

Methods, Issues, and Results in Evaluation and Research

The Conceptualization and Measurement of Perceived Wellness: Integrating Balance Across and Within Dimensions

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Abstract

We see the world not as it is, but as we are.

—H.M. Tomlinson

Purpose. *The impact of individual perceptions on health is well-established. However,*

information from internal and exter-

will be discussed later. In addition, _____ placed on the detection, treatment,

This variation can either be viewed as uncontrollable, residual error due to individual differences, or as a rich source of information about influ-
ences on health and wellness.

support for the overall wellness construct has been derived from related theories.

Systems Theory

often called "wellness practice." This is probably attributable to the available selection of measurement tools (e.g., skinfold calipers, blood pres-
sure measurement) which are only as

Figure 1

been used as wellness measures in spite of the fact that none were originally designed as such. Moreover, ex-

times greater than subjects with *good* perceived health. Furthermore, subjects with *good/excellent* objective

Wellness

Physical

Social

ily constructed as teaching tools and were not originally validated, although two^{24,26} have since demon-

a *greater* risk of death than subjects with *poor/fair* objective health but *excellent* perceived health. These re-

avoidant coping,⁷¹ and various measures of distress.⁷⁶

Social Wellness

Likewise, a person with a high self-regard interprets situations and events in ways that preserve and reinforce self-identity. Researchers have indicat-

sample size necessary to perform a factor analysis with adequate power. The computed power was .85. The appropriateness of factor analysis

population (n = 1800) was 28%. Of those who attended the health screening (n = 503), 78% (n = 393) both agreed to participate in the

Measures

Completion of psychometric instruments, which included the Perceived Wellness Survey in all four

pool were items which tapped perceptions of physical health, sense of meaning and purpose in life, positive expectancies, self-identity and self-re-

and in every case took place in a ... eined and provided. The two social

and intellectual ($r = .53$). Implica-

Perceived Wellness Survey face validity version contained a description of each dimension of wellness. Face validity was estimated by the degree to which students were able to identify correctly which dimension of wellness was reflected by each Perceived Wellness Survey item.

Analysis

The Perceived Wellness Survey model has six dimensions, all of which have proven to be significantly

TABLE 2. PARTIAL CORRELATION COEFFICIENTS OF THE PERCEIVED WELLNESS SURVEY COMPOSITE WITH THE PERCEIVED WELLNESS SURVEY SUBSCALES CONTROLLING FOR AGE AND GENDER (n = 537)*

Table 2

Partial Correlation Coefficients of the Perceived Wellness Survey Composite with the Perceived Wellness Survey Subscales Controlling for Age and Gender (n = 537)*

Variable	1	2	3	4	5	6
1. Wellness composite						
2. Physical wellness	0.58					
3. Spiritual wellness	0.66	0.45				
4. Psychological wellness	0.69	0.44	0.69			
5. Social wellness	0.57	0.30	0.50	0.51		

such as the Perceived Wellness Survey sometimes reveal unwanted popularity factors which have no relevance in terms of scale content.¹⁰⁸ To check whether the one-factor solution was indeed the best explanation of the data, two methods were used. First, a matrix of intra-item correlation coef-

Table 4
Factor Loadings for the Perceived Wellness Survey (n = 556)

Items	Factor I Perceived Wellness
Emotional 1	0.38
Emotional 2	0.71
Emotional 3	0.56
Emotional 4	0.45
Emotional 5	0.64
Emotional 6	0.50
Spiritual 1	0.60
Spiritual 2	0.55
Spiritual 3	0.48
Spiritual 4	0.62
Spiritual 5	0.58
Spiritual 6	0.70
Social 1	0.36
Social 2	0.27*
Social 3	0.42
Social 4	0.37

with a one-, two-, and three-factor solution. Of these, a one-factor solution was clearly the most meaningful and parsimonious. Second, in order to determine whether there were any latent factors, a matrix of subscale intercorrelations was principal axis factored with a one-, two-, and three-factor solution. Again, a one-factor solution provided the best explanation of the data.

In summary, all of the items loaded on a single factor which was labeled perceived wellness (Table 4). All but two items loaded above .30,

ceptions of available *internal* resources.

Each hypothetical wellness dimension is supported by a separate body of empirical inquiry and the content of each is conceptually robust. In addition, intervention programs based on each dimension may have a slight-

appeal to different population segments even though the intervention outcomes may be highly similar. In this light, the wellness model and definitions remain useful as conceptual guidelines. In addition, practitioners may choose to use the subscale scores to assess perceived wellness in each dimension. In this regard, four of the six Perceived Wellness Survey subscales possessed acceptable estimates of alpha internal consistency. Based on the split-half correlations, the remaining two (social and intellectual) are also adequately consis-

results of the factor analysis supported the underlying perceptual nature of the Perceived Wellness Survey as previously suggested.

Further, wellness is probably best explained when accounting for cultural and environmental factors.^{23,28} Hence, researchers interested in applying the model or using the Perceived Wellness Survey are encouraged to consider wellness perceptions within a broader systems framework.^{28,30}

Overall, the findings were promis-

ing. The validity of the Perceived Wellness Survey as a perceptual measure of wellness could best be established by employing it concurrently with widely-used clinical, physiological, and behavioral measures of health to determine whether it indeed would provide additional information.

SO WHAT? Implications for Health Promotion Researchers and Practitioners

This study seems to provide

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