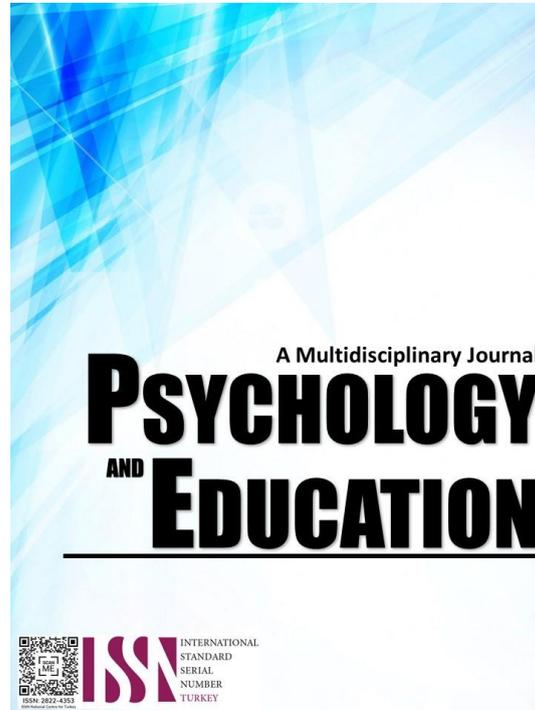


HOLISTIC HEALTH AND WELLNESS LEVEL AND WORK PERFORMANCE OF ELEMENTARY SCHOOL TEACHERS



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Holistic Health and Wellness Level and Work Performance of Elementary School Teachers

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Abstract

This study was conducted at the eight schools under the North II District, Division of Iligan City. The study found a correlation between elementary school teachers' work performance and their overall health and wellness. In total, 50 teachers participated in this survey. Adapted questionnaires were used to collect the data. A descriptive correlational research design was employed in the study. The respondents' profiles, which included age, sex, civil status, educational attainment, position title, monthly net income, and religion, were described using a descriptive design. Additionally, the respondents' holistic health and wellness level and their work performance were linked in this correlational research methodology. The findings of the study showed that most of the respondents were female, married, belong to the millennial generation, tenured, having a monthly net income of ₱20,001 to ₱30,000, and Christians. It also demonstrated that respondents were able to concentrate on themselves during the five-month recall period of the study, taking good care of their bodies through appropriate lifestyle choices and being able to manage their emotions and mental wellness while maintaining positive relationships with their families and friends. As a result, it was demonstrated that the respondents' civil status, educational attainment and monthly net income influences their overall health and wellbeing level that had an impact on both their task performance and contextual performance, enabling them to operate effectively and efficiently. The action plan is the result of the study's focus on initiatives. This aimed at enhancing the teachers' overall health and wellness. The Health Belief Model served as the foundation of this study.

Keywords: *holistic health, wellness, work performance, descriptive – correlational research design.*

Introduction

Health is one of a person's most important resources. We can perform well in a world of knowledge and stimulation when we are healthy. In addition to having the necessary aptitude and skills, one needs to be in good health to handle the challenges that a given position will present. In the field of teaching, having excellent health is more crucial than having the qualifications. This is one of our investments in managing stress and daily tasks.

Teaching as a profession is a very complex and demanding occupation (Keller-Schneider et al., 2018). Fueled by passion and interest, they tend to work harder while looking for ways to improve. These characteristics may be beneficial for the institution. However, it may threaten the teachers' needs, as it gives them less time to rest and recover from the stacked duties, responsibilities, and ancillary tasks or commitments.

The importance of achieving a good state of health and wellness matters to everyone. It enables them to be happy. It possesses well-being that significantly contributes to wealth and success. Accordingly, healthy people are more productive and tend to live longer. Proper diet, good hygiene habits, staying in a comfortable shelter, and proper sleep are needed in order to be healthy (Quddusi, 2019).

Holistic health is an ancient approach to wellness considering the individual's interaction to the environment. It encourages individuals to recognize the whole person in the aspect of physical, mental, emotional, social, intellectual, and spiritual.

The CoViD-19 pandemic was an ultimate blow to the whole world in 2020. This affected the sociable people to hunker down in their respective homes until a vaccine was created. This in turn dealt a heavy blow to the industries, including the Department of Education, which made drastic changes to adapt to the "New Normal in Education". DepEd Order No. 14, series of 2020 (Guidance on the Required Health Standards in Basic Education Offices and Schools), highlighted the provision of Mental Health and Psychosocial Support Services (MHPSS) to improve and strengthen the mental resilience of all learners and the DepEd personnel.

Teachers in the department now balance many jobs and obligations due to the recent changes brought on by the new normal. To the public, they would provide evidence that teachers were not "taking it easy" throughout the pandemic. In the middle of the continuous health crisis, when healthcare workers and other frontline personnel were risking their lives to carry out their tasks, they weren't taking it easy.

The Department of Education ordered its staff to be

ready for the forthcoming start of courses as the nation gets closer to obtaining the desired "Herd Immunity." This put pressure on staff members to fulfill the standards for preparing the school for the reopening.

Teachers who were sent to schools in the hinterland frequently found themselves working in a setting where the same administrative procedures had to be followed. These schools were close to the coast, but they lacked enough staff to operate efficiently in that location.

The researcher set out to conduct this study in part because the duties and responsibilities of hinterland instructors differ widely. The position of coach or coordinator was fiercely contested at coastal schools by competing teachers. While this was going on, teachers in the schools in the hinterland were each given more than one assignment. This would frequently result in competing obligations and timetables, particularly when it came to submitting reports and attending seminars. This might be one reason why teachers in the countryside frequently felt exhausted after a long day of teaching. In addition, they have a long commute to school from their homes. They also have fewer students than coastal teachers.

Research Questions

This study determined the correlation between the holistic health and wellness level and work performance of elementary school teachers. Specifically, it sought to answer the following questions:

1. Is there a significant relationship between the demographic profile and the holistic health and wellness level of the respondents?
2. Is there a significant relationship between the work performance and holistic health and wellness level of the respondents?

Literature Review

Health is a sum total of peak human condition. It enabled each individual to easily handle things encountered in a daily life. However, like all resources, health needs to be properly cared for. It needed to be valued and improved, so that one will be free from negativities in life. Below were works of literature that were retrieved and deemed by the researcher related to this study.

Holistic Health and Wellness

An approach to health known as holistic wellness takes into account every facet of a person's life and how they interact with their surroundings. Holistic wellness promoted the idea that everyone can contribute to their own wellbeing rather than relying primarily on the medical model to address illness and disease. To enhance wellbeing, it involved examining one's physical, mental, and spiritual health (Chamberlain, 2021).

A holistic approach to health was developed from old healing practices that aided in achieving higher levels of wellbeing and illness prevention as claimed by Western Connecticut State University (2019). These methods included the use of conventional medical systems, interventions focusing on the mind, body, and spirit, manipulative and body-based methods, biologically based therapies, and energy therapies. The majority of these methods were applied in conjunction with one another. These were used in conjunction with traditional medicine to offer a comprehensive and integrated approach to health. These conventional holistic methods placed a strong emphasis on using food, herbs, supplements, teas, homeopathic treatments, and essential oils as "medicine." Holistic methods often incorporate activities like touch, movement, singing or chanting, sound and vibration, drumming, prayer, meditation, and awareness. Acupressure, massage therapy, biofeedback, chiropractic care, and manual treatment were just a few of the holistic methods used. Naturopathic doctors, yoga, therapeutic touch, reiki and other energy therapies, meditation, guided imagery, and Ayurveda were also taken into account.

Physical wellbeing is the ability to maintain a healthy quality of life that allowed individuals to get the most out of daily activities without undue fatigue or physical stress (Australian National University, 2021). It included taking care of the bodies and recognizing that daily habits. These behaviors had a significant impact on overall health, wellbeing, and quality of life.

The World Health Organization (2020) mentioned that mental health promotion involved actions that improved psychological well-being. This may involve creating an environment that supported mental health. An environment that respected and protected basic civil, political, socio-economic, and cultural rights. These were fundamentals to mental health. Without the security and freedom provided by these rights, it was difficult to maintain a high level of mental health.



National mental health policies should be concerned both with mental disorders and, with broader issues that promoted mental health. Governmental and private policies and programs should incorporate mental health promotion. Involvement of the education, labor, justice, transportation, environment, housing, and welfare sectors was crucial in addition to the health sector.

According to India's National Health Portal (2020), social health encompasses more than merely averting mental disease and societal issues. Being socially healthy enhanced happiness levels. These included a sense of community and altruism. As a person matures, social relationships begin to take root in their lives. Every person joined many communities, such as schools, colleges, offices, etc. These beneficial connections assisted the populace in creating a network of support that made them healthier. Although it could appear unimportant and challenging to handle, social health was one of the foundations of health. It had been demonstrated with sufficient evidence that people who were assimilated into society lived longer and in better health.

In 1998, Sarah Brown stated that some research showed that emotional distress created susceptibility to physical illness. Exam stress increased susceptibility to viral infection. Stress from lack of control in the workplace or from life events created susceptibility to cardiovascular disease. Animal experiments analyzed by Wilkinson and Brunner (1997) offered proof that, by influencing the immunological response, emotional distress can result in physical sickness. An alternate, potentially complimentary causation explanation was based on healthy lifestyles. The public valued drinking, smoking, and eating foods high in fat since they might all help people feel better. Collectively, these findings were starting to support the widely held assumption in the public that physical illness may be a result of emotional discomfort.

Teachers and Stress

The structure and climate of the school appeared to put a lot of stress on the teachers. The methods that were frequently recommended to lessen teacher stress tended to emphasize the need for self-care on the part of the teachers. Self-care practices such as meditation, exercise, or participation in a support group were inexpensive and straightforward to implement. These certainly had the potential to alleviate symptoms of stress. However, these practices did not address the root causes of teacher stress. These may divert attention from the systemic stressors that existed in

schools today.

These stressors should be addressed, and teacher wellness should be approached holistically. The promotion of teacher wellness necessitated consideration of both physical and mental health, as well as professional growth and support. Among other things, these tools had to be useful in the classroom. Stress was a given in every career, and teaching was no exception. However, the capacity to enhance general school wellbeing was constrained when an unhealthy level of stress was considered as being inherent to teaching and put the responsibility of stress reduction on the individual teacher.

Healthy schools can be better shaped for teachers and students. In addition to addressing the root causes of persistent stress, they were also creating conditions that supported teacher wellness. In the long run, such focus might result in healthier, more encouraging school environments and better student outcomes. Student success will increase if teacher wellness becomes standard practice (Cox et al., 2017).

Teacher Well-being

The response to both individual and group physical, environmental, and social events can be characterized as a teacher's well-being. It affected the way teachers interacted with their students and colleagues. The well-being of both teachers and students was frequently discussed. Both teacher effectiveness and student achievement can be correlated with teachers' well-being. Workload, organizational support, school connections, satisfaction with professional learning opportunities, and personal experiences like stress, life fulfillment and happiness, and health can all have an impact on a teacher's wellness and well-being, whether it be positively or negatively.

Leaders required to establish rapport with their teachers to implement methods to enhance teacher welfare. They ought to be informed about the professional backgrounds of their teachers and the extent to which those experiences impacted learning environments and student outcomes. They ought to be aware of their unique circumstances. Leaders can improve the school climate to improve teacher welfare. By treating teachers with respect as professionals and granting them liberty and voice, they can raise academic attainment. Additionally, they can offer chances for relationship development and goal-setting (Porter, 2020).

To date, teachers are the homogenous group in which the risk of burnout had most frequently been

investigated (Kaschka et al., 2011). Burnout was not a disease, according to the ICD categorization. Burnout management presented a challenge for medicine and science. It had no standard definition as of yet. There were many various tools available to measure it. These didn't pass the standard benchmarks for high-quality testing. This meant that one's own personal perceptions of their own labor could be misconstrued as burnout. Even in scientific studies and clinical diagnoses, subjective data on burnout complaints was frequently employed without consideration (Thirion & Pintar, 2018).

A company's executive leaders believed in the importance of good health as it related to performance on and off the job. But, if the front-line managers did not share this belief or if the work environment was not supportive of healthy behaviors, then companies would fail to see the results and long-term benefits on their bottom line (Hudsmith, 2015).

Methodology

Research Design

This study utilized descriptive and correlation design. This is descriptive since the study tried to describe the demographic profile and holistic health and wellness level of the respondents. This is also correlational since the study tried to determine the relationship between the demographic profile, holistic health, and wellness level toward work performance among the respondents.

Respondents and Sampling Procedure

The fifty (50) primary teachers from the eight schools in the North II District of the Division of Iligan City served as the study's responders. Sta. Filomena Central School, Ampucao Elementary School, Mainit Elementary School, Lower Mainit Elementary School, Rebucon Elementary School, Pudog Elementary School, Caribao Elementary School, and Kapisahan Elementary School are among these institutions. Random sampling procedure was used in the study. Since the researcher previously worked in the North II District, all fifty (50) teachers were randomly chosen among the eight schools to be the respondents using the fishbowl technique.

Research Instruments

The researcher utilized adapted questionnaires from Smith (2008) and Koopman (2015). The questionnaire

was divided in three (3) parts. Part I included questions regarding the respondents' demographic profile. Part II focused on the Holistic Health and Wellness Level of the respondents. The scoring range of the questionnaire for Part II was coded with the following numbers; four (4) for always, three (3) for 4-5 times a week, two (2) for 2-3 times a week, and one (1) for never or once a week. Part III included items that focused on the work performance in the past five months. It also used coded numbers: four (4) for always, three (3) for sometimes, two (2) for rarely, and one (1) for never.

Data Gathering Procedures

The study's researcher paid visits to the North II District's chosen primary schools. The superintendent of the schools' division, the district supervisor, the school heads, and the teachers gave their consent for the study to be carried out in order to make it easier to collect the data. The individuals involved signed and authorized all communications. The researcher explained to the respondents why it was important to complete the questionnaire and some of its components as he handed out the questionnaire. The researcher then promised the responders that the information they provided would be kept private. Next, the researcher invited the respondents to complete part one (1) of the questionnaire, which asked about their age, sex, civil status, level of education, position title, monthly net income, and religion, in order to collect data on the respondents' demographic profile. The three (3) components of physical and environmental, mental and emotional, and social and spiritual health were asked to the respondents in order to gather information on their holistic health and wellness level. The respondents were asked to score their perceptions of their workplace performance on a scale of four (4) for always, three (3) for occasionally, two (2) for rarely, and one (1) for never. Finally, the researcher thanked the respondents for participating in the study, and for answering the questionnaires honestly.

Results and Discussion

The significant relationship between the demographic profile and the holistic health and wellness level of the respondents



Table 1. Regression Analysis with Simultaneous Entry Relating Social Health and Spiritual Health by Demographic Profile

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.090	.808		2.588	.013
Age	-.004	.010	-.077	-.454	.652
Sex	-.012	.190	-.010	-.065	.948
Civil Status	.128	.156	.148	.819	.417
Educational Attainment	.367	.157	.383	2.343	.024
Position Title	-.017	.121	-.026	-.144	.886
Monthly Net Income	.126	.122	.202	1.029	.310
Religion	.010	.068	.025	.152	.880

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is highly significant at the 0.01 level (2-tailed)

Table 1 shows the relationship between the demographic profile in terms of age, sex, civil status, educational attainment, position title, monthly net income, and religion to their social and spiritual health. It revealed that there was no significant relationship between the age and the social and spiritual health of the respondents at 0.652 significance which was higher than the 0.05 level thus the null hypothesis was accepted.

It also revealed that there was no significant relationship between the sex and the social and spiritual health of the respondents at 0.948 significance which was higher than the 0.05 level thus the null hypothesis was accepted. It also revealed that there was no significant relationship between the civil status and the social and spiritual health of the respondents at 0.471 significance which was higher than the 0.05 level thus the null hypothesis was accepted. It also revealed that there was a significant relationship between the educational attainment and the social and spiritual health of the respondents at 0.025 significance which was lower than the 0.05 level thus the null hypothesis was rejected. It also revealed that there was no significant relationship between the position title and the social and spiritual health of the respondents at 0.886 significance which was higher than the 0.05 level thus the null hypothesis was accepted.

It also disclosed that there was no significant relationship between the monthly net income and the social and spiritual health of the respondents at 0.310 significance which was higher than the 0.05 level thus the null hypothesis was accepted. The finding also divulged that there was no significant relationship between the religion and the social and spiritual health of the respondents at 0.880 significance which was higher than the 0.05 level thus the null hypothesis was accepted. This meant that the social and spiritual health of the respondents were influenced by their educational attainment. As such, having a healthy spiritual and social health greatly affected the

respondents' support system and drive to pursue post graduate studies.

Table 2. Regression Analysis with Simultaneous Entry Relating Mental Health and Emotional Health by Demographic Profile

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.923	.654		2.942	.005
Age	-.011	.008	-.229	-1.420	.163
Sex	.062	.154	.060	.404	.688
Civil Status	.284	.126	.389	2.251	.030
Educational Attainment	.212	.127	.261	1.675	.101
Position Title	.054	.098	.094	.549	.586
Monthly Net Income	.189	.099	.359	1.916	.062
Religion	.019	.055	.054	.343	.733

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is highly significant at the 0.01 level (2-tailed)

Table 2 shows the relationship between the demographic profile in terms of age, sex, civil status, educational attainment, position title, monthly net income, and religion to their mental and emotional health. It revealed that there was no significant relationship between the age and the mental and emotional health of the respondents at 0.163 significance which was higher than the 0.05 level thus the null hypothesis was accepted. It also disclosed that there was no significant relationship between sex and the mental and emotional health of the respondents at 0.688 significance which was higher than the 0.05 level thus the null hypothesis was accepted. It also divulged that there was a significant relationship between the civil status and the mental and emotional health of the respondents at 0.030 significance which was lower than the 0.05 level thus the null hypothesis was rejected.

Further, the study also revealed that there was no significant relationship between the educational attainment and the mental and emotional health of the respondents at 0.101 significance which was higher than the 0.05 level thus the null hypothesis was accepted.

Moreover, the null hypothesis was accepted since it also showed that there was no significant association between the respondents' position title and their mental and emotional well-being, with a significance level of 0.568, higher than the 0.05 level. The null hypothesis was accepted since it also showed that there was no significant association between respondents' monthly net income and their emotional and mental health, with a significance level of 0.062, greater than the 0.05



level. Also, the finding revealed that there was no significant relationship between the religion and the mental and emotional health of the respondents at 0.733 significance which was higher than the 0.05 level thus the null hypothesis was accepted. This clearly implied that the civil status of the respondents, being married, provided a great deal of positivity towards their mental and emotional health. With the presence and love provided by their significant other, the respondents were able to manage well their emotions and how take care of their mental well-being.

Table 3. *Regression Analysis with Simultaneous Entry Relating Physical Health and Environmental Health by Demographic Profile*

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.195	.495		2.416	.020
	Age	-.004	.006	-.091	-.674	.504
	Sex	-.134	.117	-.142	-1.152	.256
	Civil Status	.450	.096	.679	4.709	.000
	Educational Attainment	.195	.096	.264	2.032	.049
	Position Title	-.039	.074	-.075	-.521	.605
	Monthly Net Income	.350	.075	.731	4.678	.000
	Religion	-.006	.042	-.020	-.150	.881

*Correlation is significant at the 0.05 level (2-tailed)

**Correlation is highly significant at the 0.01 level (2-tailed)

Table 3 shows the relationship between the demographic profile in terms of age, sex, civil status, educational attainment, position title, monthly net income, and religion to their physical and environmental health. It revealed that there was no significant relationship between the age and the physical and environmental health of the respondents at 0.504 significance which was higher than the 0.05 level thus the null hypothesis was accepted.

It also disclosed that there was no significant relationship between the sex and the physical and environmental health of the respondents at 0.256 significance which was higher than the 0.05 level thus the null hypothesis was accepted. It also revealed that there was a significant relationship between the civil status and the physical and environmental health of the respondents at 0.000 significance which was lower than the 0.05 level thus the null hypothesis was rejected. It also revealed that there was a significant relationship between the educational attainment and the physical and environmental health of the respondents at 0.049 significance which was lower than the 0.05 level thus the null hypothesis was rejected. The study also disclosed that there was no

significant relationship between the position title and the physical and environmental health of the respondents at 0.605 significance which was higher than the 0.05 level thus the null hypothesis was accepted.

Additionally, it showed a significant association between respondents' physical and environmental health and their monthly net income at 0.000 significance, which was lower than the 0.05 level, rejecting the null hypothesis. The null hypothesis was accepted since it also showed that there was no significant association between respondents' religious affiliation and their physical and environmental health (0.881 significance, higher than the 0.05 standard).

This meant that their civil status, educational attainment, and monthly net income had an impact on their physical and environmental health. The respondents were aware of how to take care of themselves and were both autonomous and dependent on their spouses. Also, they were aware of the physical difficulties that came with being exposed to various employment and teaching challenges. Educational attainment of the respondents also posed an influence on the respondents' physical and environmental health, for such pursuance and commitment towards post graduate studies. This required a healthy physical lifestyle. The monthly net income of the respondents had a significant impact on both their physical and environmental health since it gave them a sense of security knowing they could purchase luxuries that would make them more at ease while dealing with obstacles in their lives, particularly at work.

The significant relationship between the work performance and holistic health and wellness level of the respondents

Table 4. *Correlation Between Work Performance and Physical and Environmental Health*

Work Performance	Physical and Environmental Health	Remarks
Task Performance	Pearson Correlation	0.365
	Sig. (2-tailed)	0.009
	N	50
Contextual Performance	Pearson Correlation	0.428
	Sig. (2-tailed)	0.002
	N	50
Counterproductive Work Performance	Pearson Correlation	0.147
	Sig. (2-tailed)	0.308
	N	50

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

Table 4 shows the correlation analysis between work performance and physical and environmental health.



Results revealed that there was a significant relationship between the physical and environmental health, and the task performance of the respondents at 0.009 significance which was lower than the 0.05 level thus the null hypothesis was rejected. The study showed a significant correlation between respondents' contextual performance and physical and environmental health at a significance level of 0.002, which was below the threshold of 0.05, rejecting the null hypothesis.

Additionally, it showed that there was no connection between respondents' physical and environmental health and their unproductive work behavior at a significance level of 0.308, which was greater than the 0.05 level, and the null hypothesis was accepted. This meant that the respondents' focus on the task at hand and their drive to take on additional duties, after accomplishing their primary tasks were greatly affected by their current physical and environmental well-being.

Table 5. Correlation Between Work Performance and Mental and Emotional Health

Work Performance	Mental and Emotional Health	Remarks
Task Performance	Pearson Correlation	0.396
	Sig. (2-tailed)	0.004
	N	50
Contextual Performance	Pearson Correlation	0.514
	Sig. (2-tailed)	0.000
	N	50
Counterproductive Work Performance	Pearson Correlation	-0.047
	Sig. (2-tailed)	0.745
	N	50

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Table 5 on the previous page shows the correlation analysis between work performance and mental and emotional health. Results showed that there was a significant relationship between the mental and emotional health, and the task performance of the respondents at 0.004 significance which was lower than the 0.05 level thus the null hypothesis was rejected.

It also revealed that there was a significant relationship between mental and emotional health, and the contextual performance of the respondents at 0.000 significance which was lower than the 0.05 level thus the null hypothesis was rejected. It also revealed that there was no significant relationship between the mental and emotional health, and the counterproductive work performance of the respondents at 0.745 significance which was higher than the 0.05 level thus the null hypothesis was

accepted. This meant that the respondents' ability to identify, evaluate, and express their mental and emotional well-being, directly influenced the way they personally managed their duties, as well as the motivation to take up more challenges through additional workloads.

On the next page, Table 6 shows the correlation analysis between work performance and social and spiritual health. Data revealed that there was a significant relationship between the social and spiritual health, and the task performance of the respondents at 0.019 significance which was lower than the 0.05 level thus the null hypothesis was rejected.

Table 6. Correlation Between Work Performance and Social and Spiritual Health

Work Performance	Social and Spiritual Health	Remarks
Task Performance	Pearson Correlation	0.332
	Sig. (2-tailed)	0.019
	N	50
Contextual Performance	Pearson Correlation	0.461
	Sig. (2-tailed)	0.001
	N	50
Counterproductive Work Performance	Pearson Correlation	-0.052
	Sig. (2-tailed)	0.719
	N	50

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

It also revealed that there was a significant relationship between social and spiritual health, and the contextual performance of the respondents at 0.001 significance which was lower than the 0.05 level thus the null hypothesis was rejected.

Furthermore, it also revealed that there was no significant relationship between the social and spiritual health, and the counterproductive work performance of the respondents at 0.719 significance which was higher than the 0.05 level thus the null hypothesis was accepted. This implied that the identity, principles, and values of the respondents greatly affected their paradigm on the value of accomplishing one's task. It also visualized the impact of their own actions and its effects towards taking up additional tasks.

Conclusion

Based on the results and findings of the study, the following conclusions are formulated: According to the study's findings, Millennial teachers who received their first station assignment in the hinterlands were the majority. The schools can function well because of the nearly equal ratio of males to females, allowing

female teachers to make up for male teachers' weaknesses and vice versa. The respondents may afford to pursue post-baccalaureate education to further their professional growth with a monthly net salary of between ₱20,001 and ₱30,000. Respondents could freely practice their religion without endangering the community while living in a densely populated Lumad region.

As per the holistic health and wellness level of the respondents, they were able to manage and take good care of themselves while maintaining a work–life balance, being assigned to the hinterlands, subjecting them to challenging terrains, and sometimes forced to stay in the school for the whole week, due to expensive travel expenses. On the topic of work performance, respondents were able to function effectively and efficiently in the workplace, having the extra drive to take on more tasks. However, as human beings, they too also succumbed to their desire to defend themselves mentally by detoxifying themselves through verbally sharing work–related complaints.

Moreover, results showed that there was a significant relationship between the demographic profile and the holistic health and wellness level of the respondents. Data also presented a significant relationship between the work performance and holistic health and wellness level of the respondents.

Based on the findings and conclusions, the following recommendations are being offered to be considered:

1. Teachers must also undergo a psychosocial intervention as part of their yearly health examination to track both their physical and mental well-being. The teachers must be allowed to do this to mentally cleanse themselves and receive management training.
2. It is necessary to implement a teachers' health program under the division health section that focuses on the instructors' overall health and wellness. Since the department hasn't implemented any reliable programs.
3. Minimizing teaching load and ancillary task of teachers will allow them to focus more on the teaching learning process, as well as condition their minds that each task must be accomplished one at a time.
4. An increase in the teachers' monthly salary, to allow them to treat themselves and convince them to pursue post baccalaureate education. The salary increase would also lift the image of being a teacher to be on par with other professionals earning a higher salary.
5. Creation, publication, and implementation of school internal rules and procedures focusing on teachers' familial responsibilities.
6. A division level version of this study must be conducted to help and inspire more research focusing on teacher wellness.

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