and accept one's feelings than to deny them; and (b) it is better to be optimistic in one's approach to life than pessimistic (National Wellness Institute, 2020).

By applying the model, a person becomes aware of the interconnectedness of each dimension and how they contribute to healthy living. This holistic model explains: (a) how a person contributes to his or her environment and community, and how to build better living spaces and social networks; (b) the enrichment of life through work, and its interconnectedness to living and playing; (c) the development of belief systems, values, and creating a world-view; (d) the benefits of regular physical activity, healthy eating habits, strength and vitality, as well as personal responsibility, self-care and when to seek medical attention; (e) self-esteem, self-control, and determination as a sense of direction; and (f) creative and stimulating mental activities, and sharing one's gifts with others (National Wellness Institute, 2020).

As applied in the study, the study will be determining the personal wellness. In the study it will determine wellness in seven dimensions, namely: emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness. In the theory the environment wellness is not part of the six dimensions. However, some researchers have since added environmental health, making a list of seven dimensions (Green, 2017). **Environmental wellness** as expressed by the Australian

Psychological Association (2008), it affirmed, that it is clear that the well-being and integrity of natural ecosystems and the biophysical environment are integral to human health and well-being. Thus, the environmental wellness is also included in the study. This theory is applied also to the concept on psychological well-being of the respondents. Psychological wellbeing is achieved by achieving a combination of the different dimensions mentioned in the personal wellness. Specifically this can be achieved when emotional and intellectual wellnesses are achieved.

The Theory on Resilience by Michael Ungar (2005) has worked as a social worker and family therapist for over 25 years and is currently the Professor of Social Work at Dalhousie University in Nova Scotia. He is the founder of the International Resilience Research Centre in Canada, which coordinates resilience research in over 14 countries. His research focuses on cross-cultural research, mixed methods, constructivism and resilience (VicHealth, 2015).

In 2005, Ungar defined resilience as, “more than an individual set of characteristics. It is the structures around the individual, the services the individual receives, the way health knowledge is generated, all of which combine with characteristics of individuals that allow them to overcome the adversity they face and chart pathways to resilience” (Ungar, 2005a). He expanded on this definition in 2008, and stated, “In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual’s family, community and culture to provide these health resources and experience in culturally meaningful ways” (Ungar, 2008). The point he is emphasising is that it is the features of both individuals and the environment that lead to resilience (Ungar, 2013). As applied in the study, the study will be determining the level of resilience among Cebuanos, as defined in the theory, the context of

exposure to significant adversity pertains to the COVID-19 pandemic which is generally both psychological and environmental. It is the intention of the study to determine whether the Cebuanos are able to navigate their way to health sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual's family, community and culture to provide these health resources and experience in culturally meaningful ways as they are experiencing the COVID-19 pandemic..

The diagram shows that the Six Dimensions of Wellness Model is used for the variables on personal wellness and psychological well-being while the Theory on Resiliency is used for the resilience of the Cebuanos amidst COVID-19 pandemic. In determining the personal wellness the dimensions on emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness will also be determined. This is followed by the determination of the level of resilience and the psychological well-being. In the context of the study, the personal wellness is different from the psychological well-being as the personal wellness measures the dimensions on emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness while psychological well-being pertains to the to how the healthcare workers have been feeling over the last two weeks. These feelings include being cheerful and in good spirits, calm and relaxed, active and vigorous, fresh and rested, and filled with things that interest them. The interplay of the variables pertains to the assessment of whether the dimensions of personal wellness predict both resilience and psychological well-being. Further, the interplay includes an assessment on whether resilience predict psychological well-being. As an output of the study, a wellness plan and wellness framework or model will be proposed.

## Statement of Purpose

The purpose of this study was to assess whether the dimensions of personal wellness predict resilience and psychological well-being. It further assessed whether resilience predict psychological well-being of the Healthcare Workers in Cebu City for the third quarter of 2020.

The study further answered the following queries:

1. What is the personal wellness of the healthcare workers in terms of :
  - 1.1 emotional wellness;
  - 1.2 environmental wellness;
  - 1.3 intellectual wellness;
  - 1.4 occupational wellness;
  - 1.5 physical wellness;
  - 1.6 social wellness; and
  - 1.7 spiritual wellness?
2. What is the resilience of the healthcare workers amidst COVID-19 pandemic?
3. What is the psychological well-being of the healthcare workers amidst COVID-19 pandemic?
4. Which dimension of personal wellness predict:
  - 4.1 resilience; and
  - 4.2 psychological well-being?
5. Does resilience predict psychological well-being of the healthcare workers?
6. What wellness plan can be proposed based on the findings of the study?
7. What wellness framework or model can be proposed based on the findings of the study?

## Statement of Null Hypotheses

**H<sub>01</sub>:** The dimensions of personal wellness do not predict resilience of the healthcare workers.

**Ho2:** The dimensions of personal wellness do not predict psychological well-being of the healthcare workers.

**Ho3:** Resilience do not predict psychological well-being of the healthcare workers.

### **Significance of the Study**

This research study will be beneficial to the following group of individuals, to wit:

**Clients.** With healthcare workers being healthy, they will be guaranteed with the care that they deserve. They will gain satisfaction over the availment of healthcare services and better patient outcomes will be achieved.

**Healthcare Workers.** Being front liners during this pandemic, they will be able to assist the Cebuano community to gain better personal wellness, resiliency, and psychological well-being through interventions which are directed to towards improving health in all dimension and aspects as well as strengthen resilience.

**Policy-Makers.** The findings of the study will greatly impact the following group of policy-makers:

**Department of Health.** The findings will allow the DOH to align new policies, guidelines, and regulations with Cebuano culture in terms of the personal wellness, resilience, and psychological well-being.

**Local Government Units.** The findings will allow LGUs to gain insights of the personal wellness, resilience, and psychological well-being of their respective constituents to guide them in drafting and implementing polices, regulations, and executive orders to best manage their constituents in providing the needed and appropriate support and the management of COVID-19 at the barangay level.

**The Researcher.** As a healthcare professional, this study will provide personal knowledge about the variables being studied, to allow her to make use of the outputs personally

and up to the level of the community in battling this COVID-19 pandemic to gain better health and resilience. This will also provide improvement in the skills of the researcher in conducting research studies.

**Future Researchers.** The findings of the study will serve as researchable topics that will either further validate the findings of the study or disprove the findings. This study will also serve as a means to conduct a study utilizing other designs to yield a more valid and reliable study findings. The study can also serve as a reference for studies relating to the variables studied.

### **Definition of Terms**

In order to gain better understanding on how the following terms are being used in the study, they are defined operationally:

**Healthcare Workers.** This refers to the respondents of the study in the field of healthcare such doctors, nurses, etc. who resides in Cebu City whose perceptions on personal wellness, resiliency and psychological well-being are determined and assess during this time of COVID-19 pandemic.

**COVID-19 Pandemic.** This is also known as the coronavirus pandemic, it is an ongoing global pandemic of coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which may have influence on the healthcare workers' personal wellness, resilience, and psychological well-being.

**Personal Wellness.** This pertains to the personal wellness of the healthcare workers as identified in the Princeton U Matter Wellness Self-Assessment Tool (2020) in terms of emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness. The interpretation is from poor to outstanding.



**Emotional Wellness.** Is understanding one's own feelings and expressing emotions in a constructive way, and having the ability to deal with stress and cope with life's challenges.

**Environmental Wellness.** Is recognizing the interactions between self and his or her environment (natural and social), responsibly using available resources, and fostering a safer and healthier environment for others.

**Intellectual Wellness.** Is engaging in creative and mentally-stimulating activities, expanding their knowledge through cultural, artistic, or skill-based learning, and sharing knowledge and skills with others.

**Occupational Wellness.** Is getting personal fulfilment from his or her job or academic pursuits, and contributing to knowledge and skills, while maintaining a work-life balance.

**Physical Wellness.** Is making choices to avoid harmful habits and practice behaviors that support physical body, health and safety.

**Social Wellness.** Is building and maintaining a diversity of supportive relationships, and dealing effectively with interpersonal conflict.

**Spiritual Wellness.** Is having beliefs and values that provide a sense of purpose and help give meaning and purpose to their lives, and acting in alignment with those beliefs.

**Psychological Well-being.** Refers to how the healthcare workers have been feeling over the last two weeks. These feelings include being cheerful and in good spirits, calm and relaxed, active and vigorous, fresh and rested, and filled with things that interest them based on the WHO

(Five) Well-Being Index (1998 version). The higher the score obtained, the better the psychological well-being.

**Resilience.** This refers to the agreement of disagreement of the healthcare workers on being able to bounce back quickly after hard times, having a hard time making it through stressful events, taking too long to recover from a stressful event, having a hard time to snap back when something bad happens, usually coming through difficult times with little trouble, and tending to take a long time to get over set-backs in life as based on the Brief Resiliency Scale by Smith et al. (2008). Resilience is interpreted as either low, moderate or high resilience.

**Wellness Plan.** This pertains to the output of the study addressing the findings requiring improvement in the personal wellness, resilience, and psychological well-being of the healthcare workers.

**Wellness Framework or Model.** This refers to the second output of the study in the form of a framework or model about improving wellness based on the findings on the prediction and correlation of the variables.

## Chapter II

### REVIEW OF LITERATURE AND STUDIES

This chapter presents the literature review to allow understanding of the existing research and debates relevant to the variables of study. This chapter helps the researcher build the knowledge in healthcare. Learning can be derived from this chapter about important concepts, research methods, and techniques that will be useful to healthcare.

#### Impact of COVID-19 Pandemic

In December 2019, the new coronavirus disease 2019 (COVID-2019) started spreading in the Chinese city of Wuhan (Hubei province). The most typical symptoms of the disease are fever, myalgia, fatigue, and dry cough. Other referred symptoms are chills, coryza, sore throat, nausea, vomiting, and diarrhea (Chen et al., 2020; Huang et al., 2020). These symptoms are usually mild, and some infected people are asymptomatic (Rothe, 2020; Ryu et al., 2020). According to the World Health Organization (World Health Organization, 2020), about 80 percent of infected people easily recover from COVID-19, without the need of any specific treatment. However, about 1 out of 6 cases of infection courses with severe pneumonia (Bermejo-Martin et al., 2020), which can lead to respiratory failure, cardiac injury, acute respiratory distress syndrome and death (Holshue, 2020). COVID-19 virus spreads from person to person via virus-laden respiratory droplets produced when an infected person talks, coughs, exhales or sneezes. These droplets can be inhaled by the people nearby, and/or fall over objects and surfaces, which another person can touch, and then touch their nose, eyes or mouth and get infected (World Health Organization, 2020; Centers for Disease Control and Prevention, 2020). COVID-19 is considered a highly contagious virus (Yang and Wang, 2020). Thus, even though only a minority of infected people develop severe symptoms, COVID-19 is a global health threat. In fact, on the 30 January 2020, the WHO declared the health outbreak caused by

COVID-19 a public health emergency of international concern. Considering its rapid spread, it is not surprising that the first cases of infected people in Europe were reported only a few weeks after. The first transmission was reported in Italy, on February 21st 2020, and it soon became the largest COVID-19 outbreak outside Asia (Spina et al., 2020). Shortly after, by the end of February, the outbreak started in Spain. On March 11 2020, the WHO upgraded the status of the COVID-19 outbreak from epidemic to pandemic. According to official data (European Centre for Disease Prevention and Control, 2020), by April 9th 2020, there were nearly 1.5 million cases worldwide and over 87,000 deaths. This unusual situation of health emergency and the social restrictions taken to control the COVID-19 spread are likely to have negative consequences on mental health (Wang et al., 2020; Xiang et al., 2020).

As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of people are making huge changes to their daily routines. The new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues take time to get used to. Adapting to lifestyle changes such as these, and managing the fear of contracting the virus and worry about people close to them who are particularly vulnerable, are challenging for all. They can be particularly difficult for people with mental health conditions (WHO, 2020c).

Fortunately, there are lots of things that people can do to look after their own mental health and to help others who may need some extra support and care. Some tips and advice that can be useful during this times include the following: (a) Keeping informed. Listen to advice and recommendations from the national and local authorities. Follow trusted news channels, such as local and national TV and radio, and keep up-to-date with the latest news from WHO on social

media; (b) Having a routine. Keep up with daily routines as far as possible, or make new ones like: (aa) Getting up and going to bed at similar times every day, (bb) Keeping up with personal hygiene, (cc) Eating healthy meals at regular times, (dd) Exercising regularly, (ee) Allocating time for working and time for resting, (ff) Making time for doing things a person enjoy; (c) Minimizing newsfeeds. Try to reduce how much you watch, read or listen to news that makes you feel anxious or distressed. Seek the latest information at specific times of the day, once or twice a day if needed; (d) Social contact is important. If a person's movements is restricted, keep in regular contact with people close by telephone and online channels; (e) Alcohol and drug use. Limiting the amount of alcohol intake or not drinking alcohol at all. Do not start drinking alcohol if there is no history of alcohol intake before. Avoid using alcohol and drugs as a way of dealing with fear, anxiety, boredom and social isolation (WHO, 2020d).

There is no evidence of any protective effect of drinking alcohol for viral or other infections. In fact, the opposite is true as the harmful use of alcohol is associated with increased risk of infections and worse treatment outcomes. And one must be aware that alcohol and drug use may prevent one from taking sufficient precautions to protect oneself again infection, such as compliance with hand hygiene by: (a) Screening time. Being aware of how much time one spends in front of a screen every day. Make sure that regular breaks are taken from on-screen activities; (b) Video games. While video games can be a way to relax, it can be tempting to spend much more time on them than usual when at home for long periods. Being sure to keep the right balance with off-line activities in the daily routine; (c) Social media. Use your social media accounts to promote positive and hopeful stories. Correct misinformation wherever you see it; (d) Help others. If you are able to, offer support to people in your community who may need it, such as helping them with food shopping; and (e) Support health workers. Take opportunities

online or through your community to thank your country's health-care workers and all those working to respond to COVID-19 (WHO, 2020d).

Do not discriminate. Fear is a normal reaction in situations of uncertainty. But sometimes fear is expressed in ways which are hurtful to other people. Remember: (a) Be kind. Do not discriminate against people because of fears of the spread of COVID-19; (b) Do not discriminate against people who you think may have coronavirus; (c) Do not discriminate against health workers. Health workers deserve our respect and gratitude; (d) COVID-19 has affected people from many countries. Do not attribute it to any specific group (WHO, 2020d).

The coronavirus disease 2019 (COVID-19) pandemic may be stressful for people. Fear and anxiety about a new disease and what could happen can be overwhelming and cause strong emotions in adults and children. Public health actions, such as social distancing, can make people feel isolated and lonely and can increase stress and anxiety. However, these actions are necessary to reduce the spread of COVID-19. Coping with stress in a healthy way will make the person, the people he or she cares about, and the community stronger (CDC, 2020).

Mental health is an important part of overall health and wellbeing. It affects how we think, feel, and act. It may also affect how we handle stress, relate to others, and make choices during an emergency. People with pre-existing mental health conditions or substance use disorders may be particularly vulnerable in an emergency. Mental health conditions (such as depression, anxiety, bipolar disorder, or schizophrenia) affect a person's thinking, feeling, mood or behavior in a way that influences their ability to relate to others and function each day. These conditions may be situational (short-term) or long-lasting (chronic). People with pre-existing mental health conditions should continue with their treatment and be aware of new or worsening symptoms. If you think you have new or worse symptoms, call your healthcare provider. Stress

during an infectious disease outbreak can sometimes cause the following: (a) Fear and worry about one's own health and the health of the loved ones, financial situation or job, or loss of support services a person can rely on; (b) Changes in sleep or eating patterns; (c) Difficulty sleeping or concentrating; (d) Worsening of chronic health problems (CDC, 2020).

The COVID-19 pandemic means that many of people staying at home and sitting down more than they usually do. It is hard for a lot of people to do the sort of exercise they normally do. It is even harder for people who do not usually do a lot of physical exercise. But at a time like this, it is very important for people of all ages and abilities to be as active as possible. WHO's Be Active campaign aims to help people do just that - and to have some fun at the same time. Remember - Just taking a short break from sitting, by doing 3-4 minutes of light intensity physical movement, such as walking or stretching, will help ease the muscles and improve blood circulation and muscle activity (WHO, 2020a).

Regular physical activity benefits both the body and mind. It can reduce high blood pressure, help manage weight and reduce the risk of heart disease, stroke, type 2 diabetes, and various cancers - all conditions that can increase susceptibility to COVID-19. It also improves bone and muscle strength and increases balance, flexibility and fitness. For older people, activities that improve balance help to prevent falls and injuries. Regular physical activity can help give our days a routine and be a way to stay in contact with family and friends. It's also good for our mental health - reducing the risk of depression, cognitive decline and delay the onset of dementia - and improve overall feelings (WHO, 2020a).

Clinical management of COVID-19 includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated. For management of mild to moderate disease: Patients with a mild clinical

presentation (absence of viral pneumonia and hypoxia) may not initially require hospitalization, and most patients will be able to manage their illness at home. The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and the ability of the patient to self-isolate at home. Patients with risk factors for severe illness should be monitored closely given the possible risk of progression to severe illness, especially in the second week after symptom onset. For severe disease: Some patients with COVID-19 will have severe disease requiring hospitalization for management. Inpatient management includes supportive management of the most common complications of severe COVID-19: pneumonia, hypoxemic respiratory failure/ARDS, sepsis and septic shock, cardiomyopathy and arrhythmia, acute kidney injury, and complications from prolonged hospitalization, including secondary bacterial and fungal infections, thromboembolism, gastrointestinal bleeding, and critical illness polyneuropathy/myopathy (Centers for Disease Control and Prevention, 2020).

There is currently no cure for an infection with the new coronavirus. However, many treatments and vaccines are currently under study. On October 22, 2020, the FDA Trusted Source approved its first COVID-19 treatment, the medication remdesivir (Veklury). It is available by prescription for people ages 12 years and older who've been hospitalized. It is administered as an intravenous (IV) infusion. In November 2020, the FDA also granted EUAs to monoclonal antibody medications. Monoclonal antibodies are human-made proteins that help to fight off foreign-made substances, such as viruses. These medications are: (a) bamlanivimab, from Eli Lilly Trusted Source; and (b) casirivimab and imdevimab, which must be administered together, from Regeneron Pharmaceuticals Trusted Source. Like remdesivir, they're also administered by



IV infusion and intended for people ages 12 years and older. These medications are used for outpatient therapy. The FDA has also issued EUAs to a few other treatments, such as convalescent plasma, that are intended for people who are hospitalized or at high risk for hospitalization. Most COVID-19 treatment focuses on managing symptoms as the virus runs its course. Treatments for other coronaviruses. Other coronaviruses such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) are also treated by managing symptoms. In some cases, experimental treatments have been tested to see how effective they are. Examples of therapies used for these illnesses include: (a) antiviral or retroviral medications; (b) breathing support, such as mechanical ventilation; (c) steroids to help reduce lung swelling and inflammation; and (d) blood plasma transfusions (White & Jewell, 2020).

The best way to prevent the transmission of the virus is to avoid or limit contact with people who are showing symptoms of COVID-19 or any respiratory infection. The next best thing to do is practice good hygiene and physical distancing to prevent bacteria and viruses from being transmitted. Prevention tips include (a) washing hands frequently for at least 20 seconds at a time with warm water and soap; (b) not touching the face, eyes, nose, or mouth when hands are dirty; (c) not going out if feeling sick or have any cold or flu symptoms; (d) staying at least 6 feet (2 meters) away from people. Avoid crowds and large gatherings; (e) covering mouth with a tissue or the inside of elbow whenever sneezing or coughing. Throwing away any tissues used right away. Clean any objects when is touched a lot. Using of disinfectants on objects like phones, computers, and doorknobs. Using soap and water for objects that are used to cook or eat with, like utensils and dishware. On December 11, 2020, the FDA Trusted Source granted its first EUA for a vaccine. This vaccine was developed by Pfizer and BioNTech. It can be given to people ages 16 years and older. On December 18, the FDA Trusted Source granted an EUA to a

vaccine developed by Moderna. The Moderna vaccine can be given to people ages 18 years and older. If one is out in a public setting where it is difficult to follow physical distancing guidelines, the CDC Trusted Source recommends to wear a cloth face mask or covering that covers the mouth and nose. When worn correctly, and by large percentages of the public, these masks can help to slow the transmission of SARS-CoV-2. That is because they can block the respiratory droplets of people who may be asymptomatic or people who have the virus but have gone undiagnosed (White & Jewell, 2020).

### **Personal Wellness**

People used to consider wellness to be just the absence of physical illness. However, people have learned more about the many other aspects that can affect happiness, joy and meaning in the person's life, that definition has changed. The National Wellness Institute writes " ... there appears to be general agreement that: (a) Wellness is a conscious, self-directed and evolving process of achieving full potential; (b) Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment; and (c) Wellness is positive and affirming". The Institute specifies that there are six dimensions to wellness including: (a) Emotional; (b) Occupational; (c) Physical; (d) Social; (e) Intellectual; and (f) Spiritual (Free Management Library, 2020).

There is no sole determinant of individual well-being, but in general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources (e.g., shelter, income). Numerous studies have examined the associations between determinants of individual and national levels of well-being. Many of these studies have used different measures of well-being (e.g., life satisfaction, positive affect, psychological well-being), and different methodologies resulting in occasional inconsistent findings related to well-being and its predictors (Veenoven, 2008; Kahneman & Deaton, 2010). In general, life

satisfaction is dependent more closely on the availability of basic needs being met (food, shelter, income) as well as access to modern conveniences (e.g., electricity). Pleasant emotions are more closely associated with having supportive relationships (Diener et al., 2009). Some general findings on associations between well-being and its associations with other factors are as follows:

Seven Dimensions of Wellness. Wellness is the pursuit of continued growth and balance in the seven dimensions of wellness. Many people think about "wellness" in terms of physical health only. The word invokes thoughts of nutrition, exercise, weight management, blood pressure, etc. Wellness, however, is much more than physical health. Wellness is a full integration of physical, mental and spiritual well-being. It is a complex interaction that leads to quality of life. Wellness is commonly viewed as having seven dimensions. Each dimension contributes to our own sense of wellness or quality of life, and each affects and overlaps the others. At times one may be more prominent than others, but neglect of any one dimension for any length of time has adverse effects on overall health. The Seven Dimensions of Wellness: (a) Physical; (b) Emotional; (c) Intellectual; (d) Social; (e) Spiritual; (f) Environmental; (g) Occupational; and (h) Physical Dimension. Physical wellness encompasses a variety of healthy behaviors including adequate exercise, proper nutrition and abstaining from harmful habits such as drug use and alcohol abuse. It means learning about and identifying symptoms of disease, getting regular medical check ups, and protecting yourself from injuries and harm. Developing such healthy habits today will not only add years to your life but will enhance the enjoyment and quality of those years. Tips for optimal physical wellness: (a) Exercise daily; (b) Get adequate rest; (c) Use seat belts, helmets, and other protective equipment; (d) Learn to recognize early signs of illness; (e) Eat a variety of healthy foods; (f) Control your meal portions; (g) Stop

smoking and protect yourself against second-hand smoke; and (h) Use alcohol in moderation, if at all (Grand Rapids Community College [GRCC], n.d.).

**Emotional Dimension.** Emotional wellness is a dynamic state that fluctuates frequently with the other six dimensions of wellness. Being emotionally well is typically defined as possessing the ability to feel and express human emotions such as happiness, sadness and anger. It means having the ability to love and be loved and achieving a sense of fulfillment in life. Emotional wellness encompasses optimism, self-esteem, self-acceptance and the ability to share feelings. Tips for optimal emotional wellness: (a) Tune-in to your thoughts and feelings; (b) Cultivate an optimistic attitude; (c) Seek and provide support; (d) Learn time management skills; (e) Practice stress management techniques; and (f) Accept and forgive yourself.

**Intellectual Dimension.** The intellectual dimension encourages creative, stimulating mental activities. The minds need to be continually inspired and exercised just as the bodies do. People who possess a high level of intellectual wellness have an active mind and continue to learn. An intellectually well person uses the resources available to expand one's knowledge and improve skills. Keeping up-to-date on current events and participating in activities that arouse our minds are also important. Tips and suggestions for optimal intellectual wellness include: (a) Take a course or workshop; (b) Learn (or perfect) a foreign language; (c) Seek out people who challenge you intellectually; and (d) Learn to appreciate art (GRCC, n.d.).

**Social Dimension.** Social wellness refers to the ability to interact successfully in our global community and to live up to the expectations and demands of our personal roles. This means learning good communication skills, developing intimacy with others, and creating a support network of friends and family members. Social wellness includes showing respect for others and one self. Contributing to the community and to the world builds a sense of belonging.

Tips and suggestions for optimal social wellness include: (a) Cultivate healthy relationships; (b) Get involved; (c) Contribute to your community; (d) Share your talents and skills; and (e) Communicate your thoughts, feelings and ideas. **Spiritual Dimension.** Spiritual wellness involves possessing a set of guiding beliefs, principles, or values that help give direction to one's life. It encompasses a high level of faith, hope and commitment to your individual beliefs that provide a sense of meaning and purpose. It is willingness to seek meaning and purpose in human existence, to question everything and to appreciate the things which cannot be readily explained or understood. A spiritually well person seeks harmony between what lies within as well as the forces outside. Tips and suggestions for optimal spiritual wellness: (a) exploring spiritual core; (b) spending time alone/meditate regularly; (c) being inquisitive and curious; (d) being fully present in everything; (e) listening with the heart and live by principles; (f) allowing one self and those around the freedom to be who they are; and (g) seeing opportunities for growth in the challenges life brings (GRCC, n.d.).

**Environmental Wellness.** Environmental wellness is an awareness of the unstable state of the earth and the effects of one's daily habits on the physical environment. It consists of maintaining a way of life that maximizes harmony with the earth and minimizes harm to the environment. It includes being involved in socially responsible activities to protect the environment. Tips and suggestions for optimal environmental wellness: (a) stop junk mails; (b) conserve water and other resources; (c) minimize chemical use; (d) reduce, reuse, recycle; and (e) renew relationship with the earth. **Occupational Dimension.** Occupational/Vocational wellness involves preparing and making use of gifts, skills, and talents in order to gain purpose, happiness, and enrichment in life. The development of occupational satisfaction and wellness is related to one's attitude about work. Achieving optimal occupational wellness allows one to

maintain a positive attitude and experience satisfaction/pleasure in employment. Occupational wellness means successfully integrating a commitment to your occupation into a total lifestyle that is satisfying and rewarding. Tips and suggestions for optimal occupational wellness include: (a) exploring a variety of career options; (b) creating a vision for the future; (c) choosing a career that suits one's personality, interests and talents; and (d) being open to change and learn new skills (GRCC, n.d.).

According to Ellwood (2020), a new study, published in *Psychiatry Research*, examined potential factors influencing emotional well-being during a virus outbreak. Researchers found that perceived knowledge about COVID-19 was related to higher emotional well-being, over and above actual knowledge about the virus. They further discovered that sense of control might be the reason why. Previous research has uncovered the detrimental effects of virus outbreaks on public mental health. However, surprisingly few studies have looked at the effects of outbreaks on emotional well-being.

Study authors, Yang and Ma (2020), explored potential factors that might alleviate or exacerbate emotional well-being. When researchers compared results from the two studies, a 74 percent drop in emotional well-being during the pandemic was revealed. Certain factors increased the likelihood of experiencing this decline in emotional health: living in Hubei (the province where the virus outbreak began), being of an older age, and being married. Concerning married couples, the authors suggest that a virus outbreak has the potential to worsen relationship conflict, leading to a decline in well-being. Data from the second study revealed a possible protective factor for emotional well-being. It was found that perceived knowledge about the virus consistently predicted emotional well-being, but actual knowledge did not. "Regardless of their

actual level of knowledge,” the authors say, “those perceiving themselves as more knowledgeable, can better shield their emotional well-being from declining during an outbreak.”

According to Ellwood (2020), in a study, researchers tested whether sense of control could be responsible for this effect. Mediation analysis found that “perceived knowledge had a significant positive effect on sense of control and that sense of control had a significant positive effect on emotional well-being.” Even more, once the effect of sense of control was taken into consideration, the effect of perceived knowledge on emotional well-being was no longer significant. The authors explain, “Participants’ perceived knowledge about coronavirus infection was associated with a higher sense of control, which in turn protected their emotional well-being during the outbreak.” “Approaches that boost sense of control,” they add, “can attenuate the detrimental effect of an outbreak on happiness.” The researchers conclude that these findings provide guidance for policymakers and mental health workers hoping to reduce psychological suffering during the pandemic.

### **Resiliency**

The epidemic of the 2019 novel coronavirus SARS-CoV-2, causing the coronavirus disease 2019 (COVID-19) is a global public health emergency with multifaceted severe consequences for people's lives and their mental health. News about the coronavirus pandemic is alarming, with an overwhelming number of new cases and fatalities every day. Governments mandated hard measures of social distancing, quarantine and lockdowns, and businesses shut down, highlight the impact and inevitable long-term negative economic and health effects. In addition, although precise estimates of the financial damage determined by COVID-19 in Europe are yet inaccurate, preliminary analyses show that the drop in the continental GDP will be substantial (Fernandes, 2020).

Undoubtedly, these are stressful times, particularly since the stressor is new, the absence of warning precluded preparation and pre-adaptation, no antidotes or vaccinations being currently available, and unknown long-term health and society-related implications of the virus. It is unknown how the pandemic will affect the future lifestyle and when and if people can resume their regular lives. This pervasive uncertainty makes it difficult to plan for the future and thus generates additional psychosocial stress. Anxiety and distress are normal responses to such extreme circumstances. The stress systems have evolved to respond in highly adaptive ways, thereby enabling humans to deal with these challenges (de Kloet et al., 2005). While many are unsettled and concerned by the coronavirus pandemic, people all strive to adapt to this new reality. Nevertheless, not everybody can successfully deal with stress and adapt easily to new circumstances. The current pandemic will affect some more than others. Factors influencing this include living conditions, poverty, poor access to healthcare, illiteracy, uncertainty about the future (i.e. risk of unemployment), genetic background, previous life experiences and social support (Southwick & Charney, 2012).

It is important to realize that resilience does not only exist at the individual level, but also at the community level. In any societal ecosystem, there is a certain level of shared resilience needed to be able to overcome the stress of the coronavirus pandemic and recover to normal levels of functioning. This shared resilience is vital to face the current challenges together, not only at the national level, but also at the European and global level where all countries should play a crucial supporting role by coordinating cross-border collaborations. In contrast, nationalism and unilateralism will likely increase the vulnerability of a society to the current coronavirus and its stress-related impact (Vinkersa et al., 2020).



Considering that there will probably be a recurrence of the coronavirus in most countries, an important question is what the impact will be of the eventual reoccurrence of the pandemic on mental health of people? Moreover, can the first outbreak inform us to be better equipped to handle the response to a second or even more subsequent outbreaks? As such, it is crucial to be aware of stress management at the societal level. Given that parts of the population with lower socio-economic status are likely more prone to stress-related negative outcomes, they may benefit from specific short-term and long-term resilience enhancing interventions at a societal level including guaranteeing access to online education and information, providing adequate access to economic and health infrastructure, stimulating communities to organize themselves, and taking initiatives locally (Lazzarino et al., 2014).

In conclusion, the researchers not only advocate for an increased focus on mental health during the coronavirus pandemic, but they also highlight the urgent need of augmenting focus on resilience and on strategies to enhance it as resilience is pivotal to cope with the stress imposed by the virus outbreak at the individual and societal level (Vinkersa et al., 2020).

In the study of Bozdağ and Ergün (2020), the COVID-19 pandemic as a public health issue has spread to the rest of the world. Although the wellbeing and emotional resilience of healthcare professionals are key components of continuing healthcare services during the COVID-19 pandemic, healthcare professionals have been observed in this period to experience serious psychological problems and to be at risk in terms of mental health. The findings of this study showed that in order to raise psychological resilience of healthcare professionals working during the COVID-19 pandemic their quality of sleep, positive emotions and life satisfaction need to be enhanced. Psychological resilience levels of healthcare workers in their later years

were found to be higher. Doctors constitute the group with the lowest levels of psychological resilience among healthcare workers.

In the study of Lucia et al. (2020), healthcare providers (HCPs) showed significantly lower resilience compared to the control group. No significant differences were observed after stratification for geographical area, work setting, role, or suspected/confirmed diagnosis of COVID-19. In a linear regression analysis, resilience was inversely correlated with depression and directly correlated with age but not with body mass index. In male HCPs, higher depression score significantly predicted having low resilience. In female HCPs, higher depression score and working in a COVID-19 free setting significantly predicted having low resilience. HCPs satisfied with personal protective equipment had higher levels of resilience. The findings suggest that resilience was lower in Italian HCPs than in the general population after the first COVID-19 wave. Specific factors can be identified, and targeted interventions may have an important role to foster resilience of HCPs.

### **Psychological Well-being**

In the study of Li et al. (2020), respondents had varying levels of anxiety, and 32.9 percent of them had depression. The mean scores of HCW indicated that they were in the normal range for both anxiety and depression. Contact with COVID-19 cases or suspected cases, worry about suffering from COVID-19, worry about their family, and dismissal during the COVID-19 period were significant work-related contributing factors to the psychological health problems of HCW. The overall psychological health status of HCW in Guangdong, China, during the outbreak of COVID-19 was not overly poor.

In the study of Pearman et al. (2020), healthcare providers reported higher levels of depressive symptoms, past and future appraisal of COVID-related stress, concern about their health, tiredness, current general anxiety, and constraint, in addition to lower levels of proactive

coping compared to those who were not HCPs. Within the context of this pandemic, HCPs were at increased risk for a number of negative well-being outcomes.

According to the study of Saladino et al. (2020), the recent Covid-19 pandemic has had significant psychological and social effects on the population. Research has highlighted the impact on psychological well-being of the most exposed groups, including children, college students, and health workers, who are more likely to develop post-traumatic stress disorder, anxiety, depression, and other symptoms of distress. The social distance and the security measures have affected the relationship among people and their perception of empathy toward others.

Studies of pandemics faced over time, such as SARS, Ebola, H1N1, Equine Flu, and the current COVID-19, show that the psychological effects of contagion and quarantine is not limited on the fear of contracting the virus (Barbisch et al., 2015). There are some elements related to the pandemic that affect more the population, such as separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and the feeling of helplessness (Li and Wang, 2020; Cao et al., 2020).

### **Personal Wellness, Resilience and Psychological Wellbeing**

The results indicate a positive correlation between mental health and resilience. There was also a significant difference between female and male students in terms of resilience and mental health in favor of female students; It seems that women are more resilient and healthier than men. The study of age differences did not reveal any differences. The study also indicates that resilience has a significant impact on mental health (Rudwan & Alhashimia, 2018).

Resilience refers to the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (American Psychological Association, 2014).

According to many empirical studies, resilience is negatively correlated with indicators of mental ill-being, such as depression, anxiety, and negative emotions, and positively correlated with positive indicators of mental health, such as life satisfaction, subjective well-being, and positive emotions (Hu et al., 2015). Shapero et al. (2019) determined that resilience significantly moderated the relationship between emotional reactivity and depressive symptoms. In addition, resilience showed significant correlation with positive mental health indicators, such as life satisfaction and subjective well-being (Haddadi and Besharat, 2010; Vitale, 2015; Satici, 2016; Tomy and Weinberg, 2016). Tomy and Weinberg (2016) found a moderate, positive correlation between resilience and subject well-being. Satici (2016) showed that resilience positively predicts subjective well-being through the mediating role of hope.

Resilience is more than just a buzz word used to sell books in airports. It is a valuable framework for understanding how individuals cope with stress and maintain their levels of well-being. The past few decades of research have revealed a great deal in terms of what factors are most important for driving resilience and how interventions can be designed to facilitate growth and recovery in the face of adverse events (Harms et al., 2018). The outcomes in the study of Sharma (2019), demonstrate that there is positive relationship between mental health and resilience, mental health and happiness, resilience and happiness.

It should be recognized that many healthcare workers are on the front lines of the coronavirus outbreak. As recently reported, people should not lose sight of their colleagues working in emergency or intensive care settings who have to deal with a heavier and more stressful workload than usual (Chen et al., 2020). These colleagues are exposed to separation from family, unusual situations, increased exposure to the coronavirus, contagion fears, and feelings of failure in the face of poor prognoses and insufficient technical means to assist

patients. For healthcare workers, it will be challenging to remain mentally healthy in these rapidly evolving situations, and reduce the risk of depression, anxiety, or burnout. Moreover, they are particularly at increased risk for 'moral injury' when dealing with the ethical challenges of the coronavirus pandemic, such as working in conditions with insufficient resources, situations of triage, inadequate palliative care and not being able to support relatives of terminal patients adequately (Greenberg et al., 2020). Several resources are available for healthcare workers and several strategies recommend, which include team support, stress monitoring, taking care of oneself, taking breaks regularly, and connecting with others. Data from China have shown that social and psychological interventions could significantly enhance healthcare worker well-being during the COVID-19 outbreak (Chen et al., 2020).

The findings in the study of Suleman et al. (2018) revealed that there is a strong negative correlation between perceived occupational stress and psychological well-being. Furthermore, moderate negative correlation was found between all the sub-scales of perceived occupational stress and psychological well-being. All the subscales of occupational stress except low status were found significant predictors and have negative effect on psychological well-being.

It is increasingly being recognized that the mental health of employees is a crucial determinant in their overall health and that poor mental health and stressors at the workplace can be a contributory factor to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions, amongst others. In addition, poor mental health can also lead to burn-out amongst employees, seriously affecting their ability to contribute meaningfully in both their personal and professional lives (WHO, 2005).

According to Mayo Clinic Staff (2021), resilience means being able to adapt to life's misfortunes and setbacks. Resilience can help protect a person from various mental health

conditions, such as depression and anxiety. Resilience can also help offset factors that increase the risk of mental health conditions, such as being bullied or previous trauma.

Resilience and well-being are fundamentally related and, as noted above, in some instances resilience is even measured using well-being instruments (Davydov et al., 2010; Windle, 2011). This conflation creates problems with where to position resilience in models of well-being. First, it should be pointed out that although meta-analyses have demonstrated that there are robust relationships between measures of resilience and measures of well-being (Hu, Zhang, & Wang, 2015; Lee et al., 2013), there is evidence that self-report measures of resilience are not simply redundant with indices of well-being (Burns & Antsey, 2010; Martínez-Martí & Ruch, 2017). At the same time, the relationship between resilience and well-being is not straightforward.

Some researchers have argued that higher levels of well-being serve as an antecedent of resilience (e.g. Kuntz, Näswall, & Malinen, 2016). In particular, there has been extensive work showing that positive emotions facilitate resilience (e.g. Fredrickson, Tugade, Waugh, & Larkin, 2003; Ong, Bergeman, Bisconti, & Wallace, 2006; Ong, Zautra, & Reid, 2010; Tugade & Fredrickson, 2004). Research suggests that positive emotions can promote greater resilience because they promote flexible thinking (Isen, Daubman, & Nowicki, 1987) and facilitate both adaptive coping (Folkman & Moskowitz, 2000) and the maintenance of social relationships (Keltner & Bonanno, 1997).

Others have suggested that the relationship between well-being and resilience can also work in the opposite direction. For example, several researchers have used resilience to directly predict a number of well-being outcomes including depression (Loh, Schutte, & Thorsteinsson, 2014), job satisfaction (Luthans, Avolio, Avey, & Norman, 2007), and subjective well-being

(Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Liu, Wang, Zhou, & Li, 2014). Still others have argued that resilience and related constructs can serve as moderators between stressors and well-being outcomes (e.g. Flinchbaugh, Luth, & Li, 2015; Min, Kim, & Lee, 2015).

### **Synthesis**

The emergence of COVID-19 has greatly impacted the global community. It, being pandemic, has caused a lot of impact into the lives of the people. Personal wellness and psychological well-being are just a few aspects affected by this pandemic. The effects of COVID-19 extend to everyone to include those not suffering from such infection. Personal wellness encompasses emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness. These dimensions are essential to maintain personal wellness for one to be able to function well in the society. With the emergence of the pandemic, these dimensions are essential to be kept the highest possible level to maintain personal wellness. While literature and studies presented supports the fact that all dimensions of health are being affected by this pandemic. Literatures and studies presented supported this claim. In fact, it instilled fear, anxiety and psychological disturbances to all people, shaking the psychological well-being of every individual. That, at this time, mental health becomes a concern and one the priorities as well. While maintaining personal wellness and psychological well-being are essential at this very challenging time, the concept of resilience is as important as wellness and well-being. The literature and studies pointed out the importance of resiliency during these times of pandemic. This is one key factor that will allow the people to combat this pandemic in order to remain healthy amidst its presence. This battle requires everyone's cooperation and participation as it affects globally.

## Chapter III

### RESEARCH METHODOLOGY

This chapter is the presentation of the design used in the study, the locale, respondents along with the sampling design and the inclusion and exclusion criteria, instrument, data gathering procedures, statistical treatment of data, and ethical considerations.

#### **Design**

This quantitative research utilized a descriptive, correlational (predictive) design. A descriptive research design aims to accurately and systematically describe a population, situation or phenomenon. It can answer what, when, where, when and how questions, but not why questions (McCombes, 2020). According to University Phoenix (n.d.), a correlational predictive design is used in those cases when there is an interest to identify predictive relationship between the predictor and the outcome/criterion variable.

In application to the study, the descriptive design was used in determining the personal wellness in terms of emotional wellness; environmental wellness; intellectual wellness; occupational wellness; physical wellness; social wellness; and spiritual wellness as well as the resilience and psychological well-being. The correlational (predictive) design was used to assess whether the dimensions of personal wellness predict resilience and psychological well-being as well as whether resilience predict psychological well-being.

#### **Environment**

The study was conducted in Cebu City where the healthcare workers reside. This includes health workers coming from healthcare institutions such as hospitals, birthing homes and clinics. Cebu City (also known as Cebu) is the oldest city in the Philippines, located in the Province of Cebu. It is often called the "Queen City of the South". Cebu is the main center of Christianity in the Philippines (Philippine Statistics Authority, n.d.) with Cebuano as the native language.



English is also understood. Some people who emigrated from other parts of Visayas or Mindanao speak other Visayan languages (Guia, 2012). Hospitals in Cebu City include: Adventist Hospital – Cebu (formerly H. W. Miller Memorial Sanitarium and Hospital); Camp Lapu-Lapu Army Station Hospital – Camp; Cebu City Medical Center; Cebu Doctors' University Hospital; Cebu Family Clinic; Cebu (Velez) General Hospital; Cebu North General Hospital; Cebu Puericulture and Maternity House, Inc.; Cebu T.B. Pavilion; Chong Hua Hospital; Perpetual Succour Hospital; PNP Hospital; Sacred Heart Hospital; Saint Anthony's Mother and Child Hospital; Saint Vincent General Hospital; Vicente Sotto Memorial Medical Center; and Visayas Community Medical Center. According to the Philippine Nurses Association (PNA) (2020), there are over 3,000 nurses in all hospitals in Cebu City.

As of July 20, 2020, there were 9,132 cases of COVID-19 in the major cities of Cebu, particularly in Cebu City, Talisay City, Mandaue City, Lapu-Lapu City, and the Municipality of Cordova according to the Department of Health's COVID-19 Tracker. While the rest of these cities are already under General Community Quarantine' status, Cebu City is the only remaining local government unit in the country under Modified Enhanced Community Quarantine (MECQ). Most of its barangays (villages) are under “localized hard lockdown” as a way to implement the stay-at-home rule to contain the virus (FundLife International, 2020).

## **Respondents**

Respondents of this study were the healthcare workers who are residents of Cebu City. A quota of 300 respondents were taken of which 100 were doctors, 100 were nurses, 100 were midwives and nursing aides and other health care workers (pharmacists, medical technologists).

**Sampling Design.** The study made use the quota sampling. It is a non-probability sampling method in which sample can be formed involving individuals that represent a

population and are chosen according to traits or qualities. The researcher decided the trait as per which the sample subset selection was conducted so that the sample can be effective in collecting data that can be generalized to the entire population. The final subset was decided only according to the researcher's knowledge of the population. There are two main points that the researcher will be aware of, for accurate strata creation: (a) understanding of all the elements of a population; and (b) intention of research (Bhat, 2019). This was used until a total of 300 respondents were obtained utilizing 3 strata with 100 respondents for each group.

**Inclusion and Exclusion Criteria.** Respondents of the study must meet the following inclusion and exclusion criteria in order to be eligible to participate in the study. Respondents were: (a) a resident who had been residing in Cebu City for at least 1 year; (b) whether who had been infected with COVID-19 or not, and if infected, he or she should have fully recovered already; (c) connected wither in a public or private healthcare institution irrespective of length and status of employment;; and (c) willing to provide voluntary consent, regardless of sex, marital status, educational status, religion and economic status but must be at least 18 years old and not more than 60 years old. By setting inclusion and exclusion criteria this increased the external and internal validity of the study, improved its feasibility, lower its costs, and minimized ethical concerns; specifically, good selection criteria will ensure the homogeneity of the sample population, reduce confounding, and improve the likelihood of finding a true association between exposure/intervention and outcomes. The study excluded vulnerable subjects but not limited to minors and above 60 years old, pregnant woman, persons suffering from disabilities, and currently suffering from COVID-19

### **Instrument**

A three-part standard questionnaire was used in this study. The first part pertains to the assessment of the personal well-being using the Princeton U Matter Wellness Self-Assessment by

The Trustees of Princeton University (2020). It is intended for individual level self-reflection and goal-setting. It is not an objective assessment of wellness, but rather individual perception of wellness. It is a 49-item questionnaire composed of seven (7) dimensions with seven (7) items for each dimensions, namely: emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness. The instrument is answered using a 4-point likert scale where 1 is never, 2 is rarely, 3 as sometimes, and 4 as usually.

To interpret, the scores were tallied for each dimension. Scores of 20-28: Outstanding. This means that the answers demonstrate that the person is already taking positive steps in this dimension of wellness. The person is improving his own well-being and also setting a good example for those around him. Scores of 15-19: The person's behaviors in this area are good, but there is room for improvement. Scores of 14 and below: The answers indicate some potential health and well-being risks. Prior to the use of this instrument, permission shall be requested and once approved it shall be pre-tested using at least 25 Cebuanos who shall be excluded in the actual study.

The second part of the questionnaire pertains to the resiliency. The study used the Brief Resiliency Scale by Smith et al. (2008) in their study entitled "The brief resilience scale: assessing the ability to bounce back". It is composed of six (6) items where respondents answered it using a 5-point likert scale. Items 1, 3, and 5 uses the scale where 1 is strongly disagree, 2 is agree, 3 is neutral, 4 is agree, and 5 was strongly agree while items 2, 4, and 6 utilizes the reverse of the scale as they are worded negatively. To score, all responses were added varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered to derive the score. According to the authors of the tool, the level

of resiliency are as follows: 1.00-2.99 is Low resilience, 3.00-4.30 is Normal resilience, and 4.31-5.00 is High resilience. For individual items, a score of 1.00 – 1.80 is strongly disagree; 1.81 – 2.60 is disagree; 2.61 – 3.40 is neither agree nor disagree; 3.41 – 4.20 is agree; and 4.21 – 5.00 is strongly agree.

The third part of the questionnaire pertained to the well-being. It is the WHO (Five) Well-Being Index (1998 version) by the WHO (1998f). The 5-item World Health Organization Well-Being Index (WHO-5) is among the most widely used questionnaires assessing subjective psychological well-being. The WHO-5 had been found to have adequate validity in screening for depression and in measuring outcomes in clinical trials. Item response theory analyses in studies of younger persons and elderly persons indicate that the measure has good construct validity as a unidimensional scale measuring well-being in these populations (Winther Topp et al., 2015). The instrument was answered using a 6-point likert scale where 0 is at no time, 1 is some of the time, 2 is less than half of the time, 3 is more than half of the time, 4 is most of the time, and 5 is all of the time. The raw score is calculated by totalling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life. To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

### **Data Gathering Procedures**

A title defense commenced the conduct of the study. Three study titles were submitted to the professor for approval of on title study. This was followed by the assignment and selection of an Adviser. Consequently, a draft of the manuscript was done to be submitted for a design hearing to a panel of experts to assess the technical soundness of the study. After complying with

the recommendations during the design hearing, the study was submitted to the University of the Visayas-Institutional Review Board (UV-IRB) for ethics approval. Once a notice to proceed was issued, recruitment of the respondents started.

Research assistants were hired for data gathering purposes as data gathering became very challenging because of the pandemic. The assistants were purely hired for the distribution and retrieval of the questionnaires in any of the methods used. The distribution of the questionnaires was through a mixed method. A survey questionnaire was given to the respondents for those done through face-to-face intercept with strict observance of wearing mask and face shield were implemented as well as social distancing and limiting the time of contact and communication as a safety measure. The use of hand hygiene was also instituted using alcohol before and after answering the questionnaire. For respondents recruited through online, platforms such as emails and messenger were used in sending and returning the questionnaires. Some respondents were also given a link for the google form created if they choose to answer the survey in this manner. The creation of the google form was in consultation with an expert.

A referral method was used especially in the determination of the email address for those recruited. The person referring asked permission from the person being referred to give the email address. This was then followed by data collation and statistical treatment. Data were presented in tabular forms with the corresponding interpretation and analyses. Both hard copies and electronic copies of the questionnaires were destroyed at the end of the study.

### **Statistical Treatment of Data**

The following descriptive and inferential statistics were utilized in the study:

**Frequency Distribution and Percentage.** This was used in presenting the data on the personal wellness and psychological well-being.

**Mean score.** This was used to determine the the resilience of the healthcare workers.

**Simple Linear Regression.** This was used to assess if resilience predict psychological well-being.

**Multiple Linear Regression.** This was used in order to assess whether the dimensions of personal wellness predict resilience and psychological well-being of the respondents. Interpretation of the  $r^2$  are as follows: If R-squared value  $< 0.3$  this value is generally considered a None or Very weak effect size, if R-squared value  $0.3 < r < 0.5$  this value is generally considered a weak or low effect size, if R-squared value  $0.5 < r < 0.7$  this value is generally considered a Moderate effect size, and if R-squared value  $r > 0.7$  this value is generally considered strong effect size (Moore et al., 2013).

### **Ethical Considerations**

In the conduct of research studies, it is important to observe the ethical guidelines to protect the participants. By observing these ethical principles and standards participants' rights were respected. In this section of the manuscript, it discussed the ethical considerations that were observed in the conduct of the study.

**Protection of Human Rights.** Under the Belmont Report, published in 1979, the three essential ethical principles are autonomy, beneficence, and justice. These three principles were strictly observed in the conduct of the study.

First is, **Autonomy.** This principle refers to the right of a person to assess what activities they will or will not participate in. Respondents were made to understand about their roles and responsibilities in the study which pertained mainly on the answering of the questionnaire. Respondents were allowed to make a reasoned judgment about the effect participation had on them, and made a choice to voluntarily participate without coercion and undue influence or any

means that taints voluntary consent. This principle is also about respecting the autonomy of the respondents, and in the study this was afforded by letting the respondents sign voluntarily the informed consent attached to the questionnaire.

Second is the principle of **Beneficence**. This principle pertained to the researcher's obligation to maximize the benefits and minimize the risks involved in the study. This principle operates under the concept of "do no harm". This was applied in the study by making sure that there were no interventions, treatments or alternatives were introduced to the patients. Simply the respondents only answered the questionnaire, thus minimizing risks or harm, if not eliminating them.

Third is the principle of **Justice**. This principle demands equitable selection of participants, by observing this principle, the study set an inclusion and exclusion criteria in the recruitment of respondents. No vulnerable subjects were included in the study. To further observe this principle, all respondents were burdened with the same data gathering procedures which was simply answering the questionnaire.

**Risk – Benefit Ratio Determination.** Benefits and risks were identified in the study making sure that the benefits outweighed the risks.

**Benefits.** This research study will provide benefits to Cebuano community as they will gain baseline information about their collective personal wellness, resiliency, and psychological well-being. This will allow them to take appropriate measures that will improve their personal health, resiliency, and psychological well-being making them productive members of the society. Healthcare professionals will also benefit, being front liners during this pandemic, they will be able to assist the Cebuano community to gain better personal wellness, resiliency, and psychological well-being through interventions which are directed to towards improving health

in all dimension and aspects as well as strengthen resilience. The findings of the study will allow the DOH to align new policies, guidelines, and regulations with Cebuano culture in terms of the personal wellness, resilience, and psychological well-being. Further, the findings will allow LGUs to gain insights of the personal wellness, resilience, and psychological well-being of their respective constituents to guide them in drafting and implementing polices, regulations, and executive orders to best manage their constituents in providing the needed and appropriate support and the management of COVID-19 at the barangay level. Also, as a healthcare professional, this study will provide personal knowledge about the variables being studied, to allow her to make use of the outputs personally and up to the level of the community in battling this COVID-19 pandemic to gain better health and resilience. This will also provide improvement in the skills of the researcher in conducting research studies. Lastly, the findings of the study will serve as researchable topics that will either further validate the findings of the study or disprove the findings. This study will also serve as a means to conduct a study utilizing other designs to yield a more valid and reliable study findings. The study can also serve as a reference for studies relating to the variables studied.

**Risks.** The following risks were identified with their corresponding mechanisms in order to minimize or eliminate them, to wit:

***Physical Harms.*** No physical harm was involved as the study made use only of a survey questionnaire as the means of data gathering. No intervention, treatments or alternatives to treatments were introduced to the respondents of the study.

***Psychological Harms.*** While the study involved assessing psychological wellness as one of the variables. The questions were stated in the manner that they did not cause any emotional or psychological harm. The questionnaires used were validated questionnaires commonly used in



the assessment of psychological wellness. Other parts of the questionnaire were only for the determination of personal wellness and resilience. If at any time of the answering of the questionnaire the participant became uncomfortable, he or she was given a chance to take a rest period or if he or she chose to withdraw his or her participation, he or she was allowed to do so, without punishment or penalty.

***Social and Economic Harms.*** No private personal information was obtained in the study as anonymity was strictly observed. No information about drug and alcohol use, mental illness, sexual behavior, and illegal activities were asked from the study. The researcher eliminated or minimized economic costs to respondents by gathering data in the place where that respondents were reporting to work or at their residence or in any place where the respondents were already available without the need of spending any money in order to participate in the study. There were no fees that were collected when respondents decided to participate in the study.

**Informed Consent.** The study relied on informed consent. This would mean that before respondents answered the questionnaires they need to sign first the informed consent to signify voluntary participation. With the use of the different methods of data gathering, the acquisition of the signed informed consent was through the following: (a) for those recruited through face-to-face intercept, the informed consent form was attached to the questionnaire; and (b) for those recruited using online platforms, the informed consent form was also included when sent through the email or the messenger; and (c) for those utilizing the google forms, the informed consent served as a preliminary statement prior to answering the items where the respondents simply click if they agree to participate and give voluntary consent. A copy of the informed consent was attached to the questionnaire which contained all of the following elements:

**Participant Status.** Respondents of the study were made to understand that the study was for educational purpose as a requirement for the researcher's doctorate degree.

**Study Goals.** The study is to assess whether the dimensions of personal wellness predict resilience and psychological well-being. It further assesses the correlation between resilience and well-being of the Cebuanos for the third quarter of 2020.

**Type of Data.** The study gathered responses to the questionnaire utilizing numeric responses as the questionnaire was in the form of a Likert-scale.

**Procedures.** The study commenced with seeking permission from the Dean of the College of Allied Health Sciences and the Chief Academic Officer of the university, followed by an approval by the UV-IRB. After which, recruitment commenced. A survey questionnaire was given to the respondents whether by face-to-face, if allowed or through social media or online platforms. This was then followed by data collation and statistical treatment. Data were presented in tabular forms with the corresponding interpretation and analyses. Refer to Data Gathering Procedures for a more detailed discussion.

**Nature of the Commitment.** Respondents were only required around 10-15 minutes of their time in answering the questionnaires. The answering of the questionnaire was based on the convenience of the respondents.

**Sponsorship.** There were no sponsors in the conduct of this study. All expenses were shouldered by the researcher as this was a requirement for her doctorate degree.

**Participants.** In the selection of respondents, inclusion and exclusion criteria were relied on. Inclusion and exclusion are discussed separately under the Respondents' section.

**Potential Risks.** The respondents were only exposed to minimal risk. This type of risk was similar to a risk which an ordinary person is exposed to in his ordinary daily routine. This is further discussed in the previous paragraph on Risk-Benefit Ratio Determination.

**Potential Benefits.** Potential benefits are discussed in the Risk-Benefit Ratio Determination.

**Alternatives.** No alternatives were introduced as there were no treatments and interventions that were used as the study was non-experimental. This study was purely gathering of information through the use of questionnaires.

**Incentives.** As further explained in the succeeding sections, no compensation and incentives were given to the respondents. Words of gratitude served as the means of thanking the respondents for participating in the study.

**Confidentiality Pledge.** Confidentiality was strictly observed in the conduct of the study. To do this, a separate discussion on privacy and confidentiality is available on the succeeding paragraphs.

**Voluntary Consent.** Participation in the study was primarily based on voluntary consent. It was mandatory that only those respondents who gave voluntary consent by signing the informed consent can participate in the study..

**Right to Withdraw and withhold information.** The prospective participant were not coerced or influenced to participate in the study. This was guaranteed by not giving any compensation or incentives. The voluntary nature of the participation also allowed the respondent to withdraw their participation at their will and at any time. The same holds true to withholding information. If they chose to withdraw or withhold information, they were not punished or subjected to any penalties.

**Contact Information.** The study underwent ethical and technical review by the University of the Visayas-Institutional Review Board (UV-IRB). In case of queries about the study, respondents contacted the UV-IRB at 416-8607 or email at [uvirb2015@gmail.com](mailto:uvirb2015@gmail.com).

**Authorization to Access Private Information.** There were no access of personal private information as the study only involved answering of the questionnaire limited to the variables being studied.

**Privacy and Confidentiality.** Privacy and confidentiality were strictly observed in the study.

**Privacy.** This principle was observed in the following ways: (a) strict observance of the provisions of the Data Privacy Act and (b) they were given privacy in answering the questionnaire as they were allowed sufficient time to answer the questionnaire (at their respective homes when using the online platforms or not). **Confidentiality.** Anonymity was strictly observed in the conduct of the study. During the informed consent process, if applicable, respondents were informed of the precautions that were taken to protect the confidentiality of the data and be informed of the parties who had access. This allowed respondents to decide about the adequacy of the protections and the acceptability of the possible release of private information to the interested parties. This was strictly observed in the study as discussed in the succeeding paragraphs as well. **Security.** In order to secure and make sure that information gathered in the study remained private and confidential, the following security measures were observed, namely: (a) no identifying information (i.e. name, address) were obtained; (b) respondents were assigned with an identification number or letter and no identifiers to the actual data were used; (c) placing all of the accomplished questionnaires in a locked cabinet which was only be accessed by the researcher, as for the soft copies or electronic copies of the questionnaire were stored in a folder

in the computer that was password protected; (d) only the researcher, adviser, and the statistician had access to the collated data; (e) when collating the data, no identifying information were used; (f) the soft copies of the collated data were placed with a password before the file can be opened or accessed; (g) reporting research information in the aggregate (tables); if information for an individual was reported, anonymity was observed to protect the identity of the respondent such as through the use of a fictitious name or code. At the end of the study, the hard copies of the instrument were shredded and the soft copies were deleted.

**Debriefing, Communications and Referrals.** The following were strictly observed:

**Debriefing.** Respondents were briefed accordingly, prior to answering the questionnaire. Preliminary statement was included in the message that were sent to the recruited respondents in cases where emails and social media platforms were used. If face-to-face intercept was used, while observing social distancing, respondents were briefed about the study. The researcher was also open to any questions in whatever platform was used.

**Communication.** All methods of communication were verbal in nature from transmittal letter to the use of the questionnaires. **Referrals.** The assessment of the psychological well-being might pose possible risks and unexpected reactions, appropriate referrals were done through the Guidance Officer of the university for proper counselling.

**Incentives or Compensation.** Respondents were not compensated or given any incentives for their participation. Should personal contact be restricted, respondents were thanked personally by the researcher through social media platforms or through emails. Words of gratitude were given to the respondents for taking part in the study.

**Conflict of Interest.** The researcher declared no conflict of interest.

**Collaborative Study Terms of Reference.** This study was in partial fulfilment of the researcher's doctorate degree and was therefore academic in nature. The study was not in collaboration with any other institutions, however, the adviser upon agreement with the researcher, may be included as a secondary author of the study.

**Recruitment.** Recruitment of the respondents involved a couple of methods. First option that the researcher took was through a face-to-face intercept. This was done if guidelines on quarantine was loosened in accordance and compliance with the international (WHO) national (President), local government executive orders, regulations, and policies. Should this option be used, strict measures on wearing of mask and face shield were instituted along with the observance of social distancing, hand hygiene and limiting the period of contact and conversation. Should this option be available, strict social distancing was observed. This also involved asking the email or social media accounts of the prospective respondent in order to send the electronic copy of the informed consent and questionnaire or the link of the google form. Another option in the recruitment was through the social media account like facebook, twitter, and instagram where the researcher randomly selected the respondent applying the same principle of face-to-face intercept but doing it online.

**Vulnerability Assessment.** As part of the inclusion and exclusion criteria, identified or possible respondents identified as a vulnerable subject were excluded from the study.

## Chapter IV

### PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter is the presentation of the collated answers to the research problems. Data are presented in tabular forms together with the interpretations, analyses, implications, and supporting literature and studies.

#### Wellness among Healthcare Workers

Table 1 reflects the presentation of the data on the perceived personal wellness of the healthcare workers in terms of emotional, environmental, intellectual, occupational, physical, social, and spiritual wellness.

The table shows that the healthcare workers had an outstanding personal wellness in all of its dimensions from emotional, environmental, intellectual, occupational, physical, social, and spiritual wellness. Though it indicates that healthcare workers were exceptionally good in keeping their personal wellness in all dimensions.

It had been said that there is no sole determinant of individual well-being, but in general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources (e.g., shelter, income). Numerous studies have examined the associations between determinants of individual and national levels of well-being. Many of these studies have used different measures of well-being (e.g., life satisfaction, positive affect, psychological well-being), and different methodologies resulting in occasional inconsistent findings related to well-being and its predictors (Veenoven, 2008; Kahneman & Deaton, 2010).

Table 1

<i>Wellness among Healthcare Workers</i>		
Wellness Dimensions	<i>f</i>	%
Emotional		
Outstanding	261	87.00
Good but needing improvement	37	17.76

Some potential health and well-being risks	2	0.67
Overall Average Score	22.88	Outstanding
Environmental		
Outstanding	279	93.00
Good but needing improvement	19	6.33
Some potential health and well-being risks	2	0.67
Overall Average Score	23.63	Outstanding
Intellectual		
Outstanding	259	86.33
Good but needing improvement	39	13.00
Some potential health and well-being risks	2	0.67
Overall Average Score	22.92	Outstanding
Occupational		
Outstanding	263	86.67
Good but needing improvement	33	11.00
Some potential health and well-being risks	4	1.33
Overall Average Score	23.42	Outstanding
Physical		
Outstanding	229	76.33
Good but needing improvement	64	21.33
Some potential health and well-being risks	7	2.33
Overall Average Score	21.89	Outstanding
Social		
Outstanding	287	95.67
Good but needing improvement	12	4.00
Some potential health and well-being risks	1	0.33
Overall Average Score	24.27	Outstanding
Spiritual		
Outstanding	282	94.00
Good but needing improvement	17	5.67
Some potential health and well-being risks	1	0.33
Overall Average Score	24.37	Outstanding
Overall Wellness	23.34	Outstanding

Note:  $n=300$ .

Legend: Scores of 20 – 28 is outstanding, 15 – 19 is good needing improvement, 14 and below is some potential health and well-being risks.

Specifically, the data reflects that in terms of emotional wellness the healthcare workers were outstanding. Majority of them had an outstanding emotional wellness which was a good indication. This finding implies that the healthcare workers had a good understanding of their own feelings and expressing emotions in a constructive way, and having the ability to deal with stress and cope with life's challenges. This is a clear indication that healthcare workers



developed a good emotional wellness. Healthcare personnel were able to adhere to the following tenets: (a) it is preferable to be aware of and embrace one's sentiments than to reject them; and (b) it is preferable to be optimistic in one's outlook on life rather than gloomy (National Wellness Institute, 2020).

Emotional health is a dynamic condition that varies with the other six aspects of wellness on a regular basis. Emotional well-being is commonly characterized as the ability to feel and express human emotions such as happiness, sorrow, and rage. It entails being able to love and be loved, as well as experiencing a sense of contentment in life. Emotional wellbeing includes optimism, self-esteem, self-acceptance, and the ability to express one's emotions. Tips for emotional wellbeing include: (a) paying attention to your thoughts and feelings; (b) cultivating a positive attitude; (c) seeking and providing support; (d) learning time management skills; (e) practicing stress management strategies; and (f) accepting and forgiving yourself (GRCC, n.d.).

As for the environmental wellness the healthcare workers were outstanding. Majority of them had an outstanding environmental wellness which was a good indication. This finding implies that the healthcare workers were exceptionally good in recognizing the interactions between themselves and their environment (natural and social), responsibly using available resources, and fostering a safer and healthier environment for others.

In terms of intellectual wellness the healthcare workers were outstanding. Majority of them had an outstanding intellectual wellness which was a good indication. This finding implies that the healthcare workers are exceptionally good in engaging in creative and mentally-stimulating activities, expanding their knowledge through cultural, artistic, or skill-based learning, and sharing knowledge and skills with others.

The intellectual component promotes innovative, mentally engaging activities. The brains, like the bodies, require constant inspiration and activity. People with a high level of intellectual health have an active mind and are always learning. An intellectually strong individual makes use of available resources to broaden one's knowledge and enhance one's abilities. Keeping up with current events and engaging in activities that stimulate our thoughts are also vital. Tips and recommendations for optimal intellectual wellbeing include: (a) taking a course or workshop; (b) learning (or perfecting) a foreign language; (c) seeking out intellectually challenging individuals; and (d) learning to appreciate art (GRCC, n.d.).

In terms of occupational wellness, the healthcare workers were also outstanding. Majority of them had an outstanding occupational wellness which is a good indication. This finding implies that the healthcare workers were exceptionally good in getting personal fulfillment from his or her job or academic pursuits, and contributing to knowledge and skills, while maintaining a work-life balance.

As for the physical wellness the healthcare workers were outstanding. Majority of them had an outstanding physical wellness which is a good and positive indication. This finding implies that the healthcare workers are good in making choices to avoid harmful habits and practice behaviors that support their physical body, health, and safety. The findings of the study only proved that healthcare workers were able to engage in specific activities that are geared towards physical wellness. Physical wellness, according to GRCC (n.d.), entails the following activities: (a) daily exercise; (b) adequate rest; (c) use seat belts, helmets, and other protective equipment; (d) learning to recognize early signs of illness; (e) eating a variety of healthy foods; (f) controlling your meal portions; (g) quitting smoking and protecting yourself from second-hand smoke; and (h) use alcohol in moderation, if at all.

For the social wellness, the healthcare workers had a good social wellness despite needing improvements. Majority of them had an outstanding social wellness which is a good indication. This finding implies that the healthcare workers are good in building and maintaining a diversity of supportive relationships, and dealing effectively with interpersonal conflict. Social wellness refers to our ability to interact successfully in our global community and to live up to the expectations and demands of our personal roles. This means learning good communication skills, developing intimacy with others, and creating a support network of friends and family members. Social wellness includes showing respect for others and yourself. Contributing to your community and to the world builds a sense of belonging (GRCC, n.d.).

Lastly for spiritual wellness the healthcare workers had a good spiritual wellness despite needing improvements. Majority of them had an outstanding spiritual wellness which is a good indication. This finding implies that the healthcare workers are good in having beliefs and values that provide a sense of purpose and help give meaning and purpose to their lives, and acting in alignment with those beliefs.

Spiritual wellbeing is having a set of guiding beliefs, concepts, or ideals that help guide one's life. It entails a strong level of faith, hope, and dedication to your own beliefs that offer meaning and purpose. It is the willingness to seek meaning and purpose in human existence, to question everything, and to appreciate what cannot be easily described or comprehended. A spiritually healthy individual seeks balance between what is within and what is outside (GRCC, n.d.).

As appended, based on the data, the respondents scored the lowest on the physical wellness. The lack of engagement to physical wellness activity can mainly be attributed to the lack of time which is a consequence of having a very tight schedule. This can also be attributed

to the fact that at this time restrictions are highly prohibited such that going to facilities intended for physical wellness such as spas and gyms are closed and even if they are operating on limited hours, the fear of going outside might just also contribute to rather not going to these places. However, banking initiative, people can always look for ways to achieve physical wellness even when at home as simple exercises can be done aided by videos online and use of homemade materials for exercise. However, when personal difficulties and challenges arises, this might just be difficult to achieve. Despite the restrictions imposed by the pandemic, this does not however, totally stop people from engaging in activities that promote physical wellness.

Further, in terms of emotional well, the respondents scored the lowest on findings it easy to express their emotions in positive and constructive ways. As for the environmental wellness, they scored the lowest on seeking out ways to improve the social environment at their company organization. They also scored the lowest on intellectual wellness on them enjoying brainstorming and sharing knowledge with others in group projects or task. In terms of occupational wellness they scored the lowest on exploring paid and/or volunteer opportunities that interest them. The lowest on the social wellness was on participating in a wide variety of social activities and find opportunities to form new relationships. And lastly, the lowest score on spiritual wellness was on feeling connected to something larger than themselves like the supreme being, nature, connectedness of all living things, humanity, and community.

As supported by the study of Saladino et al. (2020), it found that the recent Covid-19 epidemic has a major psychological and social impact on the community. According to research, the most vulnerable populations, such as children, college students, and health workers, are more prone to acquire post-traumatic stress disorder, anxiety, depression, and other distressing

symptoms. People's relationships and their perceptions of empathy for others have been impacted by social distance and security measures.

Similarly, the psychological consequences of pandemics such as SARS, Ebola, H1N1, Equine Flu, and the current COVID-19 are not confined to the dread of catching the virus, according to studies of pandemics such as SARS, Ebola, H1N1, Equine Flu, and the current COVID-19 (Barbisch et al., 2015). Some aspects of the pandemic have a greater impact on the populace, such as separation from loved ones, loss of independence, uncertainty regarding the disease's progression, and a sense of powerlessness (Li and Wang, 2020; Cao et al., 2020).

While it can be noted that all dimensions of wellness were outstanding, it can also be noted that the physical wellness was the lowest and the spiritual wellness as the highest. This is basically supported by the fact that at this time of pandemic, physical activities were restricted due to restrictions on activities such that gyms and sports or exercise facilities are closed or limited and that social distancing is strictly implemented that most people choose to stay at home to avoid getting infected with the disease. On the other hand the spiritual wellness became heightened also at this time of the pandemic. In this time of pandemic, Cebuanos' spirituality has been tested and it is during this time that Cebuanos seek for spiritual help as this is really part of the Cebuano culture, and this does not only apply to Cebuanos but to all people in the world as well. Quarantine measures allowed people to spend more time talking to their Gods. Also, personal wellness had been greatly affected by the emergence of the pandemic as measures to prevent its spread greatly affects how people maintain wellness. The sudden emergence of the epidemic greatly impacts the wellness of the people. As an overall wellness, the respondents had an outstanding wellness.

### **Perceived Resilience among Healthcare Workers**

Table 2 reflects the presentation of the data on the perceived level of resilience among healthcare workers.

Table 2

*Perceived Resilience among Healthcare Workers*

Items	Mean score	SD	Interpretation
1. I tend to bounce back quickly after hard times.	3.73	.849	Agree
2. I have a hard time making it through stressful events.	3.03	.910	Neither agree nor disagree
3. It does not take me long to recover from a stressful event.	3.50	.867	Agree
4. It is hard for me to snap back when something bad happens.	3.19	.872	Neither agree nor disagree
5. I usually come through difficult times with little trouble.	3.25	.884	Neither agree nor disagree
6. I tend to take a long time to get over set-backs in my life.	2.99	.916	Neither agree nor disagree
Grand mean score	3.28	.491	Normal

Note:  $n=300$ . Items 2, 4, and 6 are reversely scored.

Legend: For individual items, a score of 1.00 – 1.80 is strongly disagree; 1.81 – 2.60 is disagree; 2.61 – 3.40 is neither agree or disagree; 3.41 – 4.20 is agree; and 4.21 – 5.00 is strongly agree. For the overall resilience, a score of 1.00-2.99 is low resilience, 3.00-4.30 is normal resilience, and 4.31-5.00 is high resilience.

The table shows that the healthcare workers had a normal level of resilience. Though this finding is within the middle range, the possibility that the level of resilience can dive into the level of being low is a major concern. A good indication though of resilience is that of possessing a high level of resilience in order to combat whatever challenges in life to include pandemics. The finding of a normal level of resilience indicates that healthcare workers have a fair ability to bounce back quickly after hard times. This finding also indicates that they fairly have a hard time making it through stressful events such as the pandemic. They have a fair ability to recover from a stressful event and a fair ability to snap back when something bad happens. Lastly, they fairly come through difficult times with little trouble.

However, it is worth noting that healthcare workers have a low resilience on getting over set-backs in their lives. This aspect of resilience requires attention as this would mean that for healthcare workers, they have to move along with the pace of their environment. They cannot waste time as their professions require them to value every second of their time, as every second could mean a loss of a life. Being entrusted with the lives of their patients is a challenging profession. They need to keep up with what is new and trending.

It can also be noted in the table interpretations that for some statements which has similar meaning and yet were stated differently, the respondents had different ratings which resulted to having different interpretations and yet having the same meaning. While these responses reflect the honest responses of the respondents, this can be attributed to the fact that personal interpretations of each item of the questionnaire may have been treated differently by the respondents which is a reflection of their understanding of the statement which is hard to refute as these are reflective of their responses. It could be that respondents really treated each item differently as they view each of the statement as different despite the somewhat similar meaning of the statements.

The findings also revealed that levels of resilience are different for every person. According to Southwick and Charney (2012) while many are unsettled and concerned by the coronavirus pandemic, people all strive to adapt to this new reality. Nevertheless, not everybody can successfully deal with stress and adapt easily to new circumstances. The current pandemic will affect some more than others. Factors influencing this include living conditions, poverty, poor access to healthcare, illiteracy, uncertainty about the future (i.e. risk of unemployment), genetic background, previous life experiences and social support.

To support the findings of the study, the study of Bozdağ and Ergün (2020) revealed that in order to raise psychological resilience of healthcare professionals working during the COVID-19 pandemic their quality of sleep, positive emotions and life satisfaction need to be enhanced. Psychological resilience levels of healthcare workers in their later years were found to be higher. Doctors constitute the group with the lowest levels of psychological resilience among healthcare workers.

Contrary to the results of the study, in the study of Lucia et al. (2020), healthcare providers (HCPs) showed significantly lower resilience compared to the non-healthcare providers. No significant differences were observed after stratification for geographical area, work setting, role, or suspected/confirmed diagnosis of COVID-19. In a linear regression analysis, resilience was inversely correlated with depression and directly correlated with age but not with body mass index. In male HCPs, higher depression score significantly predicted having low resilience. In female HCPs, higher depression score and working in a COVID-19 free setting significantly predicted having low resilience. HCPs satisfied with personal protective equipment had higher levels of resilience. The findings suggest that resilience was lower in Italian HCPs than in the general population after the first COVID-19 wave. Specific factors can be identified, and targeted interventions may have an important role to foster resilience of HCPs.

### **Psychological Well-being among Healthcare Workers**

Table 3 presents the data on the psychological well-being of the healthcare workers during the COVID-19 pandemic.

Table 3

#### *Psychological Well-being among Healthcare Workers*

Wellness Dimensions	<i>f</i>	%
Low	9	3.00



Fair	97	32.33
High	194	64.67
Overall average	17.77	High

Note:  $n=300$ .

Legend: 0.00 – 8.33 is low, 8.34 – 16.66 is fair, and 16.67 – 25 is high. 25 representing best possible quality of life. A percentage score of 0 represents worst possible, whereas a score of 0.00% - 33.33% is low, 33.34% - 66.66% is fair, and 66.67 – 100 is high. A score of 100 represents best possible quality of life.

The table shows that healthcare workers had a high level of psychological well-being. Majority of them had a high level of psychological well-being which is a good indication. The minority of the healthcare workers are distributed into having a fair and a minimal number of poor psychological well-being. Despite the low number in the poor psychological well-being, these healthcare workers cannot be ignored as they may require psychological help. According to Greenberg et al. (2020), for healthcare workers, it will be challenging to remain mentally healthy in these rapidly evolving situations, and reduce the risk of depression, anxiety, or burnout. Moreover, they are particularly at increased risk for ‘moral injury’ when dealing with the ethical challenges of the coronavirus pandemic, such as working in conditions with insufficient resources, situations of triage, inadequate palliative care and not being able to support relatives of terminal patients adequately.

A high level of psychological well-being implies that the healthcare workers are highly being cheerful and in good spirits, calm and relaxed, active and vigorous, fresh and rested, and filled with things that interest them. Contrary to the findings of the study is the study by Li et al. (2020), respondents had varying levels of anxiety, and 32.9 percent of them had depression. The mean scores of HCW indicated that they were in the normal range for both anxiety and depression. Contact with COVID-19 cases or suspected cases, worry about suffering from COVID-19, worry about their family, and dismissal during the COVID-19 period were significant work-related contributing factors to the psychological health problems of HCW. The

overall psychological health status of HCW in Guangdong, China, during the outbreak of COVID-19 was not overly poor.

In another study, Pearman et al. (2020) found that healthcare providers had higher levels of depressive symptoms, past and future appraisal of COVID-related stress, concern about their health, tiredness, current general anxiety, and constraint, as well as lower levels of proactive coping than non-HCPs. HCPs were at an elevated risk of a variety of poor well-being outcomes in the setting of this pandemic.

Saladino et al. (2020) found that the recent Covid-19 epidemic has a major psychological and social impact on the community. According to research, the most vulnerable populations, such as children, college students, and health workers, are more prone to acquire post-traumatic stress disorder, anxiety, depression, and other distressing symptoms. People's relationships and their perceptions of empathy for others have been impacted by social distance and security measures.

The psychological consequences of pandemics such as SARS, Ebola, H1N1, Equine Flu, and the current COVID-19 are not confined to the dread of catching the virus, according to studies of pandemics such as SARS, Ebola, H1N1, Equine Flu, and the current COVID-19 (Barbisch et al., 2015). Some aspects of the pandemic have a greater impact on the populace, such as separation from loved ones, loss of independence, uncertainty regarding the disease's progression, and a sense of powerlessness (Li and Wang, 2020; Cao et al., 2020).

For some of the respondents, the pandemic had greatly caused them to gain low and fair levels of psychological well-being.

### **Dimensions of Wellness Predicting Resilience among Healthcare Workers**

Table 4 presents the data on whether the dimensions of personal wellness such as the emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness predict resilience among healthcare workers.

Table 4

*Dimensions of Wellness Predicting Resilience among Healthcare Workers*

Dimensions of Wellness (independent variables)	B value	Std Err	Beta values	t values	p values	Decision	Interpretation
(Constant)	1.271	.256		4.958	.000		
Emotional Wellness	.040	.011	.252	3.712	.000	Reject the null hypothesis	Significant
Environmental Wellness	-.020	.013	-.119	-1.551	.122	Failed to reject the null hypothesis	Not significant
Intellectual Wellness	.021	.012	.136	1.755	.080	Failed to reject the null hypothesis	Not significant
Occupational Wellness	-.007	.012	-.045	-.584	.560	Failed to reject the null hypothesis	Not significant
Physical Wellness	.035	.009	.246	4.057	.000	Reject the null hypothesis	Significant
Social Wellness	.023	.014	.131	1.651	.100	Failed to reject the null hypothesis	Not significant
Spiritual Wellness	-.004	.012	-.022	-.312	.755	Failed to reject the null hypothesis	Not significant

Note: Resilience (Dependent variable).

Legend: Significant if p value is < .05. If R-squared value < 0.3 - None or Very Weak, 0.3 < r < 0.5 - Weak or Low; 0.5 < r < 0.7 - Moderate; and > 0.7 - Strong (Moore et al., 2013).

Based on the tabular presentation, the p value for emotional wellness and physical wellness were below .05 while all the other dimensions had p values which were greater than .05. The findings on the emotional wellness and physical wellness were considered significant which led to the decision of rejecting the null hypothesis. This further means that emotional wellness and physical wellness predict resilience. As reflected also in the table, the t value for

emotional wellness was 3.712 and 4.057 for physical wellness were positive which means that the prediction was positive for both variables. The positive prediction means that for one unit increase in emotional wellness and physical wellness the resilience increases by .252 unit and .246 unit respectively. These also mean that when emotional wellness and physical wellness are increased, the level of resilience also increases. Further, the dimensions of occupational, environmental, intellectual, social, and spiritual wellness do not predict resilience and therefore do not influence it at all. The model summary revealed an R value of .482; R squared value of .232; Adjusted R squared of .214; and Standard Estimated Error of .435. The ANOVA revealed an F value of 12.628 and a sig. value of .000.

It has been explained that Aa mental health program aims at understanding and acknowledging one's emotions. Emotional wellness includes the degree to which one feels positive and enthusiast about one's self and life. It includes the ability to manage one's feelings and related behaviors, including a realistic assessment of one's limitations, the development of autonomy, and the ability to cope effectively with stress. A good person maintains a satisfying relationship with others. Awareness and acceptance of a wide range of feelings in oneself and others is essential to wellness. On the wellness path, one will be able to express one's feelings freely and manage one's feelings effectively. One will be able to make personal choices and decisions based on the synthesis of feelings, thoughts, philosophies, and behavior. One will live and work independently while at the same time realizing the importance of seeking and appreciating the support and assistance of others. One will be able to form interdependent relationships with others on the basis of mutual commitment, trust and respect. One will take on challenges, take risks, and recognize that the conflict is potentially healthy. Managing one's life in personally rewarding ways, and taking responsibility for one's actions, will help one see life as

an exciting, hopeful adventure. Emotional well-being is guided by the following principles: (a) it is preferable to be aware of and embrace one's feelings than to reject them; and (b) it is preferable to be positive about one's outlook on life rather than gloomy.

On the other hand the Physical wellness acknowledges that we need to conduct physical exercises daily. By introducing a physical growth as soon as possible after birth, kids are prevented from (using) unhealthy substances such as tobacco, narcotics and alcohol. The best health is thought to be obtained by a combination of healthy diet and exercise. As one travels the wellness route, one will strive to spend time building physical strength, resilience, and endurance while also taking safety precautions so one can travel his or her path successfully, including medical self-care and proper use of a medical system. Physical health defines the obligation of being able to respond to minor illnesses and having a strong enough awareness to know when competent medical intervention is required. Through traveling the wellness route, one would be able to track his or her own vital signs and recognize his or her body's warning signs. One will enjoy understanding and understand the relationship between the nutrition he or she receives and how his or her body performs. The physical advantages of looking and feeling great nearly invariably lead to psychological benefits such as increased self-esteem, self-control, drive, and a sense of purpose. Health is governed by the following tenets: (a) it is preferable to eat and drink things that are beneficial for one's health rather than those that are bad for it; and (b) it is preferable to be physically fit rather than out of shape.

Once both these dimensions are highly developed, this can develop a sense of being able to bounce back quickly after hard times, having a hard time making it through stressful events, taking too long to recover from a stressful event, having a hard time to snap back when something bad happens, usually coming through difficult times with little trouble, and tending to

take a long time to get over set-backs in life. The regression equation derived from the statistical treatment on regression revealed that:

$$\text{Resilience} = 1.271 + (.040 \times \text{emotional wellness}) + (.035 \times \text{physical wellness})$$

The equation can be explained in such a way that resilience is the sum of the constant value of 1.271 plus .040 of emotional wellness plus .035 of physical wellness. The variable of emotional wellness had the biggest weight contribution into the equation based on the beta value of .252. Based on the model summary, the r squared value was .232 which indicates that the total variation in the quality of process of resilience can be explained by the independent variables of emotional and physical wellness. In this case, 23.20 percent can be explained which is none to very weak. This means that the variables of emotional and physical wellness predicting resilience had no or very weak effect only. Thus, the regression model was also none or very weak despite the association. Based on the significant value of .000, the regression model predicts the dependent variable significantly well. The value was equal to 0.000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

Resilience refers to the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress (American Psychological Association, 2014). According to many empirical studies, resilience is negatively correlated with indicators of mental ill-being, such as depression, anxiety, and negative emotions, and positively correlated with positive indicators of mental health, such as life satisfaction, subjective well-being, and positive emotions (Hu et al., 2015).

Shapero et al. (2019) discovered that resilience reduced the association between emotional reactivity and depression symptoms considerably. Furthermore, resilience was found

to have a strong relationship with good mental health markers such as life satisfaction and subjective well-being (Haddadi and Besharat, 2010; Vitale, 2015; Satici, 2016; Tomy and Weinberg, 2016).

According to Tomy and Weinberg (2016), there is a somewhat favorable relationship between resilience and subject well-being. Satici (2016) demonstrated that resilience predicts subjective well-being via the mediation function of hope.

Also, according to the Australian Psychological Association (2008), it affirmed, that it is clear that the well-being and integrity of natural ecosystems and the biophysical environment are integral to human health and well-being.

### Dimensions of Wellness Predicting Psychological Well-being among Healthcare Workers

Table 5 presents the data on whether the dimensions of personal wellness such as the emotional wellness, environmental wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness predict psychological well-being among healthcare workers.

Table 5

#### *Dimensions of Wellness Predicting Psychological Well-being among Healthcare Workers*

Dimensions of Wellness	B value	Std Err	Beta values	t values	p values	Decision	Interpretation
Table 5 continued ... (Constant)	3.901	2.371		1.645	.101		
Emotional Wellness	.157	.101	.109	1.562	.119	Failed to reject the null hypothesis	Not significant
Environmental Wellness	-.169	.119	-.111	-1.417	.158	Failed to reject the null hypothesis	Not significant
Intellectual Wellness	.150	.113	.105	1.326	.186	Failed to reject the null hypothesis	Not significant
Occupational Wellness	.517	.108	.377	4.773	.000	Reject the null hypothesis	Significant

Wellness						null hypothesis	
Physical Wellness	.033	.079	.026	.422	.673	Failed to reject the null hypothesis	Not significant
Social Wellness	-.149	.130	-.093	-1.145	.253	Failed to reject the null hypothesis	Not significant
Spiritual Wellness	.066	.113	.043	.582	.561	Failed to reject the null hypothesis	Not significant

Note: Psychological well-being (Dependent variable).

Legend: Significant if p value is < .05. If R-squared value < 0.3 - None or Very Weak, 0.3 < r < 0.5 - Weak or Low; 0.5 < r < 0.7 – Moderate; and > 0.7 - Strong (Moore et al., 2013).

Based on the tabular presentation, the *p* value for occupational wellness was below .05 while all the other dimensions had *p* values which were greater than .05. Of all the dimensions of personal wellness it is only occupational wellness had a significant finding. The finding on the occupational wellness was considered significant which led to the decision of rejecting the null hypothesis. This further means that occupational wellness predict psychological well-being. As reflected also in the table, the *t* value for occupational wellness was (4.773) positive which means that the prediction was positive. The positive prediction means that for one unit increase in occupational wellness the psychological well-being increases by .377 unit. This also means that when occupational wellness and physical is increased, the level of psychological well-being also increases. Further, the dimensions of emotional, environmental, intellectual, physical, social, and spiritual wellness do not predict psychological well-being and therefore do not influence it at all. The model summary revealed an R value of .439; R squared value of .193; adjusted R squared of .174; and standard estimated error of 16.101. As for the ANOVA, the F value was 9.983 and sig. value was .000.



It has been explained that the Occupational wellness embraces the personal fulfillment and enrichment of one's life through work. The concept at the heart of occupational wellness is that occupational growth is connected to one's attitude towards one's employment. By pursuing occupational wellness, one will be able to offer his or her unique traits, abilities, and talents to work that is both personally meaningful and rewarding. One expresses his or her beliefs by participating in events that are enjoyable to him or her. The landscape of a person's route includes factors such as profession choice, job happiness, professional objectives, and personal achievement. Occupational well-being is guided by the following principles: (a) selecting a career that is compatible with one's personal values, desires, and beliefs is preferable to selecting one that is unrewarding to us, and (b) learning practical, transferable skills through organized opportunities for participation is preferable to remaining inactive and uninvolved. By attaining occupational well-being, this permits the development of psychological well-being. This means that an improved degree of occupational health helps a person to acquire sensations of being joyful and in good spirits, peaceful and relaxed, energetic and vigorous, fresh and refreshed, and full of things that interest them. These emotions are signs of psychological well-being.

Contrary to the findings of the study is the findings in the study of Suleman et al. (2018) revealed that there is a strong negative correlation between perceived occupational stress and psychological well-being. Furthermore, moderate negative correlation was found between all the sub-scales of perceived occupational stress and psychological well-being. All the subscales of occupational stress except low status were found significant predictors and have negative effect on psychological well-being.

It is increasingly being recognized that the mental health of employees is a crucial determinant in their overall health and that poor mental health and stressors at the workplace can

be a contributory factor to a range of physical illnesses like hypertension, diabetes and cardiovascular conditions, amongst others. In addition, poor mental health can also lead to burn-out amongst employees, seriously affecting their ability to contribute meaningfully in both their personal and professional lives (WHO, 2005a).

The regression equation derived from the statistical treatment on regression revealed that:

$$\text{Psychological Well-being} = 3.901 + (.517 \times \text{occupational wellness})$$

The equation can be explained in such a way that psychological well-being is the sum of the constant value of 3.901 plus .517 of occupational well-being. Based on the model summary, the r squared value was .193 which indicates that the total variation in the quality of process of resilience can be explained by the independent variable of occupational wellness. In this case, 19.20 percent can be explained which is none to very weak. This means that the variable of occupational wellness predicting resilience had no or very weak effect only. Thus, the regression model was also none or very weak despite the association. Based on the significant value of .000, the regression model predicts the dependent variable significantly well. The value was equal to 0.000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

### **Resilience Predicting Psychological Well-being among Healthcare Workers**

Table 6 presents the data on whether the resilience predict psychological well-being of the healthcare workers.

Table 6

*Resilience Predicting Psychological Well-being among Healthcare Workers*

Independent variable	B value	Std Err	Beta value	t value	p value	Decision	Interpretation
(Constant)	11.927	1.699		7.021	.000		
Resilience	1.780	.512	.197	3.476	.001	Reject the null	Significant

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hypothesis

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Note: Psychological well-being (Dependent variable).

Legend: Significant if  $p$  value is  $< .05$ . If R-squared value  $< 0.3$  - None or Very Weak,  $0.3 < r < 0.5$  - Weak or Low;  $0.5 < r < 0.7$  - Moderate; and  $> 0.7$  - Strong (Moore et al., 2013).

Based on the tabular presentation, the  $p$  value was below  $.05$ . This finding was considered significant which led to the decision of rejecting the null hypothesis. This further means that resilience predicts psychological well-being. As reflected also in the table, the  $t$  value (3.476) was positive which means that the prediction is positive. The positive prediction means that for one unit increase in resilience the perceived health competence increases by  $.197$  unit. This also means that when resilience is increased, the level of psychological well-being increases. The model summary revealed that R value was  $.234$ ; R squared value was  $.055$ ; Adjusted R squared was  $-.033$ ; and standard estimated error is  $.835$ . As for the ANOVA, the F value was  $.623$  and sig. value was  $.683$ .

To explain further, an increased capacity to recover quickly from the effects brought about by the COVID-19 pandemic can allow or influence a high level of psychological well-being. Positivity greatly helps in developing psychological well-being especially during a pandemic. By being resilient, this will allow the person to fight the pandemic at whatever cost in order to maintain psychological well-being. The power of positive thinking will greatly help the person protect himself or herself from being infected with the disease thus putting more effort to keep oneself psychologically well all the time. The regression equation derived from the statistical treatment on regression revealed that:

$$\text{PWB} = 11.927 + (1.780) \text{resilience}$$

The equation can be explained in such a way that psychological well-being is the sum of the constant value of  $11.927$  plus  $1.780$  of resilience. Based on the model summary, the r squared value was  $.055$  which indicates that the total variation in the quality of process of psychological

well-being can be explained by the independent variable of resilience. In this case, 5.50 percent can be explained which is none to very weak. This means that the variable of resilience predicting resilience had no or very weak effect only. Thus, the regression model was also none or very weak despite the association. Based on the significant value of .683, the regression model predicts the dependent variable not significantly. The value was equal to .683, and indicates that, overall, the regression model statistically does not significantly predict the outcome variable (i.e., it is a good fit for the data).

The finding of the study is supported by the findings of Rudwan and Alhashimia (2018) which revealed a positive correlation between mental health and resilience. The study also indicates that resilience has a significant impact on mental health.

Resilience, according to Mayo Clinic Staff (2021), is the ability to adjust to life's tragedies and disappointments. Resilience can help guard against a variety of mental health problems, including sadness and anxiety. Resilience can also assist to mitigate risk factors for mental health disorders, such as bullying or past trauma.

Resilience and well-being are inextricably linked, and as previously stated, resilience is sometimes assessed using well-being instruments (Davydov et al., 2010; Windle, 2011). This combination complicates determining where to place resilience in well-being models. First, while meta-analyses have shown that there are strong relationships between measures of resilience and measures of well-being (Hu, Zhang, & Wang, 2015; Lee et al., 2013), there is evidence that self-report measures of resilience are not simply redundant with indices of well-being (Burns & Antsey, 2010; Martnez-Marti & Ruch, 2017). At the same time, the link between resilience and well-being is not simple.

According to some researches, higher levels of well-being act as a predictor of resilience (e.g., Kuntz, Näswall, & Malinen, 2016). There has been a lot of research demonstrating that happy emotions help with resilience (e.g. Fredrickson, Tugade, Waugh, & Larkin, 2003; Ong, Bergeman, Bisconti, & Wallace, 2006; Ong, Zautra, & Reid, 2010; Tugade & Fredrickson, 2004). Positive emotions, according to research, can foster better resilience because they enhance flexible thinking (Isen, Daubman, & Nowicki, 1987) and enable both adaptive coping and the preservation of social interactions (Folkman & Moskowitz, 2000). (Keltner & Bonanno, 1997).

Others have suggested that the relationship between well-being and resilience can also work in the opposite direction. For example, several researchers have used resilience to directly predict a number of well-being outcomes including depression (Loh, Schutte, & Thorsteinsson, 2014), job satisfaction (Luthans, Avolio, Avey, & Norman, 2007), and subjective well-being (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Liu, Wang, Zhou, & Li, 2014). Still others have argued that resilience and related constructs can serve as moderators between stressors and well-being outcomes (e.g. Flinchbaugh, Luth, & Li, 2015; Min, Kim, & Lee, 2015).

## WELLNESS PLAN

### Rationale

The COVID-19 pandemic had turned people's daily lives upside down. The pandemic has caused everyone to take into account complicated feelings and circumstances and has a recorded negative effect on an increasing number of persons' mental well-being. Certain people are struggling to pick up the pieces and learn to cope with their new challenges, while others are experiencing inner healing by discovering new paths of resilience and doing things they really enjoy. The findings of the study revealed that respondents despite having an outstanding personal wellness in all of its dimensions there is are still respondents with only good but needing improvement and with some potential health and well-being risks especially during this challenging times of a pandemic. While it is important to combat the pandemic with a high level of resilience, the findings reflected only normal level of resilience among respondents. However, they had a low resilience on the item on getting over set-backs in their lives. Lastly, despite having a high level of psychological well-being there are still some having fair to poor psychological well-being. And lastly, emotional and physical wellness predicted resilience, the occupational wellness predicted psychological well-being, and resilience predicted psychological well-being. Thus, the birth of this wellness plan.

### General Objectives

The purpose of this wellness plan is to increase the level of personal wellness, resilience, and psychological well-being of the healthcare workers.

## Specific Objectives

Specifically, this plan intends to:

- a. Increase the personal wellness of the healthcare workers in terms of emotional, environmental, intellectual, occupational, physical, social, and spiritual wellness into an outstanding level;
- b. Increase the resilience of the healthcare workers with emphasis on improving on getting over set-backs in their lives into a high level;
- c. Increase the psychological well-being of all the healthcare workers to a high level; and
- d. To maintain an outstanding level of occupational wellness to maintain a high level of psychological well-being.

Concern	Specific Objectives	Activities	Persons Responsible	Timeline	Budget	Success Indicators
<ul style="list-style-type: none"> <li>• Good but needs improvement and some potential health and well-being risks on emotional wellness</li> </ul>	<ul style="list-style-type: none"> <li>• To increase the emotional wellness into an outstanding level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Emotional Awareness workshop – activities are geared towards knowing what in life makes the person sad, frustrated, or angry and trying to address or change those things.</li> <li>➤ Workshop on Mastering the Art of Therapeutic Communication of Expressing one’s feelings</li> <li>➤ Stress Management Seminar – to include</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institution Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet</li> </ul>	<ul style="list-style-type: none"> <li>• Certificates for the trainings, workshops (webinars).</li> <li>• Journals/Diary</li> <li>• Saved videos and quotes.</li> <li>• A sustained outstanding level of personal wellness as evidenced by the re-</li> </ul>

		<p>topics on relaxation methods to cope with stress.</p> <ul style="list-style-type: none"> <li>➤ Strive for balance by balancing activity and rest. Make use of paid leaves and avail of vacations</li> <li>➤ Providing reminders on Exercise regularly, eat healthy meals, and get enough sleep. Don't abuse drugs or alcohol. Keep your physical health from affecting your emotional health.</li> <li>➤ Provide motivational quotes or videos.</li> <li>➤ Seminar on Power of Positive Connections with emphasis on establishing connections with other people.</li> <li>➤ Viewing of a Purpose driven life videos at youtube</li> <li>➤ Seminar on the Power of Positive Thinking - Focusing on the good things in life. Forgiving self for making mistakes</li> </ul>			<p>connection. Some webinars are also free and company-sponsored.</p>	<p>assessment results.</p> <ul style="list-style-type: none"> <li>• No records of emotional outburst and high level of emotional intelligence</li> </ul>
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		<p>and forgive others. Spend time with healthy, positive people.</p> <ul style="list-style-type: none"> <li>➤ Conduct a survey on emotional intelligence using tools available in the internet.</li> </ul>				
<ul style="list-style-type: none"> <li>• Good but needs improvement and some potential health and well-being risks on environmental wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• To increase the environmental wellness into an outstanding level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Seminar on 5S</li> <li>➤ Videos on recycling and compost.</li> <li>➤ Join groups in facebook on Plantitos and Plantitas.</li> <li>➤ Conduct an assessment of the level of stress using tools from the internet on occupational stress.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institution Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</li> </ul>	<ul style="list-style-type: none"> <li>• 5S notes</li> <li>• Saved videos</li> <li>• Group chats</li> <li>• A sustained outstanding level of personal wellness as evidenced by the re-assessment results.</li> <li>• Low to manageable level of stress brought about by the environment as evidenced by the assessment reports</li> </ul>

<ul style="list-style-type: none"> <li>• Good but needs improvement and some potential health and well-being risks on intellectual wellness.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To increase the intellectual wellness into an outstanding level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Suggest the following activities: <ul style="list-style-type: none"> <li>○ Read books, ebooks, novels, etc..</li> <li>○ Join chat groups in facebook for intellectual sharing of thoughts about relevant and current issues that is of interest.</li> <li>○ Learn a foreign language. (Accessible and available videos in Youtube).</li> <li>○ Play a game like board games and cards.</li> <li>○ Develop a hobby by playing a musical instrument to increase intellectual wellness by learning how to create sounds, make patterns, and emote through music.</li> <li>○ Do journaling or make a diary.</li> <li>○ Do crossword or sudoku puzzles.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institution Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</li> </ul>	<ul style="list-style-type: none"> <li>• Saved ebooks</li> <li>• Chat groups</li> <li>• Saved videos</li> <li>• Journals</li> <li>• Accomplished crossword and sudoku puzzles</li> <li>• A sustained outstanding level of personal wellness as evidenced by the re-assessment results.</li> </ul>
<ul style="list-style-type: none"> <li>• Good but needs improvement</li> </ul>	<ul style="list-style-type: none"> <li>➤ To increase the occupational wellness into an outstanding</li> </ul>	<ul style="list-style-type: none"> <li>➤ Activities include: <ul style="list-style-type: none"> <li>○ Watch motivational videos in Youtube.</li> <li>○ Read motivational</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that</li> </ul>	<ul style="list-style-type: none"> <li>• Saved videos and quotes on</li> </ul>

<p>and some potential health and well-being risks on occupational wellness.</p>	<p>level.</p>	<p>quotes online.</p> <ul style="list-style-type: none"> <li>○ If on a work from home scheme, attend online meetings, trainings and seminars.</li> <li>○ Attend webinars on personal and professional development and motivation.</li> <li>○ Create connections with co-workers through facebook or messenger or other platforms.</li> <li>○ While on a work from home scheme, develop a plan and execute and reflect in an accomplishment report.</li> <li>○ Conduct Team Building Seminar and Workshop</li> <li>○ Conduct of seminar on the following:             <ul style="list-style-type: none"> <li>○ <i>Interdisciplinary Teamwork</i></li> <li>○ <i>Coping with Occupational Stress</i></li> <li>○ <i>Conflict Management</i></li> </ul> </li> <li>○ Assess teamwork, conflict management</li> </ul>	<p>Resource Department</p> <ul style="list-style-type: none"> <li>● Healthcare Institution Administrators</li> </ul>	<p>and operational plan of the healthcare institution</p>	<p>is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</p>	<p>motivation</p> <ul style="list-style-type: none"> <li>● Attendance to online meetings with minutes.</li> <li>● Certificates on trainings, seminars, workshops (webinars).</li> <li>● Group chat</li> <li>● Plans and accomplishment reports</li> <li>● A sustained outstanding level of personal wellness as evidenced by the re-assessment results.</li> <li>● Zero reports on incident reports on conflicts.</li> <li>● Assessment results and reports indicating positive</li> </ul>
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		styles, and coping strategies through a survey utilizing tools from the internet.				coping strategies, positive conflict management styles and high levels of teamwork.
<ul style="list-style-type: none"> <li>• Good but needs improvement and some potential health and well-being risks on physical wellness.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To increase the physical wellness into an outstanding level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Suggested activities are:                             <ul style="list-style-type: none"> <li>○ Get active by engaging in indoor exercises without the need of going to the gym. If equipment are not available, be creative like using the stair at home or walking around. Eventually build a healthy habit.</li> <li>○ Access Videos from Youtube on Zumba and other exercise.</li> <li>○ Constant monitoring of body through a weighing scale to maintain a healthy weight.</li> <li>○ Eat a well-balanced diet including intake of essential vitamins and minerals. Videos</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institution Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</li> </ul>	<ul style="list-style-type: none"> <li>• Saved videos.</li> <li>• Weight monitoring.</li> <li>• Journal on diet and exercise.</li> <li>• Work from home schedule.</li> <li>• A sustained outstanding level of personal wellness as evidenced by the re-assessment results.</li> <li>• Maintaining a desirable body weight according to age and</li> </ul>

		<p>may also be accessed through Youtube.</p> <ul style="list-style-type: none"> <li>○ Get enough rest and sleep.</li> <li>○ If on a work from home scheme. Making sure to have rest periods and doing work during the scheduled time.</li> </ul>				height
<ul style="list-style-type: none"> <li>• Good but needs improvement and some potential health and well-being risks on social wellness.</li> </ul>	<p>➤ To increase the social wellness into an outstanding level.</p>	<p>➤ Suggested activities include:</p> <ul style="list-style-type: none"> <li>○ Make connections using social media platforms. Find groups in facebook that is of interest.</li> <li>○ Get active together with friends and families using online platforms through creation of group chats among family members, friends, and other groups.</li> <li>○ Videos on healthy habits for family members</li> <li>○ Bond with family, friends and others with strict observance of protocols.</li> <li>○ Wise use of paid leaves or leave</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institution Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</li> </ul>	<ul style="list-style-type: none"> <li>• Group chats.</li> <li>• Saved videos.</li> <li>• Bookings on leisure places/hotels</li> <li>• A sustained outstanding level of personal wellness as evidenced by the re-assessment results.</li> <li>• Spaces usage of leaves for socialization</li> </ul>

<ul style="list-style-type: none"> <li>• Good but needs improvement and some potential health and well-being risks on spiritual wellness.</li> </ul>	<ul style="list-style-type: none"> <li>➤ To increase the spiritual wellness into an outstanding level.</li> </ul>	<p>credits.</p> <ul style="list-style-type: none"> <li>➤ Suggest the following: <ul style="list-style-type: none"> <li>○ Practice of Personal Reflection or Spending quiet time alone pondering the meaning of life</li> <li>○ Practicing meditation or yoga</li> <li>○ Praying or taking part in organized religion</li> <li>○ Building awareness through journaling</li> <li>○ Serving the community (if feasible), spending time in nature, appreciating music and the arts (with strict observance of protocols).</li> <li>○ Re-visit and re-assess the level of personal wellness on a periodic basis (every 6 months) utilizing the same tool. (Note: The re-assessment covers all the dimensions of personal wellness and the overall).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</li> </ul>	<ul style="list-style-type: none"> <li>• Journal records</li> <li>• Saved videos on yoga or meditation</li> <li>• Prayer books</li> <li>• Re-assessment results and reports.</li> <li>• A sustained outstanding level of personal wellness as evidenced by the re-assessment results.</li> </ul>
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<ul style="list-style-type: none"> <li>• Low on getting over set-backs in their lives.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase the resilience of the healthcare workers with emphasis on improving on getting over set-backs in their lives into a high level.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Resilience Training and Well-being</li> <li>➤ Practicing Mindfulness – Videos available in Youtube</li> <li>➤ Trainings on:             <ul style="list-style-type: none"> <li>○ Resilient Training</li> <li>○ Managing Emotions</li> <li>○ Establishing Relationships</li> <li>○ Building on strengths</li> <li>○ Re-visit and re-assess the level of resilience on a periodic basis (every 6 months) utilizing the same tool.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</li> </ul>	<ul style="list-style-type: none"> <li>• Certificates of the trainings.</li> <li>• Saved videos on mindfulness.</li> <li>• Re-assessment results and reports.</li> <li>• A sustained high level of resilience as evidenced by the re-assessment results.</li> </ul>
<ul style="list-style-type: none"> <li>• Poor and fair psychological well-being</li> </ul>	<ul style="list-style-type: none"> <li>➤ Increase the psychological well-being of all the healthcare workers to a high level</li> </ul>	<ul style="list-style-type: none"> <li>➤ Video viewing on Youtube about:             <ul style="list-style-type: none"> <li>○ Importance of getting plenty of sleep.</li> <li>○ Importance of exercise</li> <li>○ Importance of eating breakfast</li> <li>○ Stress management such as Deep</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operational plan of the healthcare institution</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted. However, for most of the activities, they require</li> </ul>	<ul style="list-style-type: none"> <li>• Saved videos.</li> <li>• Stress ball</li> <li>• Adaption of a pet</li> <li>• Re-assessment results and reports.</li> <li>• A sustained</li> </ul>

		<p>breathing exercises and Yoga</p> <ul style="list-style-type: none"> <li>➤ Recommend the use of a stress ball or some other stress reliever.</li> <li>➤ Suggest to perform a random act of kindness to help improve self-esteem and mental health</li> <li>➤ Suggest to pet a dog or pets</li> <li>➤ Re-visit and re-assess the level of psychological well-being on a periodic basis (every 6 months) utilizing the same tool.</li> </ul>		n	<p>no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</p>	<p>outstanding level of psychological well-being as evidenced by the re-assessment results.</p>
<ul style="list-style-type: none"> <li>• Emotional and physical wellness predicting resilience</li> </ul>	<ul style="list-style-type: none"> <li>➤ To maintain an outstanding level of emotional and physical wellness to maintain a high level of resilience.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Refer to activities enumeration in improving emotional and physical wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> <li>• Healthcare Institution Administrators</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to activities enumeration in improving emotional and physical wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to activities enumeration in improving emotional and physical wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to activities enumeration in improving emotional and physical wellness.</li> </ul>
<ul style="list-style-type: none"> <li>• Occupational wellness predicting</li> </ul>	<ul style="list-style-type: none"> <li>➤ To maintain an outstanding level of</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-help activities by reading articles and watching videos</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that</li> </ul>	<ul style="list-style-type: none"> <li>• Certificates of the webinars</li> </ul>



<p>psychological well-being</p>	<p>occupational wellness to maintain a high level of psychological well-being.</p>	<p>online on topics about: How to improve occupational wellness and related topics on gaining job satisfaction, coping strategies, and gaining high level of quality of work-life balance.</p> <ul style="list-style-type: none"> <li>➤ Conduct of webinars, trainings, and workshops on: <ul style="list-style-type: none"> <li>○ <i>Keys to Occupational Wellness and Psychological Well-being</i></li> </ul> </li> <li>➤ Assess the following in order to gain baseline information: <ul style="list-style-type: none"> <li>○ <i>Level of job satisfaction;</i></li> <li>○ <i>Level of job stress;</i></li> <li>○ <i>Quality of work-life balance</i></li> </ul> </li> </ul>	<p>Resource Department</p> <ul style="list-style-type: none"> <li>• Healthcare Institution Administrators</li> </ul>	<p>and operational plan of the healthcare institution</p>	<p>is being adapted. However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.</p>	<p>and trainings.</p> <ul style="list-style-type: none"> <li>• Saved videos on mindfulness.</li> <li>• Re-assessment results and reports.</li> <li>• A sustained high level of psychological well-being as evidenced by the normal assessment of psychological well-being during the annual health assessment</li> </ul>
<ul style="list-style-type: none"> <li>• Resilience predicting psychological well-being</li> </ul>	<ul style="list-style-type: none"> <li>➤ To maintain a high level of resilience to maintain a high level of psychological</li> </ul>	<ul style="list-style-type: none"> <li>➤ Refer to the activities identified on items with the specific objectives of improving resilience</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare workers</li> <li>• Human Resource Department</li> </ul>	<ul style="list-style-type: none"> <li>• Depends on the strategic and operation</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on the activity that is being adapted.</li> </ul>	<ul style="list-style-type: none"> <li>• Certificates of the trainings.</li> <li>• Saved videos on</li> </ul>

	well-being.		<ul style="list-style-type: none"> <li>Healthcare Institution Administrators</li> </ul>	al plan of the healthcare institution	However, for most of the activities, they require no cost as they are accessed online, what is required is only an internet connection. Some webinars are also free and company-sponsored.	mindfulness. <ul style="list-style-type: none"> <li>Re-assessment results and reports.</li> <li>A sustained high level of resilience as evidenced by the re-assessment results.</li> </ul>
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## THE WELLNESS MODEL

By

**Analyn P. Immer (2021)**

### Generalizations

The Wellness Model by Immer (2021) explains that psychological well-being is positively influenced by resilience which is influenced by occupational wellness. Consequently, resilience is positively influenced by emotional wellness and physical wellness.

### Definition of Concepts

The following concepts are defined operationally in the model:

**Emotional Wellness.** This refers to the healthcare workers gaining understanding of their own feelings and expressing emotions in a constructive way, and having the ability to deal with stress and cope with life's challenges.

**Physical Wellness.** Is making choices to avoid harmful habits and practice behaviors that support physical body, health and safety.

**Occupational Wellness.** This refers to the healthcare workers getting personal fulfillment from their job or academic pursuits, and contributing to knowledge and skills, while maintaining a work-life balance.

**Psychological Well-being.** This refers to the healthcare workers being cheerful and in good spirits, calm and relaxed, active and vigorous, fresh and rested, and filled with things that interest them.

**Resilience.** This refers to the ability of the healthcare workers to bounce back quickly after hard times, not having a hard time making it through a stressful event, taking too long to recover from a stressful event, not having a hard time snapping back when something bad

happens, coming through difficult times with little trouble, and not tending to take a long time to get over set-backs in life.

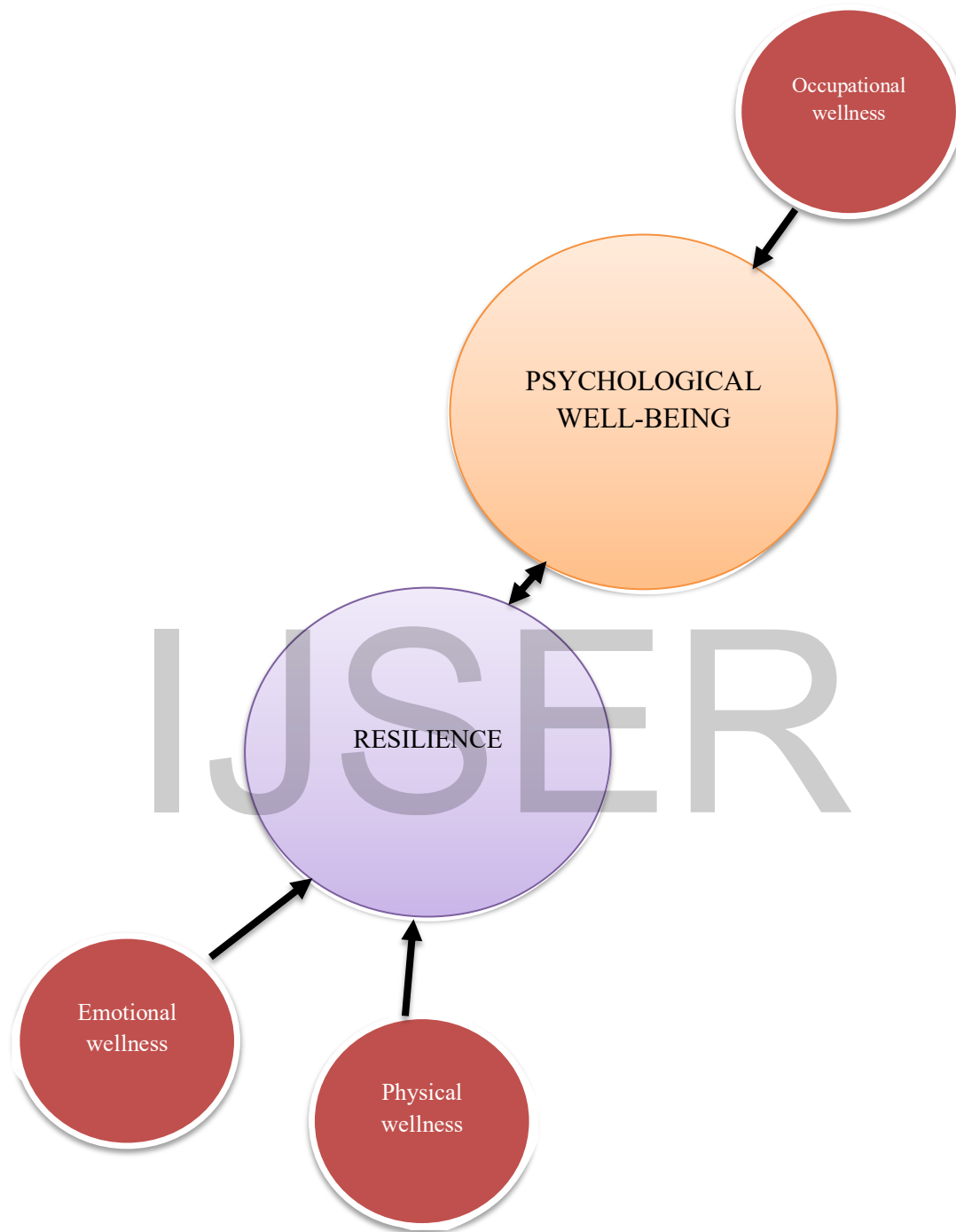
### **Assumptions**

- a. Resilience is positively influenced by emotional wellness and physical wellness. Resilience is increased when emotional wellness and physical wellness are increased.
- b. Psychological well-being is positively influenced by occupational wellness. Psychological wellness is increased when occupational wellness is increased.
- c. Psychological well-being is positively influenced by resilience. The more resilient the person, the higher the level of psychological well-being he gains.

### **Discussion**

Psychological well-being is achieved when healthcare workers become cheerful and relaxed, restful and vibrant, calm and refreshed, active and vigorous, and full of interesting things. A high level of resilience is achieved when healthcare workers effectively and efficiently recover quickly after a traumatic event, coming through challenging times without any problem, not taking too long to recover from a stressful event, recovering quickly from a hard time in life, and bouncing back from being challenged in life.

In terms of wellness, emotional wellness is evidenced by healthcare workers being able to know the feelings and experiencing and sharing these emotions in a positive



**Figure 2. Schematic diagram of The Wellness Model for Healthcare Workers by Immer (2021).**

way and having the confidence to deal with tension and cope with life's challenges. According to National Wellness Institute (2020), the emotional aspect acknowledges recognition of one's feelings and their acceptance. Emotional wellbeing encompasses how optimistic and exciting people are about themselves and life. It requires the ability to control one's emotions and associated behaviours, including a rational evaluation of one's limits, autonomy growth and stress-friendly management. The good man maintains good ties with others. Wellbeing is important for people and for others to become conscious of and to embrace a wide spectrum of feelings. One can convey feelings openly and effectively on the wellness path. A person should make decisions and choices on the basis of the synthesis of emotions, opinions, philosophies and acts. One lives and operates separately though he or she understands the need to seek help and support from others and value them. One will be willing, based on mutual participation, confidence and respect, to form interdependent ties. Challenges, threats and tension as potentially safe can be met. The person's personal responsibility and management of life in an exciting and hopeful way would allow him to perceive life as an exciting and hopeful adventure.

Environmental wellness, on the other hand is achieved when the healthcare workers are able to consider interacting (natural and social) between self and the surroundings; to use available resources wisely and to promote a secure and healthier environment for others. The Australian Psychological Association (2008) articulated its environmental wellbeing and asserted its strong position in human health and well-being as the well-being and dignity of natural habitats and bio-fiscal climate.

Occupational wellness is achieved when healthcare workers are able to get their job or academic achievement and contribute to their knowledge and skills while maintaining a balance between work and life. According to National Wellness Institute (2020),

the occupational dimension acknowledges personal fulfilment and enrichment by work in one's life. The premise is that occupational growth has to do with one's attitude towards employment. at the heart of occupational wellness. Traveling a journey to occupational well-being, one contributes to a job that has both personal significance and rewarding its special gifts, abilities and talents. Through his engagement in acts that please him or her, one can express his or her beliefs. The choice of occupation, satisfaction with jobs, goals for career and personal achievement are all important components of an individual's path.

As explained by the model, psychological well-being is positively influenced by resilience which is influenced by occupational wellness. This means that in order for healthcare workers to gain a high level of psychological well-being, resilience has to be brought to a high level initially. And as a prequel to this influence, in order to gain a high level of resilience, a high level of emotional wellness and physical wellness must also be achieved initially. Consequently, a high level of occupational wellness also improves psychological well-being of healthcare workers.

Resilience and occupational wellness directly and positively influences psychological well-being while emotional wellness and physical wellness indirectly influences psychological well-being. This is reflected in the figure above. The diagram presents the link of the direct influence of resilience and occupational wellness. The ink further provides the link of direct influence of emotional wellness and physical wellness to resilience and the interlink of the indirect influence of emotional wellness and physical wellness to psychological well-being.

## Chapter V

### SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

This chapter presents the summary of the findings, the conclusion, and the recommendations based on the findings of the study.

#### Summary of Findings

Findings of the study revealed that:

The healthcare workers had an outstanding personal wellness in all of its dimensions from emotional, environmental, intellectual, occupational, physical, social, and spiritual wellness.

Overall, the healthcare workers had a normal level of resilience. However, they had a low resilience on the item on getting over set-backs in their lives.

Majority of the healthcare workers had a high level of psychological well-being. The minority of the healthcare workers are distributed into having a fair and a minimal number of poor psychological well-being.

Emotional wellness and physical wellness positively predicted resilience. Resilience is the sum of the constant value plus emotional wellness plus physical wellness. The confidence that the variables of emotional wellness and physical wellness predict resilience is moderate. Thus, the prediction model is moderate despite the significant prediction or correlation.

Occupational wellness positively predicted psychological well-being. Psychological well-being is the sum of the constant value plus occupational wellness. The confidence that the variable of occupational wellness predicts psychological well-being is moderate. Thus, the prediction model is moderate despite the significant prediction or correlation.



Resilience predicted psychological well-being. Psychological well-being is the sum of the constant value plus resilience. The confidence that the variable resilience predicted psychological well-being is too small an effect to be considered meaningful. Thus, the prediction model is too small despite the significant prediction or correlation.

### **Conclusion**

In conclusion, resilience is influenced by emotional wellness and physical wellness. Resilience is increased when emotional wellness and physical wellness are increased. Further, psychological well-being is influenced by occupational wellness. Psychological wellness is increased when occupational wellness is increased. Furthermore, psychological well-being is positively influenced by resilience. The more resilient the person, the higher the level of psychological well-being he gains. Psychological well-being is the sum of the constant value plus resilience. Healthcare institutions should be very keen in instituting mechanisms to improve emotional, physical, and occupational wellness in order to protect the welfare of their healthcare workers as these facilitates psychological wellness and resilience.

### **Recommendations**

Based on the findings, the following are recommended:

**Practice or Profession.** The findings of the study will be a good reference for healthcare institutions. It is hereby recommended that findings of the study be dissemination through participation in any local or international research forum to allow the presentation of the findings in either podium or poster presentation and later on publication.

In order for the findings be utilized, a copy of the study will be available at the library of the university for easy access by any interested person. The output of the study will be recommended for use and for adoption to any of the healthcare institutions to further improve the

personal wellness, resilience, and psychological well-being of healthcare professionals or workers starting from the barangay level such as the barangay health centers up to the different healthcare institutions and the City Health Department.

In the presence of a wellness plan among healthcare institutions, a review of such plans is recommended and aligning the plans with the suggested wellness plan which may include evaluation of the implemented wellness plan subject to revisions depending on the current needs of the institutions.

In the context of the emotional wellness and physical wellness predicting resilience, occupational wellness as a predictor of psychological well-being, and resilience as a predictor of psychological well-being, recommendations are embodied in the output.

**Policy.** The following recommendations are also given in terms of developing policies affecting personal, psychological well-being, and resilience.

With the DOH as a beneficiary of the study, at the local and national level, there is a need to strengthen the policy of the celebration of the Mental Health Week (every month of May) especially among health institutions. Making a massive information drive about the mental health hotlines in ads, the malls, and social media platforms with the directive of creating mental health activities for all institutions especially healthcare institutions, not only during this time of pandemic. The policy should require institutions the submission of accomplishment reports on the at the local level of the different activities performed during the mental health awareness week.

Among institutions, an internal policy among healthcare institutions on requiring mental health assessment for the annual health assessment as a requirement for continuance of work and as part of the institutional employee development plan which shall be embodied in both the

operational and strategic plans of the institution. Also, it being a part of the employment process as one of the pre-requisites.

**Education.** The proposed framework or model will be submitted to the College of Nursing for validation through research studies by any of the undergraduate and graduate paramedical courses. Referencing the study on the concepts in nursing on health and wellness and in psychology.

**Research.** The researcher would like to propose the following research titles for future researchers:

- a. Personal wellness, resilience, and psychological among intergenerational healthcare workers;
- b. Wellness and resilience as predictors of psychological well-being among healthcare workers: A theory validation; and
- c. A longitudinal study on the personal wellness, psychological well-being and resilience of the Cebuano healthcare workers; and
- c. Stories of resiliency among Cebuano healthcare frontliners.

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**APPENDICES**

**APPENDIX A  
TRANSMITTAL LETTER TO THE DEAN OF THE COLLEGE OF NURSING  
GRADUATE STUDIES**

August 24, 2020

**YVONNE M. SEVILLA, RM, RN, MAN**  
Dean, College of Nursing  
University of the Visayas  
Mandaue City

Ma'am:

I am currently enrolled in the doctorate program of the University of the Visayas, Health Allied Sciences, Graduate School. At present, I am preparing for my proposal for my dissertation entitled "**PERSONAL WELLNESS, RESILIENCY, AND PSYCHOLOGICAL WELL-BEING AMONG HEALTHCARE WORKERS DURING A PANDEMIC**". In this regard, may I be permitted to conduct my study in Cebu City.

I am sure that one way or another, this study would benefit the Cebuano community. Rest assured that all information that will be obtained will be kept with outmost confidentiality. I shall appreciate very much your kind attention and favorable action to this respect.

Respectfully yours,

**Analyn Pocong Immer, RN, MAN**  
Researcher

Noted:

Approved by:

**Resty L. Picardo, RN, MAN, JD, DM**  
Researcher Adviser

**Yvonne M. Sevilla, MAN, RN, RM**  
Dean, College of Allied Health Sciences



**APPENDIX B**  
**TRANSMITTAL LETTER TO THE CHIEF ACADEMIC OFFICER**

August 24, 2020

**ANNA LOU C. CABUENAS**

Chief Academic Officer  
University of the Visayas  
Cebu City

Doctor:

I am currently enrolled in the doctorate program of the University of the Visayas, Health Allied Sciences, Graduate School. At present, I am preparing for my proposal for my dissertation entitled “**PERSONAL WELLNESS, RESILIENCY, AND PSYCHOLOGICAL WELL-BEING AMONG HEALTHCARE WORKERS DURING A PANDEMIC**”. In this regard, may I be permitted to conduct my study in Cebu City.

I am sure that one way or another, this study would benefit the Cebuano community. Rest assured that all information that will be obtained will be kept with outmost confidentiality. I shall appreciate very much your kind attention and favorable action to this respect.

Respectfully yours,

**Analyn Pocong Immer, RN, MAN**  
Researcher

Noted:

Approved by:

**Resty L. Picardo, RN, MAN, JD, DM**  
Researcher Adviser

**Dr. Anna Lou C. Cabuenas**  
Chief Academic Officer

## APPENDIX C RESEARCH INSTRUMENT

I understand that I am being asked to participate in a research study at Cebu City. This research study will assess whether the dimensions of personal wellness predict resilience and psychological well-being. It further assesses the correlation between resilience and well-being of the Cebuanos for the third quarter of 2020.

If I agree to participate in the study, I will be asked to answer a questionnaire for approximately 10-15 minutes about my perceptions on my personal wellness, resilience, and psychological well-being during this COVID-19 pandemic. The answering of the questionnaire will take place in an area most convenient to the respondent. No identifying information will be included after the data gathering. I understand, I will not receive any monetary consideration for participating in the study. I do not anticipate any risks from participating in this research study. My participation in the study will not cause physical nor psychological harm. The study will be beneficial to the respondents and the community because the findings of this study will ensure a wellness plan and a wellness framework or model.

I realize that the knowledge gained from this study may help either me or other Cebuanos and the health care professionals to know more about the personal wellness, resilience, and psychological well-being among Cebuanos amidst the COVID-19 pandemic.

I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study, I will continue to be treated in the usual and customary fashion.

I understand that all the data will be kept confidential. However, this information may be used in publication or presentations.

I understand that in the event that any research related activities result to cause harm, I will not be automatically compensated by the hospital. If I have any questions or concerns regarding my right as respondent in this study I can contact the UV-IRB Ethics Office, UV Main Colon St. Cebu City at Tel no. 032-4169607.

The study has been explained to me, I have read and understand the consent forms, all of my questions have been answered and I agree to participate, I understand that I will be given a copy of the signed consent form.

---

Signature of the Respondent/Date

Witnesses:

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Signature and Date

---

Signature and Date

## PART I. Wellness Self-Assessment

Wellness is not merely the absence of illness or distress – it is striving for positive physical, mental and social well-being. It is a lifelong process of making decisions that support a more balanced life to maximize your potential. There are always opportunities for enhancing your wellness and it starts with self-reflection and setting goals.

Directions: *Please encircle the appropriate rating for every item in all of the dimensions using this scale:*

- 1 as Never
- 2 as Rarely
- 3 as Sometimes
- 4 as Usually

<b>Emotional Wellness:</b> understanding your own feelings and expressing emotions in a constructive way, and having the ability to deal with stress and cope with life's challenges				
	Never	Rarely	Sometimes	Usually
1. I find it easy to express my emotions in positive, constructive ways	1	2	3	4
2. I recognize when I am stressed and take steps to manage my stress (e.g., exercise, quiet time, meditation)	1	2	3	4
3. I am resilient and can bounce back after a disappointment or problem	1	2	3	4
4. I am able to maintain a balance of work, family, friends and other obligations	1	2	3	4
5. I am flexible and adapt or adjust to change in a positive way	1	2	3	4
6. I am able to make decisions with minimal stress or worry	1	2	3	4
7. When I am angry, I try to let others know in non-confrontational or non- hurtful ways	1	2	3	4

<b>Environmental Wellness:</b> recognizing the interactions between yourself and your environment (natural and social), responsibly using available resources, and fostering a safer and healthier environment for others				
	Never	Rarely	Sometimes	Usually
1. I recognize the impact of my actions on my	1	2	3	4

environment				
2. I recognize the impact of my environment on my health	1	2	3	4
3. I am aware of and make use of company or organization health, wellness, and safety resources	1	2	3	4
4. I practice environmentally conscious behaviors (e.g., recycling)	1	2	3	4
5. I seek out ways to improve the social environment at our company or organization.	1	2	3	4
6. I contribute towards making my environment a safer and healthier place	1	2	3	4
7. I surround myself with people who support me in my journey of being healthy and well	1	2	3	4

<b>Intellectual Wellness:</b> engaging in creative and mentally-stimulating activities, expanding your knowledge through cultural, artistic, or skill-based learning, and sharing knowledge and skills with others				
	Never	Rarely	Sometimes	Usually
1. I am curious and interested in the communities, as well as the world, around me	1	2	3	4
2. I search for learning opportunities and stimulating mental activities	1	2	3	4
3. I manage my time well, rather than it managing me	1	2	3	4
4. I enjoy brainstorming and sharing knowledge with others in group projects or tasks	1	2	3	4
5. I enjoy learning about subjects other than those I am required to study/in my field of work	1	2	3	4
6. I seek opportunities to learn practical skills to help others	1	2	3	4
7. I can critically consider the opinions and information presented by others and provide constructive feedback	1	2	3	4

<b>Occupational Wellness:</b> getting personal fulfillment from your job or academic pursuits, and contributing to knowledge and skills, while maintaining a work-life balance				
	Never	Rarely	Sometimes	Usually
1. I get personal satisfaction and enrichment from work	1	2	3	4

2. I believe that I am able to contribute my knowledge, skills, and talents at work	1	2	3	4
3. I seek out opportunities to improve my knowledge or skills	1	2	3	4
4. I balance my social life and job responsibilities well	1	2	3	4
5. I effectively handle my level of stress related to work responsibilities	1	2	3	4
6. My work load is manageable	1	2	3	4
7. I explore paid and/or volunteer opportunities that interest me	1	2	3	4

**Physical Wellness:** making choices to avoid harmful habits and practice behaviors that support your physical body, health and safety

	Never	Rarely	Sometimes	Usually
1. I engage in physical exercise regularly (e.g., 30 mins at least 5x a week or 10,000 steps a day).	1	2	3	4
2. I get 6-8 hours of sleep each night	1	2	3	4
3. I protect myself and others from getting ill (e.g., wash my hands, cover my cough, etc.)	1	2	3	4
4. I abstain from drinking alcohol; or if I do drink, I aim to keep my BAC < .06	1	2	3	4
5. I avoid using tobacco products or other drugs	1	2	3	4
6. I eat a balanced diet (fruits, vegetables, low-moderate fat, whole grains)	1	2	3	4
7. I get regular physical exams (i.e., annual, when I have atypical symptoms)	1	2	3	4

**Social Wellness:** building and maintaining a diversity of supportive relationships, and dealing effectively with interpersonal conflict

	Never	Rarely	Sometimes	Usually
1. I consciously and continually try to work on behaviors or attitudes that have caused problems in my interactions with others	1	2	3	4
2. In my romantic or sexual relationships, I choose partner(s) who respect my wants, needs, and choices	1	2	3	4

3. I feel supported and respected in my close relationships	1	2	3	4
4. I communicate effectively with others, share my views and listen to those of others	1	2	3	4
5. I consider the feelings of others and do not act in hurtful/selfish ways	1	2	3	4
6. I try to see good in my friends and do whatever I can to support them	1	2	3	4
7. I participate in a wide variety of social activities and find opportunities to form new relationships	1	2	3	4

<b>Spiritual Wellness:</b> having beliefs and values that provide a sense of purpose and help give meaning and purpose to your life, and acting in alignment with those beliefs				
	Never	Rarely	Sometimes	Usually
1. I take time to think about what's important in life – who I am, what I value, where I fit in, and where I am going	1	2	3	4
2. I have found a balance between meeting my needs and those of others	1	2	3	4
3. I engage in acts of caring and goodwill without expecting something in return	1	2	3	4
4. I sympathize/empathize with those who are suffering and try to help them through difficult times	1	2	3	4
5. My values are true priorities in my life and are reflected in my actions	1	2	3	4
6. I feel connected to something larger than myself (e.g., supreme being, nature, connectedness of all living things, humanity, community)	1	2	3	4
7. I feel like my life has purpose and meaning	1	2	3	4

## PART II. Brief Resilience Scale (BRS)

Directions: Please respond to each item by marking one box per row.

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 2	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 3	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 4	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 5	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 6	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

### PART III. Psychological Well-being

Directions: *Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.*

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick or check mark in the box with the number 3 in the upper right corner.

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
<b>1</b>	<b>I have felt cheerful and in good spirits</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>2</b>	<b>I have felt calm and relaxed</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>3</b>	<b>I have felt active and vigorous</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>4</b>	<b>I woke up feeling fresh and rested</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
<b>5</b>	<b>My daily life has been filled with things that interest me</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

## APPENDIX D MEAN SCORES FOR PERSONAL WELLNESS AND PSYCHOLOGICAL WELL- BEING

### Personal Wellness

Dimensions	Mean Score	Interpretation
Emotional Wellness		
1. I find it easy to express my emotions in positive, constructive ways	3.11	Outstanding
2. I recognize when I am stressed and take steps to manage my stress (e.g., exercise, quiet time, meditation)	3.36	Outstanding
3. I am resilient and can bounce back after a disappointment or problem	3.24	Outstanding
4. I am able to maintain a balance of work, family, friends and other obligations	3.37	Outstanding
5. I am flexible and adapt or adjust to change in a positive way	3.43	Outstanding
6. I am able to make decisions with minimal stress or worry	3.21	Outstanding
7. When I am angry, I try to let others know in non-confrontational or non-hurtful ways	3.15	Outstanding
Factor mean	3.27	Outstanding
Environmental wellness		
1. I recognize the impact of my actions on my environment	3.37	Outstanding
2. I recognize the impact of my environment on my health	3.47	Outstanding
3. I am aware of and make use of company or organization health, wellness, and safety resources	3.29	Outstanding
4. I practice environmentally conscious behaviors (e.g., recycling)	3.27	Outstanding
5. I seek out ways to improve the social environment at our company or organization.	3.24	Outstanding
6. I contribute towards making my environment a safer and healthier place	3.44	Outstanding
7. I surround myself with people who support me in my journey of being healthy and well	3.55	Outstanding
Factor mean	3.38	Outstanding
Intellectual wellness		
1. I am curious and interested in the communities, as well as the world, around me	3.31	Outstanding
2. I search for learning opportunities and stimulating	3.22	Outstanding



mental activities		
3. I manage my time well, rather than it managing me	3.24	Outstanding
4. I enjoy brainstorming and sharing knowledge with others in group projects or tasks	3.16	Outstanding
5. I enjoy learning about subjects other than those I am required to study/in my field of work	3.20	Outstanding
6. I seek opportunities to learn practical skills to help others	3.41	Outstanding
7. I can critically consider the opinions and information presented by others and provide constructive feedback	3.38	Outstanding
Factor mean	3.27	Outstanding
Occupational wellness		
1. I get personal satisfaction and enrichment from work	3.26	Outstanding
2. I believe that I am able to contribute my knowledge, skills, and talents at work	3.44	Outstanding
3. I seek out opportunities to improve my knowledge or skills	3.54	Outstanding
4. I balance my social life and job responsibilities well	3.45	Outstanding
5. I effectively handle my level of stress related to work responsibilities	3.30	Outstanding
6. My work load is manageable	3.30	Outstanding
7. I explore paid and/or volunteer opportunities that interest me	3.13	Outstanding
Factor mean	3.35	Outstanding
Physical wellness		
1. I engage in physical exercise regularly (e.g., 30 mins at least 5x a week or 10,000 steps a day).	2.64	Good but needing improvement
2. I get 6-8 hours of sleep each night	2.88	Good but needing improvement
3. I protect myself and others from getting ill (e.g., wash my hands, cover my cough, etc.)	3.68	Outstanding
4. I abstain from drinking alcohol; or if I do drink, I aim to keep my BAC < .06	3.24	Outstanding
5. I avoid using tobacco products or other drugs	3.49	Outstanding
6. I eat a balanced diet (fruits, vegetables, low-moderate fat, whole grains)	3.05	Outstanding
7. I get regular physical exams (i.e., annual, when I have atypical symptoms)	2.91	Good but needing improvement
Factor mean	3.13	Outstanding
Social wellness		
1. I consciously and continually try to work on behaviors or attitudes that have caused problems in my interactions with others	3.26	Outstanding

2. In my romantic or sexual relationships, I choose partner(s) who respect my wants, needs, and choices	3.61	Outstanding
3. I feel supported and respected in my close relationships	3.57	Outstanding
4. I communicate effectively with others, share my views and listen to those of others	3.50	Outstanding
5. I consider the feelings of others and do not act in hurtful/selfish ways	3.55	Outstanding
6. I try to see good in my friends and do whatever I can to support them	3.66	Outstanding
7. I participate in a wide variety of social activities and find opportunities to form new relationships	3.13	Outstanding
Factor mean	3.47	Outstanding
<b>Spiritual wellness</b>		
1. I take time to think about what's important in life – who I am, what I value, where I fit in, and where I am going	3.48	Outstanding
2. I have found a balance between meeting my needs and those of others	3.39	Outstanding
3. I engage in acts of caring and goodwill without expecting something in return	3.59	Outstanding
4. I sympathize/empathize with those who are suffering and try to help them through difficult times	3.51	Outstanding
5. My values are true priorities in my life and are reflected in my actions	3.51	Outstanding
6. I feel connected to something larger than myself (e.g., supreme being, nature, connectedness of all living things, humanity, community)	3.37	Outstanding
7. I feel like my life has purpose and meaning	3.51	Outstanding
Factor mean	3.48	Outstanding

Legend: Scores of 1.00 – 2.00 is some potential health and well-being risks, 2.01 – 3.00 is good needing improvement, and 3.01 – 4.00 is outstanding (O).

### Psychological Well-being

Items	Mean Score	Interpretation
1. I have felt cheerful and in good spirits	3.69	Fair
2. I have felt calm and relaxed	3.55	Fair
3. I have felt active and vigorous	3.45	Fair
4. I woke up feeling fresh and rested	3.42	Fair
5. My daily life has been filled with things that interest me	3.65	Fair

Legend: 0.00 – 2.00 is low, 2.01 – 4.00 is fair, and 4.01 – 6.00 is high.

**CURRICULUM VITAE**  
IJSER



**MS. ANALYN POCONG IMMER**

**88 Hillside Compound, Don Gervacio, Quijada Street, Guadalupe Cebu City 6000**

**Email Address: gemini\_14344@yahoo.com / annpocong@hotmail.com**

**Contact Number: +6399176277820 / 262-3902**

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**PERSONAL INFORMATION:**

**Age** : 35 years old

**Gender** : Female

**Height** : 5'0

**Weight** : 48 kg

**Place of Birth** : Basdiot, Moalboal, Cebu, Philippines 6032

**Permanent Address** : Basdiot, Moalboal, Cebu, Philippines 6032

**Current/City Address** : 88 Hillside Compound, Don Gervacio Quijada St., Guadalupe, Cebu City, Philippines 6000

**Civil Status** : Married

**Nationality** : Filipino

**Religion** : Pentecostal

**Language** : English, Cebuano, German

**Name of Mother** : Esterlita Pocong

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**EDUCATIONAL BACKGROUND**

**Post Graduate** Year 2019 - present **Doctor in Health Care Management**  
**University of the Visayas**  
Colon St, Cebu City, 6000 Cebu

Year 2017 **Master of Arts in Nursing Management**  
**University of the Visayas**  
Colon St, Cebu City, 6000 Cebu

**Vocational** Year 2013 **AICHI (American International Culinary & Hospitality Institute)**  
2<sup>nd</sup> Floor, ACT Building, Cebu City 6000

	Year 2003-2004	<b>CHP Caregiver of Healthcare Profession</b> Mandaue City, Cebu Philippines 6000
	Year 2004	Northern Cebu Colleges Bogo City, Cebu Philippines 6000
Tertiary	Year 2009	<b>Bachelor of Science in Nursing</b> Cebu Institute of Technology University N. Bacalso Avenue, Cebu City 6000
Secondary	Year 2003	<b>Secondary Diploma</b> University of the Visayas – Pardo Branch Gullas Pardo, Cebu City 6000
Primary	Year 1999	<b>Elementary Diploma</b> Basdiot Elementary School Basdiot, Moalboal, Cebu 6032

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## WORK EXPERIENCE

<b>February 2019 – present</b>	<b>Cluster Supervisor</b> Myhealth Clinic Cebu 3rd level Robinson Cybergate Mall, Fuente Osmeña
<b>August 22, 2017 – 2019</b>	<b>Nurse Trainee / Staff Nurse</b> <b>Sacred Heart Hospital</b> 53 J. Urgello St, Cebu City, 6000 Cebu
<b>June 24, 2016 – January 16, 2017</b>	<b>Private Nurse</b> Sambag 1, Urgello, Cebu City