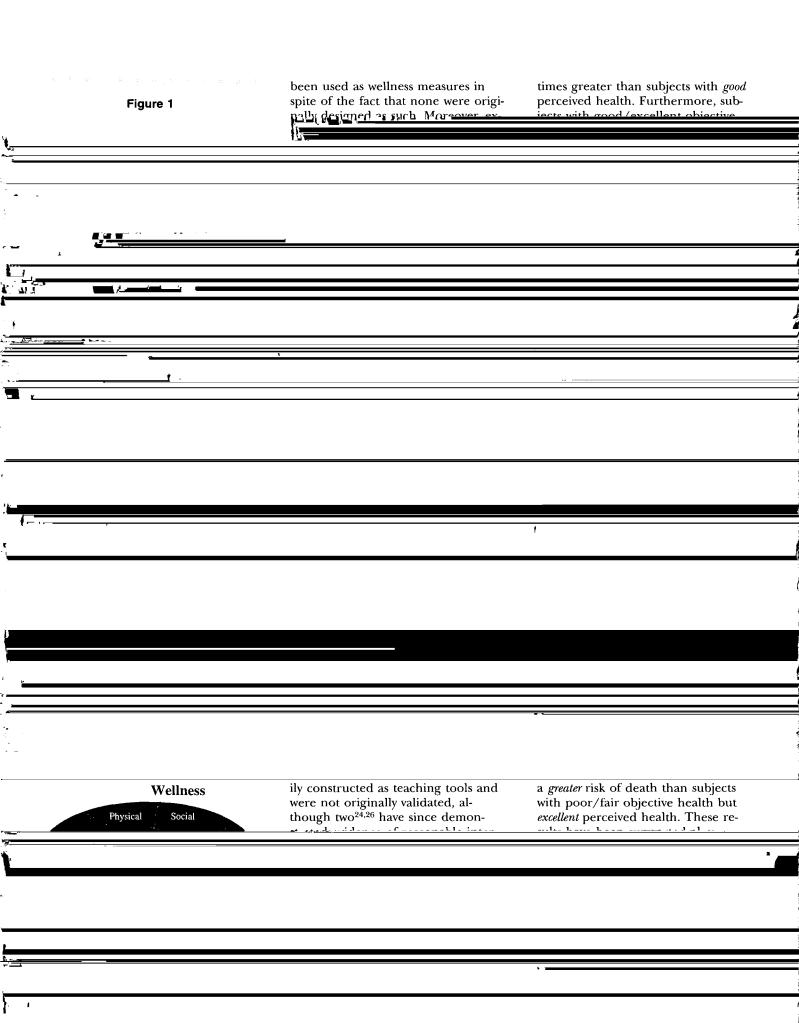
Methods, Issues, and Results in Evaluation and Research

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

Troy Adams, Janet Bezner, Mary Steinhardt

Abstract	We see the world not as it is, but as we are.
Purpose. The impact of individual perceptions on health is well-established. However,	—H.M. Tomlinson
<u> </u>	
<u></u>	
-	
7-	

information from internal and exter-	will be discussed later. In addition,	placed on the detection, treatment,
i .		
er		
· ,		
		ا م ر .
4		
,		
<u>-</u>		
This variation can either be viewed as uncontrollable, residual error due to	support for the overall wellness con- struct has been derived from related	often called "wellness practice." This is probably attributable to the avail-
individual differences, or as a rich source of information about influ-	theories.	able selection of measurement tools (e.g., skinfold calipers, blood pres-
	Szatoma Thomas	



Č.	avoidant coping, ⁷¹ and various measures of distress. ⁷⁶	Likewise, a person with a high self-regard interprets situations and events in ways that preserve and reinforce self-identity. Researchers have indicat-	sample size necessary to perform a factor analysis with adequate power. The computed power was .85. The appropriateness of factor analysis
* =	• .		
-	. Caninlandurania JaCard andra	ad the sealf are unit made. I am	
		<u> </u>	
·			
•	. •		
,			
-	- -		
· ==			

ated with principle-centeredness in-

hv Bartlett's test_of sphericity ($v^2 =$

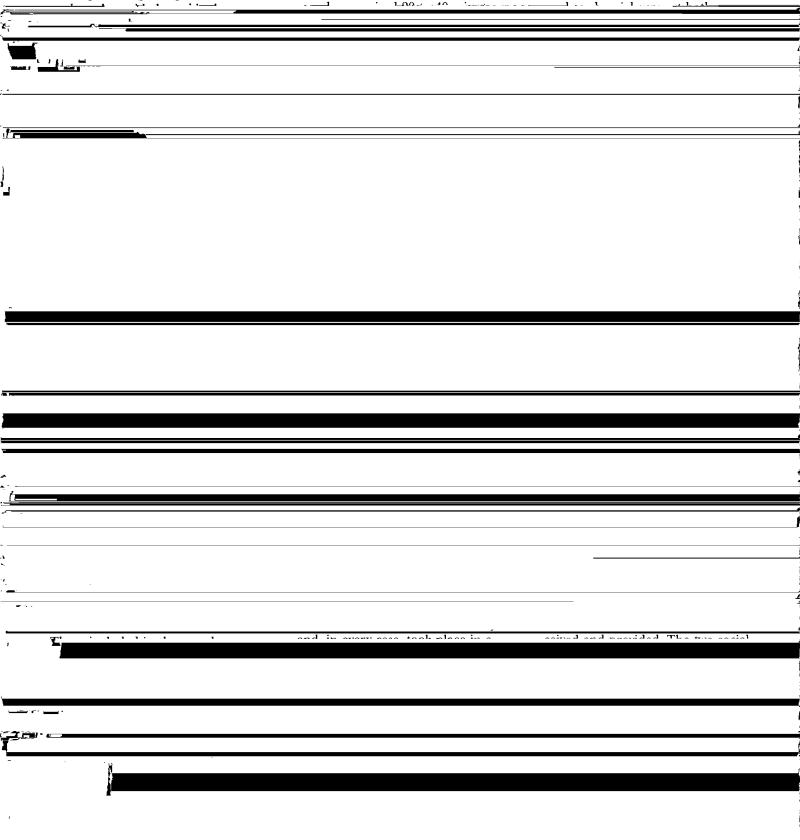
percention of having support avail-

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

Measures

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

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





Number Perceived Wellness Survey for Discriminant Validity. The Perceived Wellness

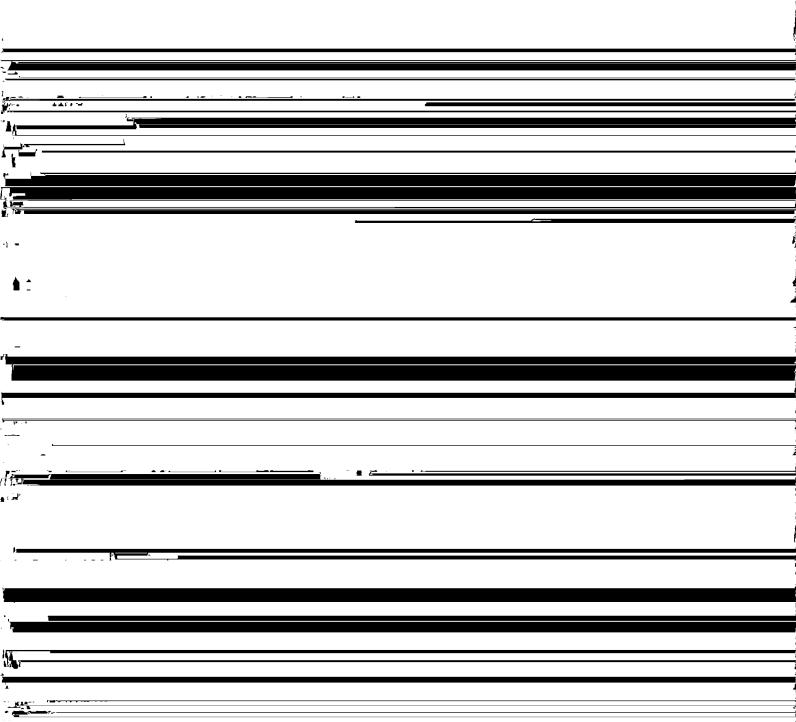
Perceived Wellness Survey face validity version contained a description of each dimension of wellness. Face validity was estimated by the degree to which students were able to identify correctly which dimension of wellness was reflected by each Perceived Wellness Survey item.

Analysis

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

Table 2 Partial Correlation Coefficients of the Perceived Wellness Survey Composite with the Perceived Wellness Survey Subscales Controlling for Age and Gender (n = 537)*

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



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

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

Factor I Perceived Items Wellness ceptions of available *internal* resources.

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

₩ . 087 —	_		
with a one-, two-, and three-factor solution. Of these, a one-factor solution was clearly the most meaningful and parsimonious. Second, in order to determine whether there were any latent factors, a matrix of subscale intercorrelations was principal axis factored with a one-, two-, and three-factor solution. Again, a one-factor solution provided the best explanation of the data. In summary, all of the items loaded on a single factor which was labeled perceived wellness (Table 4). All but two items loaded above .30,	Emotional 1 Emotional 2 Emotional 3 Emotional 4 Emotional 5 Emotional 6 Spiritual 1 Spiritual 2 Spiritual 3 Spiritual 4 Spiritual 5 Spiritual 6 Social 1 Social 2 Social 3 Social 4	0.38 0.71 0.56 0.45 0.64 0.50 0.60 0.55 0.48 0.62 0.58 0.70 0.36 0.27* 0.42 0.37	appeal to different population segments even though the intervention outcomes may be highly similar. In this light, the wellness model and definitions remain useful as conceptual guidelines. In addition, practitioners may choose to use the subscale scores to assess perceived wellness in each dimension. In this regard, four of the six Perceived Wellness Survey subscales possessed acceptable estimates of alpha internal consistency. Based on the split-half correlations, the remaining two (social and intellectual) are also adequately consis-

of the Perceived Wellness Survey as previously suggested.

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

Overall, the findings were promis-

could best be established by employing it concurrently with widely-used clinical, physiological, and behavioral measures of health to determine whether it indeed would provide additional information.

SO WHAT? Implications for Health Promotion Researchers and Practitioners

This study seems to provide

- life events. J Health Soc Behav 1986;27:78-
- 10. Antonovsky A. Unraveling the Mystery of Health: How People Manage Stress and Stay Well. San Francisco: Josey-Bass, 1988.
- 11. Antonovsky A. The sense of coherence as a determinant of health. In: Matazarro, et al., editors. Behavioral Health: A Handbook of Health Enhancement and Disease Prevention. New York: John Wiley, 1984;114-29.
- 12. Kobasa S. Stressful life events, personality, and health: an inquiry into hardiness. J Pers Soc Psychol 1979;37(1):1-11.
- 13. Selve H. Stress without Distress. New York: LP Lippincott, 1974.
- 14. Fylkesnes K, Forde O. The Tromso study: predictors of self-evaluated health-has soci-

tice: Strategies for Physical Therapy an cupational Therapy. Philadelphia: Saur 1992;334–44. 35. Walker S, Sechrist K, Pender N. The h promoting lifestyle profile: Developme psychometric characteristics. Nurs Res	nders, tion and measurement. J Psychol Theol 1983;11(4):330-40. lealth-61. Chapman L. Spiritual health: a component missing from health promotion. Am I	works and coronary heart disease among Japanese men in Hawaii. Am J Epidemiol
1987;36(2):76–81.	62. Reker G, Peacock E. The life attitude profil	le cardial infarction. N Engl J Med
<u>,</u>		
, 		
ments. 15th ed. Geneva, Switzerland, 1 37. Eysenck H. Prediction of cancer and c	oro- 1981·13(3)·964-73	82. Berkman L, Syme S. Social networks, host resistance, and mortality: a nine-year follow-
Conference of the second secon		1-

