

WELLNESS AND HEALTH REFLECTS

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Abstract

Background: The main interest and motivation to participate in wellness activities and programs seem to be an important part of the health promotion and chronic disease management. The relationship of Canadians with wellness and health reflects global development in this area of human behaviour last couple of years. The relationship of Canadians with wellness reflects North American history of last 25 years. Aim: Methods: In total 150 Canadian volunteers (55 males; 95 females) participated in the survey. It was used the diagnostic tool, ten-item questionnaire "Well_Awar_In". Statistical analysis were based on relative frequencies and comparative analysis of selected categories. Results: The young adults have significantly better awareness about wellness as the persons from the older monitored group. Age group differences document that younger population is more interested in wellness activities as a part of healthy life style. Conclusion: A spa and medical spa became places to relax, to manage chronic health issues or to look for overall life style or looks improvement. The global development of wellness movement, wellness industry, unsatisfactory state of health of general population despite medical technology and methods improvement, and media pressure last couple of years shifted focus of wellness related human activities.

Keywords

Health reflections, Young adults, Middle age; SPA, Wellnes.

Acknowledgement: The presented research work was supported by the International research project W/VSP/141/I "Public Awareness about the Importance of Wellness for Human Life".

INTRODUCTION

Illness and injury may result in production losses to society as a whole, either as a result of morbidity or premature mortality. This can include losses related to both paid and unpaid labour. The two main impacts on paid labour are: (i) absenteeism, where as the result of illness, or premature death, a worker may miss time from paid work; and (ii) presenteeism, where an ill worker may still show up to work but operate at a less than optimal level. Examples of presenteeism could include a mild illness, or the recovery period after an absence. Unpaid labour includes caregiving, volunteer work, household activities, or any other activity that is outside of the standard labour market (EBIC, 2010).

Exercises and wellness specialists have more to offer to nowadays society in this regard than most other professionals. Our concern is quality of life. We must provide an opportunity to generate and maintain the quality of life for all people, not just the sick, or elite, but all people. We have the opportunity to institute comprehensive programs that emphasize a holistic approach to a quality of life. The most dramatic implication for the future of wellness Education is that there will be a need for professionals who are knowledgeable regarding holistic health/wellness. Neither the traditional health educators nor the traditional physical educators meet the needs of the future. We cannot any longer afford the luxury of arguing why our specific specialization is

more relevant than some other. It is necessary to redefine health education goals and establish our contribution to the future (Rehor, Krejčí, 2015).

Canadian Ministry of Health announced a strategy plan of "Health Canada" to improve health of the Canadian population for 2018-2020 in followed points (Taylor, 2018):

Priority I: Fostering Sustainable Health Care Systems

Modern and sustainable health care systems are vital to addressing the health needs of Canadians. Health Canada will contribute to improving the quality and sustainability of health care as the systems continue to evolve in a context of technological and social changes, demographic shifts and fiscal pressures. Federal government will provide targeted funding of \$11 billion over 10 years to provinces and territories to improve access to home care and mental health services.

Priority II: Strengthen openness and transparency as modernization of health protection legislation, regulation and delivery continues

Health Canada's operating environment is constantly evolving. For example, the integrity of the global supply chain for health products is changing; the speed of technological innovation continues to accelerate. To help Canadians live healthier lives and protect them from unsafe food, products, and threats, and in support of the Government's commitment to openness and transparency, Health Canada will continue its efforts with its partners at home and abroad to modernize regulatory frameworks and service delivery models. The Department will provide credible and timely information to empower Canadians to make informed health decisions and support businesses' responsibility for the safety of their products.

Priority III: Recruit, maintain and foster an engaged, high performing and diverse workforce within a healthy workplace

Health Canada's greatest strength is an engaged, empowered and well-equipped workforce with employees that have the competencies (including science and regulatory skill sets), tools and opportunities to succeed in the pursuit of excellence in program and service delivery. Two of the key priorities for the Government of Canada for 2018-19, as referenced in the Clerk's 24th Annual Report to the Prime Minister on the Public Service of Canada, are mental health and workplace well-being, and attracting, retaining and developing top talent. Health Canada is achieving this by building a healthy, respectful and supportive work environment and by developing an engaged, high-performing and diverse workforce across Canada, which includes resilience and wellness training as well as recruiting for the future.

Priority IV: Work in collaboration with governments and Indigenous partners to address Indigenous health priorities

On December 4, 2017, the Government announced the creation of the Department of Indigenous Services Canada (DISC) as part of a renewed relationship with Indigenous Peoples, based on the recognition of rights, respect, co-operation, and partnership, and the transfer of the authorities, duties and functions related to the First Nations and Inuit Health Branch (FNIHB) from Health Canada to the new department. Health Canada will ensure the smooth transition of FNIHB programs and direct resources to DISC. Health Canada will also ensure that ongoing, effective and efficient internal support services are provided to the DISC-FNIHB programs until all FNIHB-related internal support functions are transferred to DISC or to the Department of Crown-Indigenous Relations and Northern Affairs. Health Canada remains committed

to advancing initiatives aimed at reducing the health inequities between Indigenous and non-Indigenous peoples and improving access to health services. As outlined in the Common Statement of Principles on Shared Health Priorities, Health Canada will continue to work with federal departments, provincial and territorial governments and Indigenous partners to address Indigenous health priorities and approach health decisions through a lens that promotes respect and reconciliation with Indigenous peoples. It is an action plan which aims to strengthen the implementation of gender to increase positive impacts on health outcomes and health status of Canadians by designing initiatives to address the diverse needs of Canadians and to maximize positive impact on workplace health and engagement by developing policies and processes to address the diverse needs of our employees (Taylor, 2018).

OBJECTIVES AND HYPOTHESES

The main objective of the presented study was to analyse the public awareness about wellness as an important phenomena of human health and personal development, according the definition of "wellness" (WHO 2000): "Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realisation of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role in the family, community, place of worship, workplace and other settings in humane sense".

Three hypotheses have been established in accordance with the research focus and objective:

Hypotheses H1: "Monitored women have significantly higher awareness about the wellness according the monitored men".

Hypotheses H2: "Public awareness

about wellness is significantly higher in the monitored persons with tertiary education comparing to the monitored persons with secondary education".

Hypotheses H3: "The monitored young adults have significantly better awareness about wellness as the persons from the middle age group".

MATERIAL, PROCEDURE, METHODS

The survey was conducted during the "Lifestyle workshop" in Vancouver, British Columbia in 2017. In total 150 Canadian respondents (55 males, 95 females) participated in the investigation. The respondents were from three Canadian regions. According the age the volunteers were divided into three two groups: 20-39 years old; 40-59 years old, see Tab. 1.

According the project methodology it was used the diagnostic tool, ten-item questionnaire "Well_Awar_In" (Krejčí, Vacek 2013), published in Krejčí, Vacek, et al. (2019). The questionnaire consists from 10 interrogation to monitor the state of public awareness on the impact of wellness for life.

Statistical analysis were based on relative frequencies. Questionnaire responses have the character of verbal variables, and a Chi-square test of goodness-of-fit good-fit test (chi-square test of independence) was used to analyse gender and age responses. The hypothesis of independence of two variables against the alternative hypothesis that these variables are dependent was tested. For the confirming or refuting the hypotheses, a comparative analysis of selected categories from individual questionnaire surveys was used. The results of the statistical analyses in the two monitored groups are declared with verification on the level of $p=0.05$ of hypotheses according the 10 questions (Q1 – Q10).

Tab. 1 Number of respondents in Canada (N=150, 55 males, 95 females)

AGE PERIOD	MALE	FEMALE	TOTAL
20-39	38	55	93
40-59	17	40	57
Total	55	95	150

RESULTS AND DISCUSSION

We present the results analyse according to the order of ten items of the used questionnaire.

Item 1 – What is on your mind when hear word „wellness“?

From the presented results in the Tab. 2 and the Fig. 1 is evident that quite all groups of respondents of the Canadian intact population associate under the word “wellness” “Health and healthy lifestyle”. The categories “Swimming, sauna, whirlpool” what is an expected answer to the

term “wellness” were associated by only around 20% of the respondents. Only according level of the education it is evident that the group with secondary education associates the word “wellness” with the category “Swimming, sauna, whirlpool” in 32% comparing to the Canadian group of the tertiary educated people, which associate the word “wellness” with the category „Swimming, sauna, whirlpool” in 17%, while with the category “Health and healthy lifestyle” in 32%, compare with EBIC (2010); Garber, Blissmer, Deschenes, Franklin, Lamonte, et al. (2011).

Tab. 2 Results of the associations of the monitored respondents of the word “wellness” according age, sex and education (N=150, 55 males, 95 females)

CATEGORY	SEX		AGE GROUP		EDUCATION	
	FEMALE	MALE	20-39	40-59	SECONDARY	TERTIARY
Health and healthy lifestyle	36%	23%	18%	31%		36%
Relax	27%	18%	25%	23%		17%
I do not know, nothing		20%	11%			10%
Swimming, sauna, whirlpool	22%	17%	19%	22%	32%	17%
Good looks	10%					
Others	26%	22%	28%	41%	98%	22%

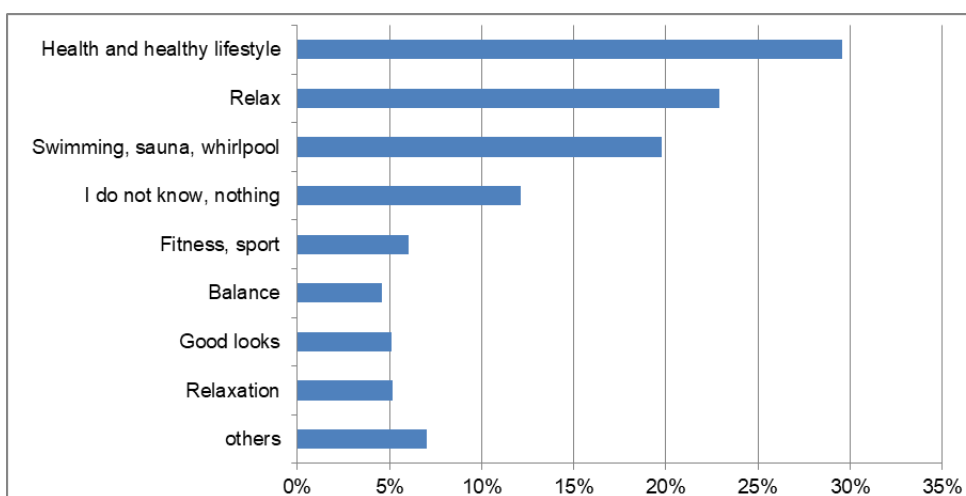


Fig. 1 Results of the associations of the monitored respondents of the word “wellness” in total (N=150, 55 males, 95 females)

Item 2 – Do you think that "wellness" helps to better health?

Tab. 3 and Fig. 2 show, how monitored groups perceive the word "wellness" and if they associate it with health optimization. It is evident that all monitored groups have a good positive association of wellness with health support. But the results are different according the sex, when females answered "Yes" in 51% and "Rather Yes" in 41% and the males on the contrary answered "Yes" in

29% and "Rather Yes" in 55%. These results are significantly different. These results verified the Hypotheses 1 that "Monitored women have significantly higher awareness about the wellness according the monitored men. This is evidence that monitored women in Canada have good experiences when wellness activities helped them to promote their health. They have also good awareness about wellness in connection to quality of human life according the wellness definition (WHO, 2000; Rehor, Krejčí, 2016).

Tab. 3 Results of the opinion, if "wellness" helps to better health of the monitored respondents in total and by age, sex and education (N=150, 55 males, 95 females)

CATEGORY	SEX		AGE GROUP		EDUCATION	
	FEMALE	MALE	20-39	40-59	SECONDARY	TERTIARY
Yes	51%	29%	23%	45%	35%	57%
Rather yes	41%	55%	62%	42%	58%	38%
No, others	8%	16%	15%	13%	7%	5%

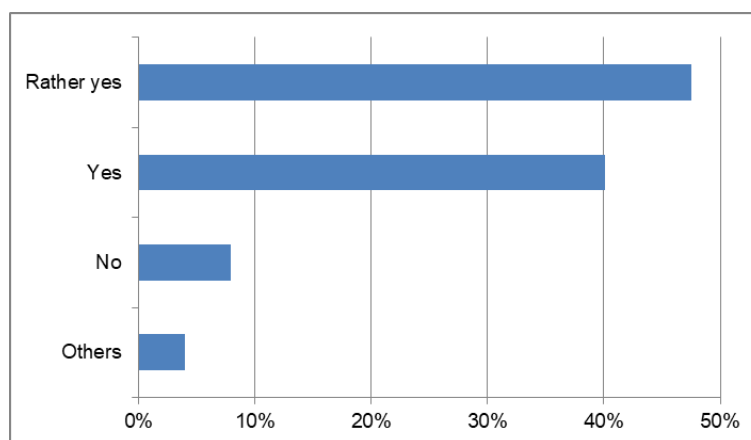


Fig. 2 Results of opinion, if "wellness" helps to better health of the monitored respondents in total (N=150, 55 males, 95 females)

Item 3 – What do you do to protect and improve your health?

From the results presented in the Tab. 4, Fig. 3, it is evident that some positive findings were analysed. First it is "Exercise and active relaxation" in 40-46% of respondents, second the analysed category "Healthy food", but only in females and males of young generation and the middle age generation. Seniors

and the low educated people don't know or don't want to know, that healthy food may influence the health. It is interesting that only a very small percentage of respondents state that health can improve "Abstinence", "Drinking mode" and "Wellness" as well. This is in line with the authors' findings of Gillison, Skevington, Sato, Standage, and Evangelidou (2009); Harvard Medical School (2012).

Tab. 4 Results of the activities which are focused to improve health of the monitored intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

CATEGORIES	SEX		AGE GROUP		EDUCATION	
	FEMALE	MALE	20-39	40-59	SECONDARY	TERTIARY
Healthy food	50%	32%	27%	47%	41%	47%
Exercise and active relaxation	24%	27%	27%	31%	32%	40%
Outdoor	24%					
Nothing	19%	29%	38%	20%		18%
Not smoke	11%	23%	22%			17%
Yoga	12%					15%
Others	16%	46%	21%	73%	109%	24%

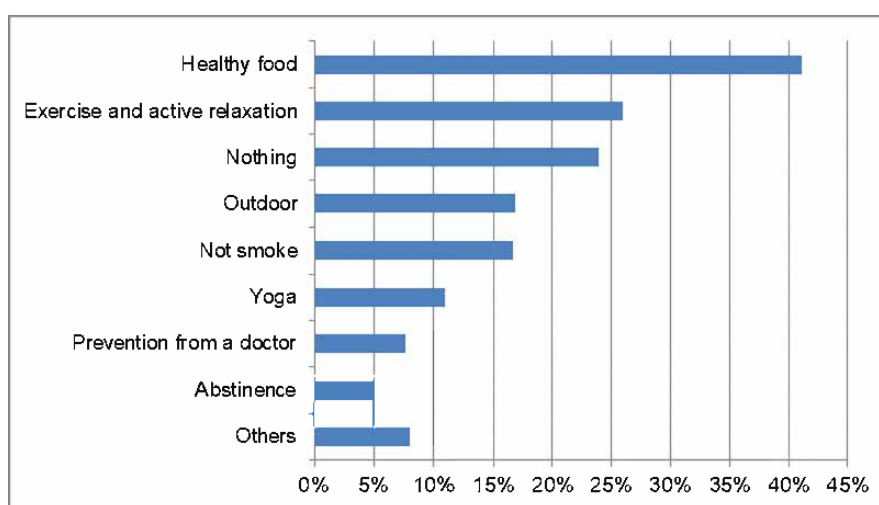


Fig. 3 Results of the activities which are focused to improve health of the monitored respondents in total (N=150, 55 males, 95 females)

Item 4 – Is there any „wellness” and health prevention support at your workplace or of insurance company?

From the results presented in the Tab. 5, Fig. 4, it is evident that almost 90% and even more of the Canadian respondents have no “wellness” prevention support in workplaces. Factor of age or education or settlement don’t play any significant role. It means that “Work

Place Wellness” is still not as developed as it is presented by Canadian political declarations. The monitored respondents are in the same negative situation as the respondents from the other participated countries in the research project W/VSP/141/I “Public Awareness about the Importance of Wellness for Human Life” (Krejčí, Vacek, et al, 2019)

Tab. 5 Results of the “wellness” prevention support in workplaces of the monitored respondents in total and by age, sex and education (N=150, 55 males, 95 females)

CATEGORIES	SEX		AGE GROUP		EDUCATION	
	FEMALE	MALE	20-39	40-59	SECONDARY	TERTIARY
Does not support	90%	91%	92%	84%	89%	91%
Yes	10%	9%	8%	16%	11%	9%

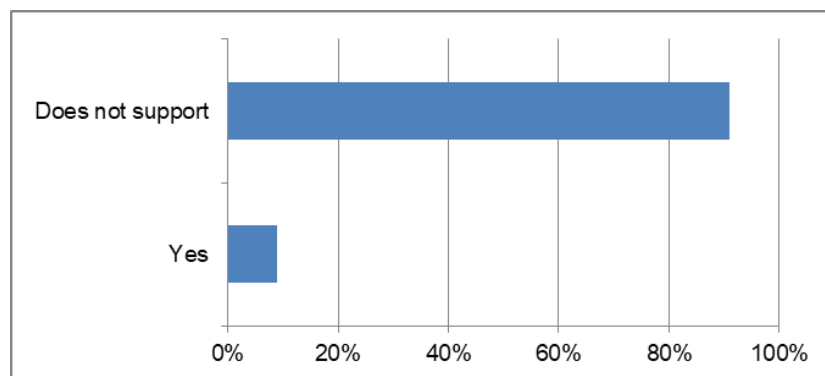


Fig. 4 Results of the “wellness” prevention support in workplaces of the intact persons of the monitored respondents in total ((N=150, 55 males, 95 females)

Item 5 – Do you have any holiday’s monetary benefits from your employer/ insurance company?

On the base of the results analyses we can declare that 90% of the respondents have no contribution from employer/ insurance company for their vacations. Factor of age or education or settlement don’t play any significant role.

Item 6 – Do you try to include wellness activities in to your everyday life?

On the base of the results analyses we can declare that 50-55% answer “Yes” what is a positive trend in Canada. Monitored respondents implement wellness in their daily life as their life need, but the level of education of the respondents plays also an important role, as declared by Gasparini, Talleu (2010). Tertiary educated persons implement wellness activities more often than the persons with primary education level. On the base of results we can verify the Hypotheses 2: “Public awareness about wellness is significantly higher in the monitored persons with tertiary education

comparing to the monitored persons with secondary education”.

Item 7 – Do you ever purchase wellness holiday packages? What do you prefer?

It is very surprised that 52% of the analysed Canadian respondents use not to go in wellness stay. The reason is very probably in the context of financial availability, because 36% of all Canadian responses are thinking about the affordable prices. In the case, that they use to go to, they wish “Quality of customer service” in 52% of females comparing to the 17% in males. This is a significant difference according sex of the respondent. The category of “Nature, Natural scenery” is not as demanded by Canadian customers, see Tab. 6, Fig. 5. This is probably therefore, that in Canada a beautiful natural scenery is almost everywhere, so they are commonplace. Who visited Canada knows what we are talking about.

Tab. 6 Results of the preferences of the “wellness packages” of the intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

CATEGORIES	SEX		AGE GROUP		EDUCATION	
	FEMALE	MALE	20-39	40-59	SECONDARY	TERTIARY
Quality of wellness establishment	29%	16%	11%	34%		29%
Quality of customer service	52%	17%	25%	36%	32%	45%
Nature	26%		12%	28%		20%
Affordable prices	26%					21%
I am not going	31%	76%	66%	50%	57%	43%
Others		11%	6%	16%	41%	

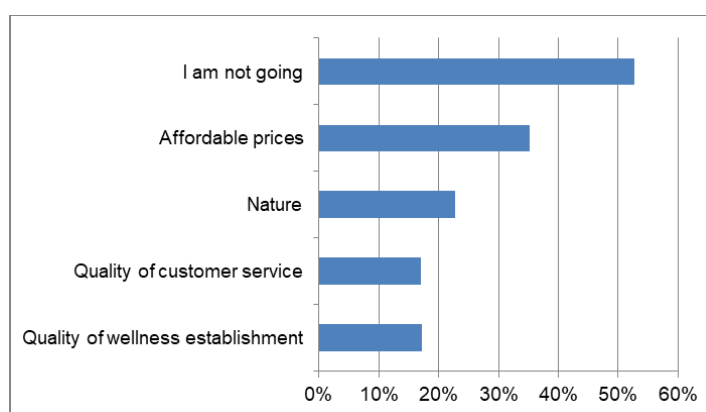


Fig. 5 Results of the preferences of the “wellness packages” of the intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

Item 8 – Which of the wellness services do you prefer?

From the results presented in the Tab. 7, Fig. 6 it is evident that all groups of the monitored respondents prefer “Massages” (the category on the first monitored in Canadian women) followed by “Outdoor activities”, “Facial treatments”, “Body wraps” and “Yoga”. This is in line with preventive effects of active life style, especially benefits of deep release in overweight reduction and type 2 diabetes prevention (Haywood, Getchel,

2018); Kornatovska, Rehor 2020). From the results presented in the Tab. 7 is also evident that the age period of “Young adults 20-39 years old” prefer in a larger number and in a larger scale the selection of wellness activities compared to older groups. This difference is significant and the Hypotheses 3 “The monitored young adults have significantly better awareness about wellness as the persons from the middle age group”, is verified.

Tab. 7 Results of the preferences of the “wellness services” of the intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

CATEGORIES	SEX		AGE GROUP		EDUCATION	
	FEMALE	MALE	20-39	40-59	SECONDARY	TERTIARY
Yoga	24%		13%			16%
Massage	83%	56%	55%	66%	70%	68%
Meditation	11%					11%
Facial treatments/cosmetic services	36%		20%			18%
Outdoor activities	27%	34%	41%			25%
Body wraps (whole body or partial)	36%		12%	20%		19%
Hydrotherapy	16%					9%
Others, nothing	13%	35%	35%	79%	111%	13%

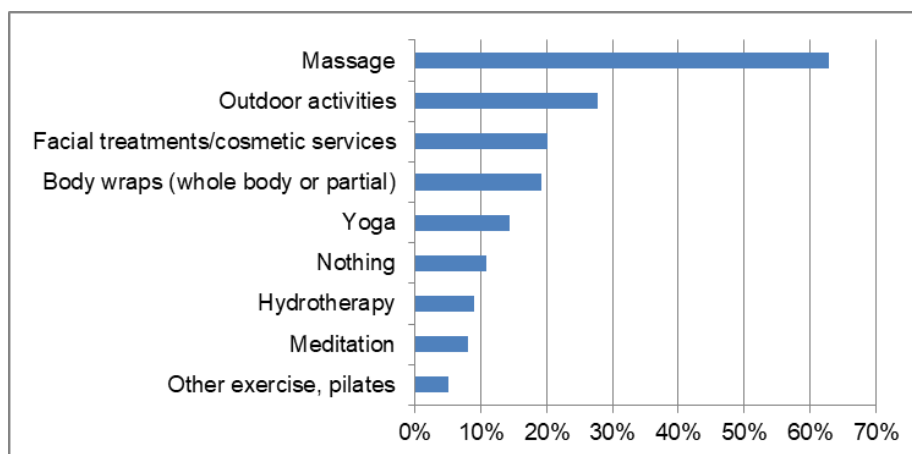


Fig. 6 Results of the preferences of the “wellness services” of the intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

Item 9 - What do you expect from wellness stay and services?

From the results presented in the Tab. 8, Fig. 7, it is evident that all investigated Canadian groups of the intact population expect of the wellness area “relax”, esp. in females and in the young adults is percentage very high around

70%. Very significant is also the category “Health improvement” and the “Look improvement” in Canadian women. Therefore it can be verify the Hypotheses 1: “women have significantly higher awareness about the wellness according the men”.

Tab. 8 Results of the expectations of the “wellness stay and services” analysed in the groups of the intact persons of the Canada as an estimate of the responses according the age period and sex (N=150, 55 males, 95 females)

CATEGORIES	SEX	SEX	AGE GROUP
	FEMALE	MALE	20-39
Relax	77%	56%	69%
Health improvement	24%	16%	
Improvement looks (face and body)	36%		21%
Improvement of chronic problems and pains of muscles and joints?	16%		
Other, nothing	11%	50%	40%

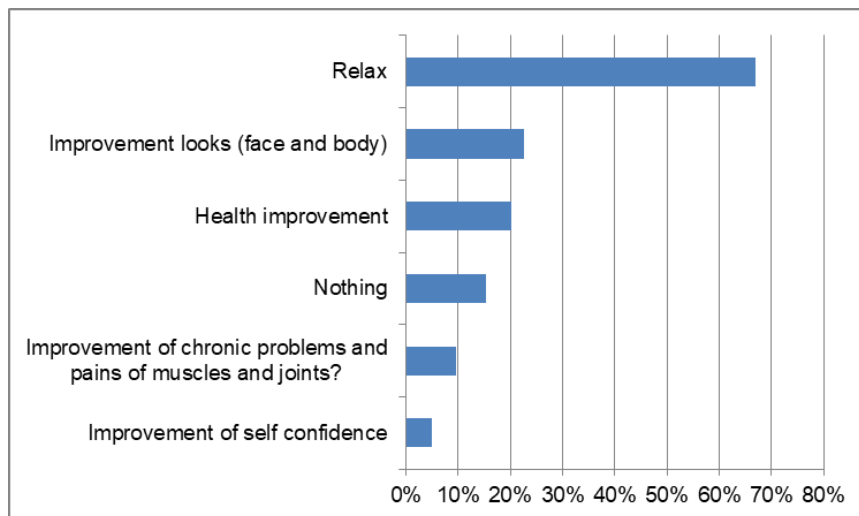


Fig. 7 Results of the expectations of the “wellness stay and services” analysed in the groups of the intact persons of the Canada as an estimate of the in total (N=150, 55 males, 95 females)

Item 10 – What is a main obstacle to implement wellness concept in to your everyday life?

From the results presented in the Tab. 9, Fig. 8, it is evident that the main problem to implement wellness into daily life is not the category “Lack of time”, but the category “Nothing!!! and “Not interested, I don’t know”. The category “Lack

of time” is on the 3rd place and financial difficulty on 4th place. From the view of differences between women and men, the Canadian women feel the financial difficulties, but men no, compare Vacek (2016).

Tab. 9 Results of the main obstacles to implement “wellness” in everyday life of the monitored intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

CATEGORIES	SEX		AGE GROUP		EDUCATION
	FEMALE	MALE	20-39	40-59	TERTIARY
Lack of time	18%	22%	17%	26%	19%
Financial difficulty	29%		21%		12%
Nothing	38%	35%	31%	36%	43%
Other	15%	12%	14%	16%	12%
Not interested		31%	17%	22%	14%

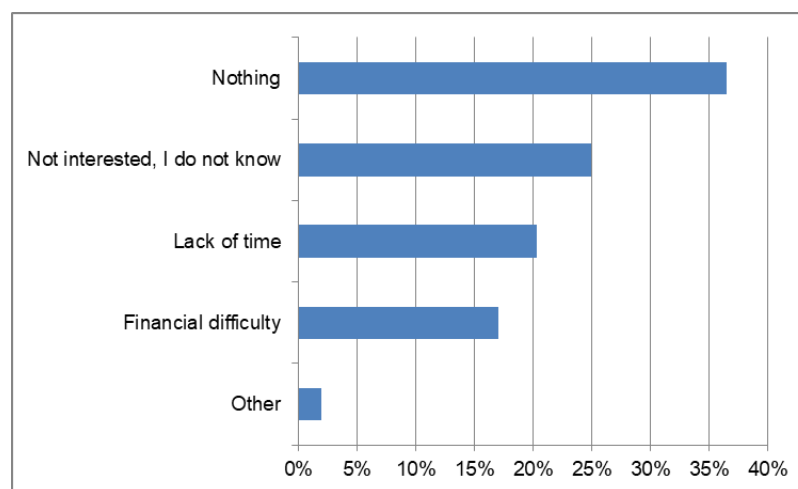


Fig. 8 Results of the main obstacles to implement “wellness” in everyday life of the monitored intact persons of the Canada as an estimate of the responses in total and by age, sex and education (N=150, 55 males, 95 females)

CONCLUSION

On the base of the results analyse it is possible to conclude that all four hypotheses were verified. The fact that Canadian women have significantly higher awareness about the wellness according the Canadian men represents a positive trend because women influence family health a family life style during the upbringing of children and family activities. Generally we can conclude that public awareness about wellness was significantly higher in the Canadian monitored persons with tertiary education comparing to the Canadian monitored persons with secondary education. It seems that education to wellness should be included

in primary and secondary schools.

The Canadian young adults have significantly better awareness about wellness as the persons from the older monitored groups. Age group differences document that younger population is more interested in wellness activities as a part of healthy life style and good health. This trend promises a chance for better health for future generation.

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