

Dimensions of wellness and Socio-demographic Characteristics of Teachers at Nekemte College of Teacher Education

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Abstract: The main purpose of this study was to assess the relation of socio-demographic characteristics of teachers based on eight dimensions of wellness at Nekemte College of teacher education. The study participants were 52 (50 males and 2 females) selected using purposive random sampling techniques. The study employed a descriptive survey research approach via quantitative research methods. The study instrument was questionnaires in which ten items were set for every eight dimensions of wellness incorporating four Likert scale options. The results of the study computed using an independent sample t-test revealed that natural science ($M=2.377$, $SD=0.558$) and social science ($M = 2.299$, $S.D. = .624$), $P>.05$, $Df=50$), males ($M = 2.351$, $SD = 0.384$), and females ($M = 2.255$, $SD=.303$, $P>.05$, $Df=50$), and data calculate using One way of ANOVA indicated that the test scores between three groups; age ($F=\geq.014\leq 1.217$, $P=>.05$), level of education ($F=\geq.027\leq 1.459$, $P>.05$), Length of experiences in teaching ($F=\geq.054\leq 1.459$, $P>.05$) supposes to each component of eight dimensions of wellness for teachers, there was no a statistically significant difference respectively. The prediction model was statistically significant, $P<.001$, R^2 value of 0.677 indicates that 67.70% of the proportion of variance in the dependent variable explained by the independent variables. From the result, the researcher concluded that there was no statistical significance between groups concerning socio-demographic characteristics based on eight dimensions of wellness for teachers. Finally, the researcher forwards the recommendation thinking as the solution to intensify wellness programs with different activities/unique strategies that satisfy the teachers to be happy and have a healthy lifestyle in their working place, family, and community.

Keywords: Wellness, Dimensions of wellness, Socio-demographic characteristics

Introduction

Wellness is an expanded idea of health, just like the absence of physical diseases. Nevertheless, wellness transcends this health concept when individuals with serious illness or disabilities rise above their physical or mental limitations to live rich, meaningful, and vital lives. Proper wellness is mainly determined by the diseases of living life fully with vitality and meaning (Paul. M Insel Walton T.Roth, 2003b; 2005b).

According to (Sunny, 2001), wellness is defined as a lifelong process that at any given time produces a positive state of personal well-being: feeling good about yourself, optimal physical, psychological, and social functioning, control and minimization of internal and external risk factors for both diseases and negative health conditions, Frank D. Rosato, (2003) state wellness is a process rather than a goal; it implies a choice, a way of life. It means integrating the body, mind, and spirit. It suggests that what you believe, feel, and do influences your health. However, it does not imply that we make the best choice in every situation.

Likewise, Myers et al. (2000) state wellness has many definitions; the most common one was made the whole behavior-oriented towards becoming healthy at an optimal level. These behaviors include achieving personal goals for a more meaningful life, integrating body, mind, and soul, and maintaining an active life in all social, personal, and ecological fields. These explanations underline that wellness is a lifestyle cited in (FidanKorkut Owen, NurDemirbasCelik, 2018).

Scientific findings have shown that physical inactivity and a negative lifestyle seriously threaten the health and hasten the deterioration rate of the human body; on the other hand, movement and physical activity are basic functions of the human organ system. So, in recent years, widespread interest in health and preventive medicine motivates people to participate in organized fitness and wellness programs. The growing number of participants is attributed primarily to scientific evidence linking regular physical activity and positive lifestyle habits to better health, longevity, quality of life, and overall well-being (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

Today's most serious health problems are largely caused by how people live and are referred to as lifestyle diseases. Most premature deaths in the U.S. and other developed countries are caused by lifestyle-related problems (O'Donnell, M.P., 2001). The leading causes of death in the U.S. among all age groups are heart disease, cancer, and stroke; they account for 61% of all deaths. These are chronic diseases often caused by behaviors established early in life (Frank D. Rosato, 2003).

To this end, wellness is a relatively new concept that expands our idea of health beyond the simple presence or absence of disease. Hence, wellness refers to optimal health and vitality to living life to its fullest. Although the words health and wellness are interchangeable, there are two important differences between them: health or some aspects of it can be determined or influenced by factors beyond control, such as genes, age, and family history of prostate cancer, though to reduce cancer risk by eating sensibly, exercising, and having regular screening tests, it may still rise above its effects to live a rich, meaningful life, and to maintain a positive outlook, keep up the relationships with others, challenge intellectually, and mature other aspects of life (Thoma D. Fahey, Paul. M. Insel, Walton T. Roth, 2011).

Furthermore, wellness is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity (World Health Organization, 1948). With eight interdependent dimensions, wellness reminds us that adult life is complex and comprises multiple domains of simultaneous focus. At any given time, these domains are active; whether one is conscious of it or not, these domains influence/affect each other as well. For example, being excited about moving to a new city (environmental domain) can motivate one to put effort into making friends (social domain) (Aikita Gupta, 2019).

Uncertainty, one feels lonely because they don't know anyone in their new city (social/emotional domain), they may lose their appetite and impact physical well-being. What's valuable to know is that if you intentionally impact one domain with positive action, the other domains will also be elevated to use this wellness for self-assessment and reflection. Notice what is going well in life, and notice the challenges. Through an honest look at your wellness, you gain clarity on the next steps and can discover healthy, innovative solutions to life's natural ups and downs (Aikita Gupta, 2019).

Referring to Werner W. K. Hoeger and Sharon A. Hoeger (2013), wellness has seven dimensions: physical, emotional, mental, social, environmental, occupational, and spiritual. These dimensions are interrelated, and one frequently affects the others. For example, an emotional "down" person often has no desire to exercise, study, socialize with friends, or attend church and may be more susceptible to illness and disease. In contrast, wellness implies a constant and deliberate effort to stay healthy and achieve the highest potential for well-being and requires implementing positive lifestyle habits to change behavior, improve health and quality of life, prolong life, and achieve total well-being. Living a wellness way of life is a personal choice, but you may need additional support to achieve wellness goals.

In the past, medicine approached wellness from a different perspective and emphasized disease treatment rather than prevention. It demanded no more than passive participation by the patients in the decision-making process. Now people are encouraged to participate actively in their health care, shape their lifestyle, and promote health care providers in medical decisions. This approach places the responsibility for the wellness on the individuals. Achieving a healthy level of wellness requires constant balance and maintenance of certain components: physical, psychological/emotional, social, intellectual, spiritual, occupational, and environmental (Frank D. Rosato, 2003).

No matter what age or health status can optimize health, the researcher survey indicates several main dimensions to defining wellness: physical, emotional, social, intellectual, spiritual, occupational, financial, and environmental (Peggy Swarbrick and Jay Yudof, 2014). Therefore, based on the college experience and observation, the researcher

attempted to consider the relationship between socio-demographic characteristics based the eight dimensions of wellness for teachers at Nekemte College of Teacher Education.

Statements of the Problem

According to Dunn, H. L., (1961) wellness is not the absence of disease, illness, and stress but the existence of purpose in life, active involvement in satisfying work and play, positive relationships, a healthy body, and living environment happiness, and conscious, deliberate process that requires being aware of making choices for a more satisfying lifestyle (Swarbrick, M., 2006).

A wellness lifestyle includes a self-defined balance of health habits such as sleep and rest, eating well, productivity, participation in meaningful activity, and contact with supporters (Swarbrick, M., 1997). Wellness is multidimensional: physical, spiritual, social, emotional, intellectual, occupational, environmental, and financial (Swarbrick and Jay Yudof, 2014). Thomas D. Fahey. Paul. M. Insel. Walton T. Roth (2011) suggests lifestyle based on good choices and healthy behavior maximizes the quality of life. It helps people avoid disease, remain strong and fit, and maintain their physical and mental health as long as they live.

Consequently, bad habits are hard to break, but eating healthier and exercising more provide benefits beyond ideal body weight and shape. Being physically fit can stave off many diseases and medical conditions discussed in the previous section, including heart disease, the number one killer in America. Exercise reduces stress and eases depression. Healthier employees are also more productive. Being physically fit nurtures the mind, body, and spirit and is the cornerstone of wellness (Flynn et al., 2022).

As the incidence of chronic diseases rose, it became obvious that prevention remains the best medicine. According to the U.S. Surgeon General's office, more than half of the people who die in this country each year because of what they do. Based on estimates, more than half of the disease is lifestyle-related, a fifth is attributed to the environment, and a tenth is influenced by the individual's health care. Only 16 percent is related to genetic factors. Thus, the individual controls as much as 84 percent of their vulnerability to disease and thus the quality of life. The same data indicate that 83 percent of deaths before age 65 are preventable. In essence, most people in the United States are threatened by the lives they lead today (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

Teachers stress has increased in the United States over the past decade (Koenig et al., 2017), and it has been attributed to chronic strain that results from the mismatch between job demands and available resources to emotionally and mentally cope with the job demands (Lauermann&Konig, 2016). And over the last 40 years, teacher attrition rates in North America have increased from 30% to 40% (Wang et al., 2015).

Teaching is a selfless profession. Although several teachers find great satisfaction in their work, most teachers would probably say they are driven by the desire to help and inspire students. Too often, teachers sacrifice their own well-being to support students' social, emotional, and academic needs. Teachers' wellness influences school culture, climate, instruction, and student's academic, personal, and emotional development (Sackney et al., 2000). It also affects the stability of the workforce. So far, wellness has not been systematically explored within the field of education (Sackney et al., 2000), and teachers are often unaware of the few outlets that exist to explore their personal and emotional needs, such as counseling services, physical wellness memberships, and social support groups (Taxer &Frenzel, 2015).

There is a need for more emphasis on teachers' well-being. The authors define teachers' wellness along eight dimensions described by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services: emotional, environmental, intellectual, physical, social, spiritual, occupational, and financial. The authors describe the relevance of these eight dimensions for teachers and some strategies to address them (Montoya, Angel; Summers, Laura L., 2021).

The previous studies intended to provide skills and help to prepare teachers for a lifetime of wellness. A healthy lifestyle is self-controlled, and through which they can learn how to be responsible for their dimensions of wellness. Most researchers have focused on identifying the most relevant and appropriate dimensions of wellness to improve one's overall wellness. However, in our context, physical education programs and curricula do not emphasize the skills necessary for young and adolescent people to maintain the components of dimensions of wellness. Therefore,

for the researcher to fill the research gap, the present study endeavoured to assess the relationship between socio-demographic characteristics based the eight dimensions of the wellness survey sub-scales including: physical, spiritual, intellectual, occupational, financial, social, environmental, and emotional for teachers at Nekemte College of Teacher Education. In this manner the researcher formulating the following research hypothesis to address the specific objectives of the study.

1. There is a significant positive effect of socio-demographic characteristics on eight dimensions of wellness for teachers at Nekemte College of Teacher Education.
2. There is a significant relationship between eight dimensions of wellness for teachers related to gender at Nekemte College of Teacher Education.
3. There is a significant difference between natural and social science department teachers regarding the eight dimensions of wellness at Nekemte College of Teacher Education.
4. There is a significant relationship between dimensions of wellness for teachers related to age categories at Nekemte College of Teacher Education.
5. There is a significant relationship between the dimensions of wellness for teachers regarding the Length of experience in teaching and the level of education at Nekemte College of Teacher Education.

Specific Objectives

1. To consider teachers' socio-demographic characteristics moderate the association between their current statuses of dimensions wellness at Nekemte College of Teacher Education.
2. To assess the mean scores of the eight dimensions are different from the overall mean of the dimensions of wellness variables related to socio-demographic characteristics for teachers at Nekemte College of Teacher Education.
3. To determine the statistically significant difference in mean scores observed between natural and social science department teachers in the dimension of wellness assessment at Nekemte College of Teacher Education.

Review of Related Literature

Meaning of Wellness

Wellness requires a conscious commitment and the appreciation that everything one does, thinks, feels and believes impacts the well-being of self and others. This positive and holistic approach to living in the quality of life we enjoy when our lives' physical, psychological, spiritual, social, and environmental dimensions are in balance when no dimension is being neglected or overemphasized.

Wellness is a state of optimal well-being that broadens, extends, and reaches beyond the traditional fitness and health ideas. It is a way of doing, a way of being, and a way of becoming, a predisposition to adopt and embrace key principles in one's life that leads to high levels of well-being and life satisfaction. Wellness can be defined as a state (rather than a trait) of being. A person's awareness, understanding, and active decision-making capacity align with values and aspirations (Goss, Cuddihy, & Brymeh, 2009). Notably, wellness generally refers to an individual's functioning and is viewed as the overarching umbrella of well-being (Miller & Foster, 2010) and is best illustrated as an ongoing process, a wellness journey rather than an endpoint cited in (Prince Edward Island, 2014).

According to Swarbrick M. (2006), wellness is term union members know and use often, but what exactly is it, and what does it mean for a person to be well. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2016), wellness means overall well-being. It incorporates a person's mental, emotional, physical, occupational, intellectual, and spiritual aspects. Each aspect of wellness can affect the overall quality of life, so it's important to consider all aspects of health. This is especially important for people with mental health and substance use conditions because wellness directly relates to the quality and longevity of life. The eight dimensions of wellness are very important to someone's overall well-being; explain each dimension in more detail and give a few ways to improve each dimension (Bill Hettler MD., 1976).

SAMHSA's model is significantly more comprehensive than other existing definitions and models of wellness because it enjoys strong theoretical underpinnings. The model maintains an integrative characterization of overall

wellness, specifically as the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. The SAMHSA perspective fits well with the World Health Organization's (1948) view of health as a state of physical, mental, and social well-being. Nonetheless, the SAMHSA model has never actually been empirically validated. There is no evidence that each of the dimensions is independent. Furthermore, the SAMHSA model is not embodied in any current scientific instrument, thus preventing quantitative assessment of wellness in specific populations. Finally, the model contains no integrative mechanism to represent the holistic quality of wellness (Dipanjana Das, 2015).

The number of wellness dimensions varies in the literature. Some say there are five (Strout and Howard, 2014) or six (Bill Hettler MD, 1976) or seven (Anspaugh, Hamrick, and Rosato, 2004) or eight (Aikita Gupts, 2019, Paul. M Insel Walton T. Roth Claire E. Insel, 2018, Angel L. Montoya and Laura L. Summers, 2021) dimensions. However, this study would use SAMHSA's eight dimensions of wellness (Swarbrick, M., 2006) to determine, describe and categorize teachers; and, simultaneously to determine the relationship of socio-demographic characteristics involved in conducting eight dimensions of wellness for the teacher.

This research's favourite SAMHSA model is based on the Study of Swarbrick, M. (2006), which states that it is a well-regarded model for this study. These dimensions are interrelated and may affect each other, as lists specific qualities and behaviors associated with each as the following.

Emotional Wellness

The emotional aspect is the feeling part and includes one's emotional intelligence and identifying action, regulation, and expression of emotions. Intellectual stimulation is closely tied to emotional well-being, as cognitive functioning is part of the psychological aspect of wellness, especially in making positive/health changes in behavior. The weaving of one's knowledge, skills, and creativity for Problem-solving and learning is characteristic of someone's mental fit. Metacognition is important, and the ability to think critically and creatively about what one knows, believes, and values are necessary to overall well-being. (Prince Edward Island, 2014).

An emotionally well person successfully expresses and manages various feelings, including anger, doubt, hope, joy, desire, fear, and many others. People who emotionally are well maintaining a high level of self-esteem. They have a positive body image and the ability to regulate their feelings. They know where to seek support and help regarding their mental health, but not limited to seeking professional counseling services (Flynn et al., 2022).

Emotional wellness involves understanding your feelings, accepting your limitations, and achieving emotional stability. It implies the ability to express emotions appropriately, adjust to change, healthily cope with stress, and enjoy life despite occasional disappointments and frustrations (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

Werner W. K. Hoeger, Sharon A. Hoeger (2013) emotional wellness brings stability and the ability to look both success and failure squarely in the face and keep moving along a predetermined course. When success is evident, the emotionally well person radiates the expected joy and confidence. When failure seems evident, the emotionally well person responds by making the best of circumstances and moving beyond the failure. Wellness enables you to move ahead with optimism and energy instead of spending time and talent worrying about failure. You learn from it, identify ways to avoid it in the future, and then go on with the business at hand.

Emotional wellness also involves happiness, an emotional anchor that gives meaning and joy to life. Happiness is a long-term state of mind that permeates the various facets of life and influences our outlook. Although there is no simple recipe for creating happiness, researchers agree that happy people are usually participants in some category of a supportive family unit where they feel loved. Healthy, happy people enjoy friends, work hard at something fulfilling, get plenty of exercise, and enjoy play and leisure time. They know how to laugh, and they laugh often. They give themselves freely to others and seem to have found deep meaning in life. An attitude of true happiness signals freedom from the tension and depression many people endure. Emotionally well, people are subject to the same kinds of depression and unhappiness that occasionally plague us all, but the difference lies in the ability to bounce back. Well, people take minor setbacks in stride and have the ability to enjoy life despite it all. They don't waste energy or time recounting the situation, wondering how they could have changed it, or dwelling on the past (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

Environmental Wellness

Environmental wellness refers to the effect that our surroundings have on our well-being. Our planet is a delicate ecosystem, and its health depends on continuously recycling its elements. Environmental wellness implies a lifestyle that maximizes harmony with the earth and takes action to protect the world around us. Environmental threats include air pollution, chemicals, ultraviolet radiation in the sunlight, water and food contamination, secondhand smoke, noise, inadequate shelter, unsatisfactory work conditions, lack of personal safety, and unhealthy relationships. Health is affected negatively when we live in a polluted, toxic, unkind, and unsafe environment (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

We may not consider the impact of environmental wellness on our overall wellness plan, but our environment can hugely impact psychological, physical, social, and spiritual well-being. Environmental well-being includes our cultural environments, our natural environments, and our constructed environments. Factors in each of these environments influence our wellness, and how we care for/ about the environment can greatly impact how we feel. Environmental wellness encompasses not just our relationship with mother earth but also our relationship with our surroundings. It involves respecting possessions and our places of work and play. Environmental wellness also involves caring for and appreciating nature, eating locally grown foods, using public transportation, recycling, conserving water, printing less, and being aware of one's surroundings (Prince Edward Island, 2014).

An environmentally well person appreciates the external cues and stimuli an environment can provide. People who have achieved environmental wellness recognize the limits to controlling an environment and seek to understand the individual's role in the environment (Flynn et al., 2022).

Financial Wellness

Financial wellness refers to your ability to live within your means and manage your money to give you peace of mind. It includes balancing your income and expenses, staying out of debt, saving for the future, and understanding your emotions about money (Paul. M Insel Walton T. Roth Claire E. Insel, 2018).

Financial wellness consists of finding equilibrium among the psychological, physical, and a spiritual aspect of the relationship with finance through understanding financial processes related to savings, income, and debt while utilizing resources to achieve long-term goals towards future financial objectives and also includes learning to live within means, making informed financial decisions and investments, and setting short and long-term goals. Learning and developing financially smart habits during life can reduce stress and prepare individuals to achieve their goals (Swarbrick, M. 2006).

The economic dimension considers satisfaction with current and future financial situations. Taking care of fiscal responsibilities creates self-esteem and competencies (<https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>). Those who are financially well are fully aware of their current financial state. They set long- and short-term goals regarding finances that will allow them to reach their personal (Flynn et al., 2022).

According to Swarbrick M. (2006), financial wellness is the satisfaction of your current and future financial situations. Planning is the key to attaining financial wellness. It's important to plan a budget, set goals, plan a savings strategy, and plan for retirement. These are just a few plans that need to be made to have financial wellness in your life. Once the planning is complete, it's time to stick to your plans and put them into action. A saving plan will create financial margins in your life for those unexpected car/house repairs or whatever else might come up that will cost you money. Taking these steps will help guide you to a financially well future.

Intellectual Wellness

Intellectual wellness is the degree to which one engages in creative and stimulating activities and resources to expand knowledge and focus on acquiring, developing, applying, and articulating critical thinking. It represents a commitment to lifelong learning, an effort to share knowledge with others, and developing skills and abilities to achieve a more satisfying life (Hettler, 1980). Flynn et al., (2022) enjoy intellectual wellness, and lifelong learning seeks knowledge and activities that further develop an individual's critical thinking and heighten global awareness associated with the arts, philosophy, and reasoning is also important. Renger and et.al. (2000) also defined intellectual

wellness as one's orientation and attitude toward personal growth, education, achievement, and creativity. This includes attending cultural events and seeking opportunities to gain and share knowledge, particularly knowledge of current local and world events.

Mental wellness, also called intellectual wellness, implies that you can apply what you have learned, create opportunities to learn more, and engage your mind in lively interaction with the world around you. When you are mentally well, you are not intimidated by facts and figures you are unfamiliar with, but you embrace the chance to learn something new. Your confidence and enthusiasm enable you to approach any learning situation with an eagerness that leads to success. Mental wellness brings with it its vision and promise. More than anything else, mentally well people are open-minded and accepting of others. Instead of being threatened by people who are different from themselves, they show respect and curiosity without feeling they have to conform. They are faithful to their ideas and philosophies and allow others the same privilege. Their self-confidence guarantees that they can take their place among others in the world without having to give up part of themselves and without requiring others to do the same (Werner W. K. Hoeger, Sharon A. Hoeger, 2013)

Occupational Wellness

According to Werner W. K. Hoeger and Sharon A. Hoeger (2013) occupational wellness is not tied to a high salary, prestigious position, or extravagant working conditions. Any job can bring occupational wellness if it provides important rewards to the individual. To one person, salary might be the most important factor. In contrast, another might place much greater value on creativity- those who do occupationally well have their own "ideal" job, allowing them to thrive.

In addition, people with occupational wellness face demands on the job, but they also have some say over their demands. Any job has routine demands, but routine demands are mixed with new, unpredictable challenges that keep a job exciting in occupational wellness. Occupationally well people can maximize their skills, and they have the opportunity to broaden their existing skills or gain new ones. Their occupation offers the opportunity for advancement and recognition for achievement. Occupational wellness encourages collaboration and interaction among co-workers, fostering teamwork and support (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

Occupational health and safety are among the most important aspects of human concern. It aims to adapt the working environment to workers to promote and maintain the highest degree of physical, mental, and social well-being of workers in all occupations (TakeleTadesse and MengeshaAdmassu, 2006). According to WHO (1995), occupational safety and health can be defined as a multidisciplinary activity aiming at the protection and promotion of the health of workers by eliminating occupational factors and conditions hazardous to health and safety at work, enhancement of physical, mental, and social well-being of workers and support for the development and maintenance of their working capacity, as well as professional and social development at work, and development and promotion of sustainable work environments and work organizations.

An occupationally well person enjoys pursuing a fulfilling career on various levels. This person finds job satisfaction and enrichment while always pursuing opportunities to reach the next level of professional success (Flynn et al., 2022).

Physical Wellness

Werner W. K. Hoeger, Sharon A. Hoeger (2013) physical wellness is the dimension most commonly associated with being healthy. It entails confidence and optimism about one's ability to protect the physical health and care for health problems. Physically well individuals are physically active, exercise regularly, eat a well-balanced diet, maintain recommended body weight, get sufficient sleep, practice safe sex, minimize exposure to environmental contaminants, avoid harmful drugs (including tobacco and excessive alcohol) and seek medical care and exams as needed. Physically well people also exhibit good cardiopulmonary endurance, adequate muscular strength and flexibility, proper body composition, and the ability to safely and effectively carry out ordinary and unusual daily life demands.

Regular physical activity is a key protective factor for preventing and managing non-communicable diseases such as cardiovascular disease, type-2 diabetes, and several cancers. Physical activity also benefits mental health, including

preventing cognitive decline and symptoms of depression and anxiety, and can contribute to maintaining a healthy weight and general well-being (WHO, 2014). Regular participation in a good physical fitness program will provide substantial health benefits and significantly decrease the risk of many chronic diseases. And although good fitness often motivates toward adoption of other positive lifestyle behavior, to maximize the benefits of a healthier, more productive, happier, and longer life, we have to pay attention to all seven dimensions of wellness: physical, social, mental, emotional, occupational, environmental, and spiritual. These dimensions are interrelated, and one frequently affects the other. A wellness way of life requires a constant and deliberate effort to stay healthy and achieve the highest potential for well-being within all dimensions of Wellness (Werner W. K. Hoeger, Sharon A. Hoeger, 2013). The WHO (2014) guidelines on physical activity and sedentary behavior provide evidence-based public health recommendations for children, adolescents, adults, and older adults on the amount of physical activity (frequency, intensity, and duration) required offering significant health benefits and mitigating health risks. For the first time, recommendations are provided on the associations between sedentary behavior and health outcomes and sub-populations, such as pregnant and postpartum women and people living with chronic conditions or disabilities. So, people who are physically well actively make healthy decisions daily. They eat a nutritionally balanced diet; they try to get adequate sleep and routinely visit the Doctor. They habit exercising three to five times per week; they can identify their personal needs and know their bodies' limitations. They maintain positive interpersonal relationships and make healthy sexual decisions that are consistent with their values and beliefs (Flynn et al., 2022).

The physical dimension of wellness encompasses the functional operation of the body. The physical dimension requires regular participation in various movement activities, and it encourages the development of both the confidence and the competence to engage in activity for a lifetime. Physical wellness also involves accessing self-care, using appropriate health and medical systems, making wise food choices, and encouraging and promoting safe behaviors (Prince Edward Island, 2014).

Social Wellness

Social wellness is an essential component of our overall well-being. As humans, we are wired to connect to others, and these connections affect our health. Good social connections have been shown to improve our health and help us live longer. A University of Michigan study showed that lack of social connection is a greater detriment to health than obesity, smoking, and high blood pressure. In addition, cultivating and nurturing relationships with others influences how emotionally resilient we can be in the face of a crisis (JAN-MAR., 2021).

The quality of our relationships with other people is equally significant. Good relationships can be crucial in protecting a person against suicidal thoughts and behavior. Friendships offer several other mental health benefits, such as increased feelings of belonging and purpose, increased happiness, reduced stress, and improved self-worth and confidence. It should be noted that social connection doesn't necessarily mean physically being present with people but rather the experience of feeling understood and connected. Hence, one of the most effective ways to create healthy connections and maintain positive relationships is to be fully present in the moment with the other person. This "mindful listening" makes people feel they are heard and understood. Maintaining meaningful, lasting relationships requires ongoing attention... listening, adopting a non-judgemental attitude, and offering your full attention to one another allows both brains to attune to each other. It's easy to be distracted (JAN-MAR., 2021).

A socially well person builds healthy relationships based on interdependence, trust, and respect. Those who socially well have a keen awareness of the feelings of others. They develop a network of friends and co-workers who share a common purpose and provide support and validation (Flynn et al., 2022).

The social dimension of wellness is broad in scope because it has to do with self and others, including the degree and quality of interactions with others, the community, and the environment. The social dimension encompasses personal and social responsibility (Hellison, 2011), effective communication skills, a comfort level for interacting with others in various contexts, belonging, and satisfaction with societal roles that directly influence our overall well-being. The more individuals have a supportive social network (e.g., family, friends, community), the better their health (Public Health Agency of Canada, 2011). This dimension of wellness might include:

- Resolving conflicts and reaching a consensus
- Getting along with others who have differing perspectives
- Feeling connected to a person, group, or cause

- Caring for others and their well-being
- Promoting social relationships through participation in movement activities
- Nurturing.

Werner W. K. Hoeger, Sharon A. Hoeger (2013) social wellness, with its accompanying positive self-image, endows you with the ease and confidence to be outgoing, friendly, and affectionate toward others. Social Wellness involves a concern for oneself and an interest in humanity and the environment. One of the hallmarks of social wellness is relating to others and reaching out to others, both within one's family and outside it. Similar to emotional wellness, it involves being comfortable with your emotions and thus helps you understand and accept the emotions of others. Your balance and sense of self allow you to extend respect and tolerance to others. Healthy people are honest and loyal. This dimension of wellness leads to maintaining close relationships with other people.

Spiritual Wellness

Ingersoll (1994) initially defined spiritual wellness in terms of seven integrated dimensions that operate synergistically but later proposed the following ten dimensions: conception of the absolute or divine; meaning (life meaning, purpose, and sense of peace); connectedness (with people, higher power, community, and environment); mystery (how one deals with ambiguity, the unexplained, and uncertainty); the sense of freedom (play, seeing the world as safe, willingness to commit); experience/ritual/practice; forgiveness; hope; knowledge/learning; and present contentedness.

Spiritual wellness provides a unifying power that integrates all dimensions of wellness. Basic characteristics of spiritual people include a sense of meaning and direction in life and a relationship to a higher being. Pursuing these avenues may lead to personal freedom, including prayer, faith, love, closeness to others, peace, joy, fulfillment, and altruism (Werner W. K. Hoeger, Sharon A. Hoeger, 2013).

Several studies have reported positive relationships between spiritual well-being, emotional well-being, and satisfaction with life. Spiritual health is somehow intertwined with physical health. People who attend church and regularly participate in religious organizations enjoy better health, lower chronic diseases, are more socially integrated, handle stress more effectively, and live longer (H. G. Koenig, 2004). Other studies have shown that spirituality strengthens the immune system, is good for mental health, prevents age-related memory loss, decreases the incidence of depression, leads to fewer episodes of chronic inflammation, and decreases the risk of death and suicide (H. G. Koenig, 2004).

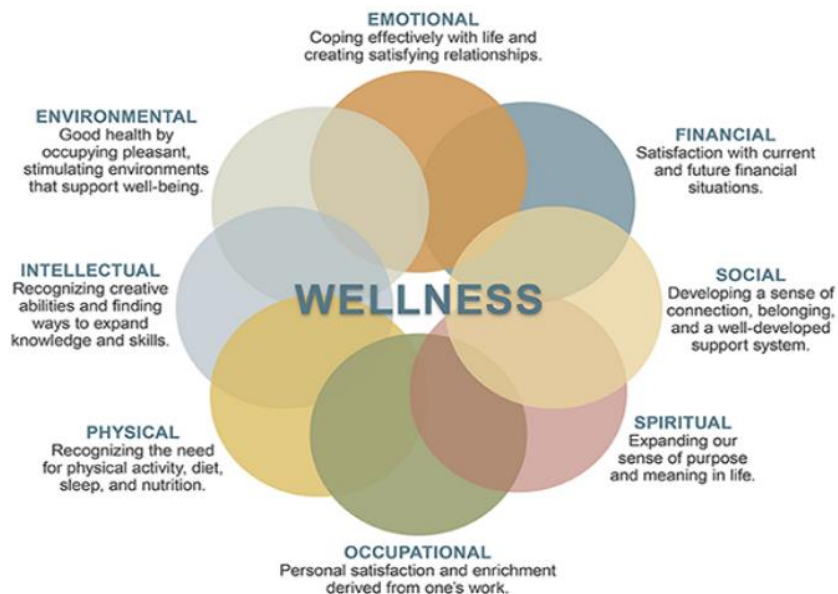
As noted earlier, Helliwell (2005) found age a factor in well-being, with 18- to 24-year-olds and 55 and older equally happiest. There has been some debate about whether the higher value in the older age group is related to faith since those who believe God is important in their lives are happier than those who don't. People who can be spiritually well have identified a core set of beliefs guiding their decision-making and other faith-based endeavours. While firm in their spiritual beliefs, they understand others may have a distinctly different set of guiding principles. They recognize the relationship between spirituality and identity in all individuals (Flynn et al., 2022).

Measuring wellness

While there is extensive literature on the definition of wellness, there are relatively few empirical explorations of the structure of wellness. Several authors have commented on the difficulty of capturing the dynamic nature of wellness and the inadequacy of the existing measures (Renger et al., 2000). However, several techniques have been developed to measure wellness at an individual level. These include the life assessment questionnaire adapted from the New York State Bar Association (NYSB) for respondents who were asked sub-scales of eight dimensions of wellness to indicate their responses.

The present study encompasses eight wellness mutually interdependent: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental (SAMHS, 2016). Attention is given to all the dimensions, as neglect over time will adversely affect others and ultimately one's health, well-being, and quality of life. They do not, however, have to be equally balanced. We should aim, instead, to strive for a personal harmony that feels most authentic to us. We naturally have our priorities, approaches, and aspirations, including our own views of what it means to live a life full (SAMHSA, 2016).

SAMHSA's of Eight Dimensions of Wellness



Sources: Adapted from Swarbrick, M. (2006)

Methods

The present study research design employed a quantitative research method in which the researcher administers descriptive survey to sample the entire population of an individual to describe their attitude, opinions, behaviors, experiences, or other characteristics of the population (Creswell, 2005). Fifty-three teachers were selected using purposive random sampling techniques to be considered the study target population. The researcher used primary data collection through the use of a questionnaire constructed with structured questions on a four Likert scale ranging from 1 to 4, where: 1 reflected rarely, 2 reflected some times, 3 reflected most of the time, and 4 always represented, consequently adapted from the New York State Bar Association (NYSBA) and set for self-assessment by the respondents who were asked to indicate their responses.

The procedure of Data Analysis and Interpretation

The researcher organized data about their mean and standard deviation; while performing independent sample T-test, the mean or average of one group was compared against the set average. The second study design was to recruit a group of individuals and then split them into two to three groups based on some demographic characteristics of teachers (age, Length of experience in teaching, and level of education). Therefore, a one-way ANOVA set to assess the differences, and multiple regression approach to determine the association of social-demographic characteristics based on eight dimensions of wellness for teachers. As a result, the Statistical Package for Social Science (SPSS ver.26.00) was applied for the statistical data collection and was presented in tables, respectively.

Assumptions

Two and more independent and continuous variables, or categorical (i.e., an ordinal or nominal variable), include gender (e.g., two groups: males and females), Level of education (e.g., three groups: BA/BED, MA/MED/MSc, and Doctor/Assistant professor), Length of experience in teaching (e.g., three groups: Junior, Middle, and Senior), Age (e.g., three groups: 30-39, 40-49, and 50 and above) and Field of specialization (e.g., two groups: Natural and social science). The two or three groups are being compared whether have similar variance independently or not, and multiple regression analysis was assumed as independent variables moderately explained on dependent variables.

Socio-demographic Characteristics

Table 1.Socio-demographic Characteristics of Respondents

No	Categories		Natural Science		Social Science	
			n	%	n	%
1	Age	30-39	10	19.23	3	5.77
		40-49	5	9.66	13	25
		>50	10	19.23	11	21.13
2	Sex	M	25	48.07	25	48.07
		F	-	-	2	3.85
3	Level of Education	BA/BED	4	7.69	1	1.92
		AM/MSc	18	36.62	26	50
		Ass.Professor	3	5.77	-	-
4	Length of service year	1-15 years	5	9.61	2	3.85
		16-30 years	13	25	15	28.84
		>31 years	7	13.46	10	19.23

As shown in Table 1 above, demographic characteristics of respondents depicted that ages rated from 30-39 were 10(19.23%) for natural science and, 3(5.77%) stood for social science, ages from 40-49 estimated 5(9.66%) for natural science and 13(25%) belonging to social science and age of greater than 50 years old were inferring to 10(19.23%) for natural science whereas, 11(21.13%) for social science. In the same table above, amongst the total participants of this study, 25(48.07%) male teachers represented natural science department; on the contrary of this view 25(48.07%) males and 2(3.85%) of them were the participants of social science department teachers. With regardless of the level of education, 4(7.69%) and 1(1.92%) of respondents were B.A. degrees, 18(36.62%) and M.A./MSc for both natural science and social science department teachers, respectively, and 3(5.77%) of them were Doctor and Assistant professor from natural science department in particular.

Results of the Study

Table 2. Profession related to eight dimensions of wellness for teachers

Variables	Independent sample t-test				t-test for Equality of Means				
	Levene's test for Equality of Variances		T-test for Equality of Means		Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
	F	Sig.	t	df				Lower	Upper
Emotional	0.001	0.972	-0.070	50	0.945	-0.01200	0.17211	-0.35770	0.33370
			-0.070	49.167	0.945	-0.01200	0.17246	-0.35855	0.33455
Spiritual	0.617	0.436	0.960	50	0.342	0.18963	0.19758	-0.20722	0.58647
			0.969	48.729	0.337	0.18963	0.19574	-0.20378	0.58304
Physical	1.209	0.277	0.682	50	0.498	0.16252	0.23832	-0.31616	0.64119
			0.686	49.593	0.496	0.16252	0.23675	-0.31311	0.63814
Social	0.370	0.546	0.056	50	0.956	0.01067	0.19094	-0.37284	0.39417
			0.056	49.823	0.955	0.01067	0.18991	-0.37081	0.39214

Financial	0.169	0.683	0.255	50	0.800	0.06207	0.24317	-0.42634	0.55049
			0.256	49.995	0.799	0.06207	0.24251	-0.42503	0.54918
Occupational	0.569	0.454	1.081	50	0.285	0.21763	0.20131	-0.18671	0.62197
			1.085	49.974	0.283	0.21763	0.20051	-0.18512	0.62038
Intellectual	0.162	0.689	1.402	50	0.167	0.27719	0.19772	-0.11994	0.67431
			1.409	49.903	0.165	0.27719	0.19677	-0.11806	0.67243
Environmental	0.046	0.831	-0.606	50	0.547	-0.12489	0.20601	-0.53866	0.28889
			-0.608	49.999	0.546	-0.12489	0.20542	-0.53748	0.28770

As shown in Table 2 above, an independent sample t-test was conducted to determine whether there was a statistically significant difference in socio-demographic characteristics of respondents based on eight dimensions of wellness regarding natural and social science department teachers; the result of the t-test estimate for each sub-scale in this data was Emotional (P=0.945), Spiritual (P=0.342), Physical (P=0.498), Social(P=0.956), Financial (P=0.800), Occupational (P=0.285), Intellectual (P=0.167) and Environmental (P=0.165), or, $t \geq -0.07 \leq 1.402$, $P \geq 0.165 \leq 0.956$, $df=50$). The computed group means statistics indicate that Natural science (M =2.377, SD =0.558), the group means for this sample subjects (not shown here) slightly greater on the eight dimensions of wellness test for teachers than did females (M = 2.299, SD = 0.624) as presented as in Table 2 above. Consequently, the result rejects the null hypothesis that there was no significant difference between the sample means of the study participants.

Table 3. Gender disparity related to eight dimensions of wellness for teachers

Variable	Levene's Test for Equality of Variances		Independent Samples Test			t-test for Equality of Means			
			t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Emotional	0.029	0.865	-0.147	50	0.883	-0.04400	0.29860	-0.64375	0.55575
			-0.124	1.056	0.921	-0.04400	0.35482	-4.02283	3.93483
Spiritual	0.031	0.861	0.567	50	0.573	0.22000	0.38793	-0.55918	0.99918
			0.482	1.057	0.710	0.22000	0.45633	-4.88399	5.32399
Physical	0.316	0.576	1.356	50	0.181	0.42600	0.31426	-0.20521	1.05721
			0.938	1.037	0.516	0.42600	0.45410	-4.87974	5.73174
Social	0.167	0.685	0.293	50	0.771	0.09200	0.31377	-0.53824	0.72224
			0.357	1.126	0.776	0.09200	0.25751	-2.43144	2.61544
Financial	0.204	0.654	0.131	50	0.896	0.05800	0.44149	-0.82876	0.94476
			0.096	1.041	0.939	0.05800	0.60610	-6.95801	7.07401
Occupational	0.230	0.634	0.545	50	0.588	0.18133	0.33276	-0.48703	0.84970
			0.591	1.097	0.653	0.18133	0.30704	-2.99130	3.35397
Intellectual	0.430	0.515	0.580	50	0.564	0.20800	0.35834	-0.51174	0.92774
			0.801	1.166	0.554	0.20800	0.25979	-2.16612	2.58212
Environmental	0.640	0.427	-0.549	50	0.586	-0.17800	0.32451	-0.82980	0.47380
			-0.848	1.215	0.531	-0.17800	0.21000	-1.95210	1.59610

Regarding gender disparity, using an alpha level of .05, an independent-samples t-test was conducted to evaluate whether males and females socio-demographic characteristics differed significantly based on eight dimensions of wellness test for teachers at Nekemte College of teacher education. The test revealed no significant differences in

Emotional (P=0.883), Spiritual (P=0.573), Physical (P=0.181), Social (P=0.771), Financial (P=0.896), Occupational (P=0.588), Intellectual (P=0.564) and Environmental (P=0.586), or ($t \geq -0.549 \leq 1.356$), $P > .05$, $d=50$). The computed group means statistics indicate that males (M =2.351, SD =0.384), the group means for this sample of males (not shown here) slightly greater on the eight dimensions of wellness test for teachers than did females (M = 2.255, SD = 0.303) in Table 3 above. The result rejects the null hypothesis that there was no statistically significant difference between the sample means of the desired population.

Table 4. Agecategories related to eight dimensions of wellness for teachers

Variables	Categories	Sum of Squares	df	Mean Square	F	Sig.
Emotional	Between Groups	0.141	2	0.071	0.410	0.666
	Within Groups	8.436	49	0.172		
Spiritual	Between Groups	0.088	2	0.044	0.148	0.863
	Within Groups	14.476	49	0.295		
Physical	Between Groups	0.116	2	0.058	0.302	0.741
	Within Groups	9.409	49	0.192		
Social	Between Groups	0.279	2	0.139	0.742	0.482
	Within Groups	9.204	49	0.188		
Financial	Between Groups	0.116	2	0.058	0.152	0.859
	Within Groups	18.633	49	0.380		
Occupational	Between Groups	0.326	2	0.163	0.765	0.471
	Within Groups	10.432	49	0.213		
Intellectual	Between Groups	0.277	2	0.138	0.558	0.576
	Within Groups	12.153	49	0.248		
Environmental	Between Groups	0.482	2	0.241	1.217	0.305
	Within Groups	9.705	49	0.198		

To assess whether there is a statistically significant difference between the groups, refer to the Sig. value in the ANOVA table 4above ,a calculated result conformed Emotional (F=0.410, P=0.666), Spiritual (F=0.148, =0.863), Physical (F=0.302,P=0.741), Social (F=0.742, P=0.482), Financial (F=0.152,P=0.859), Occupational (F=0.765, P=0.471), Intellectual (F=0.558, P=0.576) and Environmental (F=1.217, P=0.305), or, the F statistic $\geq 0.148 \leq 1.217$ and a p-value $\geq 0.305 \leq 0.863$. Therefore, the results of one-way ANOVA revealed that there was no a statistically significant difference in test scores between three groups of age categories namely: 30-39, 40-49 and 50and above in relation to eight dimensions of wellness.

Table 5. Level of Education related to eight dimensions of wellness for teachers

Variables	Categories	Sum of Squares	df	Mean Square	F	Sig.
Emotional	Between Groups	0.094	2	0.047	0.270	0.764
	Within Groups	8.483	49	0.173		
Spiritual	Between Groups	0.290	2	0.145	0.469	0.628
	Within Groups	15.154	49	0.309		
Physical	Between Groups	0.440	2	0.220	1.187	0.314
	Within Groups	9.085	49	0.185		
Social	Between Groups	0.179	2	0.090	0.472	0.626
	Within Groups	9.304	49	0.190		
Financial	Between Groups	0.117	2	0.058	0.153	0.858
	Within Groups	18.632	49	0.380		
Occupational	Between Groups	0.012	2	0.006	0.027	0.973

	Within Groups	10.856	49	0.222		
Intellectual	Between Groups	0.166	2	0.083	0.332	0.719
	Within Groups	12.264	49	0.250		
Environmental	Between Groups	0.573	2	0.286	1.459	0.242
	Within Groups	9.614	49	0.196		

A one-way ANOVA was conducted to determine if there is statistical significance differences between three groups (AB/BED, MA/MED/MSc/ and Doctors/Assistant professor) of study lead to different test scores in table 5 above. As a result, a one-way ANOVA exposed that there was no any statistically significant difference in test scores between three groups were Emotional (F=0.270, P=0.764), Spiritual (F=0.469, P=0.628), Physical (F=1.187, P=0.314), Social (F=0.472, P=0.626), Financial (F=0.153, P=0.858), Occupational (F=0.027, P=0.973), Intellectual (F=0.332, P=0.719), and Environmental (F=1.459, P=0.242), or (F ≥ 0.027 ≤ 1.459, P-value ≥ 0.242 ≤ 0.973) concludes each components of eight dimensions of wellness for teachers, respectively.

Table 6. Length of experiences in teaching related to eight dimensions of wellness for teachers

Variables	Categories	Sum of Squares	df	Mean Square	F	Sig.
Emotional	Between Groups	0.110	2	0.055	0.339	0.714
	Within Groups	7.956	49	0.162		
Spiritual	Between Groups	0.229	2	0.114	0.391	0.678
	Within Groups	14.334	49	0.293		
Physical	Between Groups	0.440	2	0.220	1.187	0.314
	Within Groups	9.085	49	0.185		
Social	Between Groups	0.179	2	0.090	0.472	0.626
	Within Groups	9.304	49	0.190		
Financial	Between Groups	0.117	2	0.058	0.153	0.858
	Within Groups	18.632	49	0.380		
Occupational	Between Groups	0.024	2	0.012	0.054	0.948
	Within Groups	10.734	49	0.219		
Intellectual	Between Groups	0.166	2	0.083	0.332	0.719
	Within Groups	12.264	49	0.250		
Environmental	Between Groups	0.573	2	0.286	1.459	0.242
	Within Groups	9.614	49	0.196		

Suppose the researcher wants to know whether or not is there a statistical significance difference existed between three length of experiences in teaching (junior, middle and senior) of teachers concerning eight dimensions of wellness at Nekemte college of teacher education. As a result, a one-way ANOVA exposed that there was no a statistically significant difference in test scores between the three groups were Emotional (F=0.339, P=0.714), Spiritual (F=0.391, P=0.678), Physical (F=1.187, P=0.314), Social (F=0.472, P=0.626), Financial (F=0.153, P=0.858), Occupational (F=0.054, P=0.948), Intellectual (F=0.332, P=0.719), and Environmental (F=1.459, P=0.242), or (F ≥ 0.054 ≤ 1.459, P ≥ 0.242 ≤ 0.948) represent each sub-scales of eight dimensions of wellness for teachers, respectively as indicated in table 6 above.

Table 7. Regression of Socio-demographic characteristics related to eight dimensions of wellness for teachers

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	R	R ²
	B	Std. Error	Beta				
1. professions	1.0	.675	.897	15.65	.000	0.897	.804

2 .Gender	1.0	0.13	0.725	7.923	.000	0.725	0.536
3 .Age	0.99	0.129	0.726	7.927	.000	0.639	0.536
4 .Service year	1	0.022	0.988	49.48	0.000	0.988	0.976
5 .Level of education	1	0.13	0.724	7.825	0.00	0.724	.533

A. Dependent Variables: Eight dimensions of wellness for teachers

Table 7 above revealed that sequential (hierarchical) regression (decide on the order of entry SPSS stepwise via the Field of specializations, gender, Length of experiences in teaching, and professional regression weight ($\beta=1.00$ at $p = 0.000$, and contributing 83.35% of the observed variance). The second rank variable was age aggression with regression weight ($\beta.99.9$, $p = 0.000$) contributing 72.60 % of the observed variance). In regression with multiple independent variables, the coefficient depicted how much the dependent variable is expected to increase when that independent variable increases by one, holding all the other independent variables constant regression results indicate that the set of independent variables explained $P \geq .001$, of the variance in five predicted variables with total value ($\beta \geq .999 \leq 1.00$, $t \geq 7.927 \leq 49.48$, $P \geq .001$). The model summary of multiple regression was significant with $R^2 0.677(67.70\%)$ of the observed variance that given from data test effect has been explained by the independent variable or $R^2 (67.70)$ goodness-of-fit measure for linear regression models. It also means that 32.3% of the variation is still unexplained so adding other independent variables could improve the fit of the model. Therefore, for the first research hypothesis, eight dimensions of wellness for teachers with higher levels of total wellness expressed a high effect size associated with socio-demographic characteristics based on eight dimensions of wellness for teachers' achievement.

Discussion

The main objective of this study was to assess socio-demographic characteristics based on eight dimensions of wellness for teachers' suggest elaborating health promotion strategies of wellness dimensions or programs for Oromia college teachers in general and Nekemte College of Teacher Education in particular.

The ability to make appropriate financial decisions matters even more in difficult and uncertain economic times required. Unfortunately, financial literacy in the United States is modest at best. On average, U.S. adults correctly answered half (52%) of the 28 financial literacy questions barely when the Personal Finance Index survey was retrieved (Yakoboski, Paul, Annamaria Lusardi, and Andrea Hasler, 2020). The results of this research align with previous studies that support the financial wellness of college teachers computed via an independent sample t-test, and a one-way analysis of variance determined that there were not any statistically significant differences between the means of two filed of specialization (natural and social science) and gender (Males and Females) disparity correspondingly. The college teachers, perhaps more significant, financial literacy was high in the area of realizing and understanding risk and uncertainty. Teachers are particularly positioned to make truthful decisions when uncertainty and instability dominate their economic and financial life.

The researcher of this study focused on eight dimensions of wellness to observe, analysed, and provides more insights for a better understanding of its implementation and assessment of DOW. Kennedy (2015) stated that a positive and supportive environment would successfully implement wellness for the teachers' benefit. Through this, a quality of life, a productive profession, and a healthy sign would be attained by the teachers cited in (Ortillo and Inero Ancho, 2021). According to Crane, K. (2016), environmental wellness includes places like home, school, work or volunteer location, community, planet, and nature. All of these environments have the potential to positively or negatively impact overall health and well-being. Studies indicate that spending time in nature is an underutilized health promotion strategy. Ensuring that people experience time outside (e.g., at parks, beaches, forests, farms, lakes, rivers, and gardens) can lower stress, improve mood, and enhance the overall well-being of nature is one of many environments that can support environmental wellness. Because environmental wellness establishes the physical and mental foundation that grounds an educator's work, administrators and systems must create and maintain environments that minimize stress for teachers and students and support overall wellness (Montoya, Angel; Summers, Laura L., 2021). The results of this study were consistent with the studies of Kennedy (2015) (Montoya, Angel; Summers, Laura L., 2021) and Crane, K. (2016), maintaining a way of life that maximizes harmony with the nearby and minimizes harm to the environment. Hence, college teacher can recognize personal responsibility for the quality of their environment, understand a positive impact on the quality of homes and communities, and understand the negative effect of personal choices that contributes to environmental wellness.

Halima Bebe Goss (2011) defines spiritual wellness as the beliefs and attitudes towards nature and the meaning-making an individual undertakes to identify what has ultimate value. It is evident in the research for and understanding of how life is or ought to be and thus the choice of direction and resulting feeling of life's purpose. In the review of the accumulated literature on religion and health Benson (1996) concluded how traditional one's practice of religious beliefs is, whenever faith is present, remembered wellness is triggered and can improve health. Religion usually promotes healthy lifestyles, and commitment is consistently associated with better health. The greater a person's commitment to religion, the fewer their psychological symptoms, the better their general health, the lower the blood pressure, and the longer the survival. Religious commitment brings a lifetime of benefits regardless of age, ethnicity, religion, and patients of very different diseases and conditions. Besides, Koenig (2005) states that faith and mental health research found that religious beliefs and practices are usually associated with greater well-being, hope, and optimism; more purpose and meaning in life; greater quality of life; and more pro-social traits in terms of forgiveness, sociability, and altruism. Also, religious involvement is consistently related to a higher level and a higher quality of social support. Even in areas where religion plays a less significant role than in the United States, religious activity still correlates with greater well-being. Educators can create the space for deepening their spiritual wellness by examining individual aspirations, looking for deeper meanings, and analysing recurring patterns through reflective journaling, meditation, self-help book studies, and introspective mindfulness time (Montoya, Angel; Summers, Laura L., 2021). The results of this study is consistent with the studies of (Halima Bebe Boss, 2011, Benson 1996 and Koenig, 2005), with no statistically significant differences between the study groups in which the majority of respondents expand their sense of purpose and meaning in life in their spiritual dimensions of wellness.

Individuals involved in a structured sport programme practise higher levels of moderate-to-vigorous physical activity have several wellness benefits, and greater sense of self-concept (Machado-Rodrigues et al. 2012; Zhai et al. (2021) highlighted that regular physical activity can improve poor sleep quality, (Strong et al., 2005) physical wellness related to physical activity has a positive influence on longevity by slowing down the ageing process as well as increasing energy level, and has a significant impact on all dimensions of wellness and influence each dimension of wellness (Robbins, Powers & Burgess 2010, Sothorn et al. 1999), cited in (Peet J du Toit et al., 2013). Study suggest that actions to improve physical wellness include maintaining a healthy exercise regime and diet and monitoring internal and external physical signs of the body's response to events, including stress (Charles B. 2008). Helliwell (2005) found optimism about good health resulted in higher wellness scores and suggest that age was of great interest because one might assume happiness decreases with age 18-24-year-olds and 55-64-year-olds are equally the happiest of all age groups, with 35-44-year-olds being the least happy. Even 65-year-olds and above were much happier than this 35-44-year-old age group to be involved in a physical wellness activity. Physical wellness is affected by physical activity, healthy nutrition, and adequate sleep. On the other hand, several people use smoking as a coping tool. Unfortunately, this method of coping can lead to several physical health problems, including heart disease and cancer, and can increase one's chance of premature death, and smoking-related illnesses are related to half of all deaths of people diagnosed with a behavioral health condition (Marjie L. Roddick, Ma, Lmhc, Ctts, 2016).

The results of this study align with various scholar related to physical wellness; ten items with four Likert scale option was set to determine the significant difference between socio-demographic characteristics (Field of specialization, age, gender, level of education, and Length of service year in teaching) based on dimensions of wellness revealed that there were not any statistically significant differences amongst the group of the study.

Social wellness provides the foundation for interaction and participation with and commitment to students, parents, and the community rooted in mutual respect, interdependence, and cooperation (Sackney et al., 2000; Strout & Howard, 2012). College teachers engage in opportunities that allow them to interact and socialize with other individuals outside and inside the workplace to meet their social wellness needs. Schedules filled with exercise events, satisfied with social life, maintain a network of supportive friends, family, and social contacts, accept the diversity of others, participate in social activities, professional learning, and lesson planning can interfere with educators creating a healthy work-life balance.

Montoya, Angel; Summers, Laura L. (2021) pursuing one's intellectual passion is essential for educators' relational and instructional engagement with students. It helps them stay current with evolving research and follow through with emerging best practices. Besides Montoya, Angel considers emotional wellness a major component of an educator's daily life because it affects interactions with students, parents, colleagues, and administrators. Intellectual wellness meshes together the state of one's knowledge, skills, and creativity for problem-solving and learning.

Enhancement is possible through seeking challenges and actively striving to reach a potential and share with others. Emotional wellness is representative of the awareness, understanding, and management of one's feelings and behaviors, such as the ability to experience and express the full range of human emotions appropriately, including stress and relationship management (Hawks, 2004; NWI, 2003). The results of the emotion and intellectual wellness model of this study align with the Study of (Hawak, 204Nwi, 2003 and Montoya, Angel; Summers, Laura L., 2021) seeing that college teachers cope effectively with the difficulties of life, being emotionally aware, and having healthy relationships with others are confident, have control over their feelings and behavior, and have good coping mechanisms for dealing with difficult situations. Building resiliency allows them to overcome the hurdles of life. Similarly, exercising the mind, learning new things, and expanding upon one's knowledge have relatively mental growth, which helps their concentration, memory, and critical thinking skills. For example, educators often need to manage their personal feelings of frustration to deal positively with students' challenging behavior, consistent with the finding of this study result intellectual and emotional models.

Finally, the eight-dimension model illustrates the idea that all eight dimensions are interconnected and how much they connect in our lives. The feeling financially stressed (e.g., increasing debt), the experience of emotional stress (anxiety), sometimes leading to physical problems (illness), less effectiveness at work (occupational), and maybe even questioning our meaning and purpose in life (spiritual). When not working (occupational), there is a loss of some opportunities to interact with others (social), cannot get the quality foods and medical care need to stay well (physical), and may need to move to a place that feels less safe and secure (environmental) (Swarbrick, M., 2006). Montoya, Angel; Summers, Laura L. (2021) states financial wellness directly affects educators' ability to support their life, health, and mental well-being. If an individual is under financial stress, this occupies an overwhelming amount of an individual's mental capacity, preventing educators from being fully mindful and critically conscious in their instructional practices and relationships, a direct threat to achieving educational equity because providing antiracist and equitable services requires one to be mindful and reflective of their actions. Furthermore, the results of this study support these beliefs; wellness/ healthy older adults in this study demonstrated statistically significantly higher mean scores in emotional, physical, spiritual, social, financial, intellectual, occupational, and environmental dimensions of wellness compared between natural and social science department, age categories, gender, Length of experiences in teaching, level of education at Nekemte College of Teacher Education teachers (See table 2-7). This means that participants' self-assessments of their current health, wellness, and fitness status, as well as self-monitoring of their current lifestyles, can help them to determine the reasons and establish reasonable goals for a healthy lifestyle change and in other lifestyles are frequently desired but often not accomplished.

Conclusion

The participants of this study were asked whether there was a significance difference existed between socio-demographic characteristics of teachers in responding to eight dimensions of wellness such as *Spiritual wellness*: having beliefs and values that provide a sense of purpose and help give meaning and purpose to life, and acting in alignment with those beliefs, *Physical wellness*: making choices to avoid harmful habits and practice behavior that support the physical body, health, and safety, *Social Wellness*: building and maintaining a diversity of supportive relationships and dealing effectively with interpersonal conflict, *Financial Wellness*: the more stressed someone is about their finances, the less likely they are to make smart decisions when it comes to spending and saving, *Occupational Wellness*: getting personal fulfillment from job or academic pursuits and contributing to knowledge and skills while maintaining a work-life balance, *Intellectual Wellness*: engaging in creative and mentally-stimulating activities, expanding knowledge through cultural, artistic, or skill-based learning, and sharing knowledge and skills with others, and *Environmental Wellness*: recognizing the interactions between themselves and their environment (natural and social), responsibly using available resources, and fostering a safer and healthier environment for others.

- Therefore, the finding of the study computed using an independent sample test to determine the significant differences between natural and social science department teachers and gender disparity in responding to each component of eight dimensions of wellness for teachers revealed that there were no statistically significant differences in mean scores in which P- value was greater than alpha at the significance level of 0.05.
- The finding of one-way ANOVA exposed that there was no statistically significant difference in test scores between groups such Length of experience in teaching (junior, middle, and senior) age categories (30-39,

40-49 and 50 and above), level of education (BA, MA, Ass.Professor and/or Doctor) in at least three groups supposing the p-value was greater than alpha at the significance level of 0.05.

- From the finding multiple regression model with all five predictors produced R² value (.657 or 65.7%) which is the proportion of variance in the dependent variable that can be explained by the independent variables contribute a major role in directing college teachers to lead their lives into the correct way and guide them to achieve success, both in their personal lives as well as in their occupational lives in the organization.

Recommendations

Teachers' wellness is easier said than done. We all know that change doesn't happen overnight; however, the researcher hopes that the finding of this research expected to be the building blocks for an effective college teacher wellness program. So, colleges are in a unique position to improve the health of Oromia college teachers by using the resources and implementing the strategies that help to achieve the ultimate vision for health educators, which in turn, aid healthier their mental, physical, and social health, and emotional well-being. To the specific the researcher forwards the following point as to be the solution for further dimensions of wellness for teachers at Nekemte College of teacher education in particular Oromia Colleges in general.

- The college and Oromia Education Bureau should propose general guidelines for the design of teachers' wellness that fit to present actual experiences and best practices in dimensions of wellness for college teachers.
- It is recommended to intensify the program with different activities or unique strategies that satisfy teachers to be happy and have a healthy lifestyle in their work place, family and communities.
- Proper and strict monitoring and evaluation should give feedback from the teachers for the improvement and positive change of the program at the college level in a position and have the power to influence to make all the programs in college successful and essential to the needs of the teachers and stakeholders/college communities.

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