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ANALYZE "WELLNESS SELF PERCEPTION" AT THE LEVEL OF YOUNG PEOPLE FOR INCREASING THE QUALITY OF LIFE

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Abstract: *Wellness is being in good physical and mental health. The purpose of this study is to introduce students to the concept of wellness, that defines a healthy lifestyle and to help young people's become good problem solvers and decision makers with regard to their own personal wellness. Conclusion The awareness and the individual responsibility of the young people, to change the negative behaviors, with some positive and lasting ones, which will improve the quality of life***.**

Key words: *wellness, behaviors, healthy life, young people.*

1. Introduction

The wellness movement began after the end of the Second World War largely because society's health needs changed.

The World Health Organization, in 1948, was the first to introduce a holistic definition of health as "a complete state of physical, mental and social well-being, and not just the absence of disease and infirmity" [19].

Dunn (1959)," maximization of health through an integrated method of functioning, keeping in consideration an individual's environment" [6].

Hatfield & Hatfield (1992) emphasized the cognitive processes involved in enhancing overall well-being within various domains: intellectual, physical, social, emotional, occupational, and spiritual [12].

Corbin & Pangrazi (2001) also view wellness as a multidimensional state evident in sense of well-being and quality of life [5].

Travis & Ryan (2004) (one of the first health promotion experts in North America) believe wellness involves a process of integration involving awareness, education and growth [17].

Ardell (2005) Defines the concept of wellness, as: taking responsibility for improving the quality of life, by changing harmful behaviors, in different areas of lifestyle, resulting in a high level of well – being [3].

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Gatterman & Brimhall (2006) define the action of being well as being able to creatively adapt in all aspects of life resulting in an optimal level of functioning. They view the term 'wellness' as something separate and relating more to values and behaviours that promote health [10].

The dimension of wellness include the emotinal (mental), intellectual, physical, social, and spiritual - are each important on their own and even more so because they are interconnected (Flynn, et all, 2018,) [9].

Emotional Wellness is a person's ability to control of feelings, as well as a realistic, positive, self-valuing and developmental view of the self, ability to deal with conflict and life circumstances, coping with stress and the maintenance of fulfilling relationships with others (Adams et al., 1997) [1].

Intellectual Wellness represents a commitment to life-long learning, an effort to share knowledge with others, and developing skills and abilities to achieve a more satisfying life (Hales, 2005) [11]. A person is generally characterized as informed, as opposed to ignorant.

Physical Wellness is primarily aimed at cardiovascular fitness, flexibility, and strength. This includes seeking medical care when appropriate and taking action to prevent and avoid harmful behaviours (e.g tobacco and excess alcohol use) and detect illnesses (Case & Paxson, 2006) [4].

Durlak (2000) detailed physical wellness to include physical indices (muscle tone, cholesterol level, blood pressure) and behaviors (eating habits, exercise levels). Problems in physical wellness included, physical injuries and disabilities, and sexually transmitted diseases [7].

Social Wellness encompasses the degree and quality of interactions with others, the community, and nature.

Ryff & Singer (2006) cite stating that mortality is significantly lower among persons who are more socially integrad [16].

Durlak (2000) and May (2007) include peer acceptance, attachments /bonds with others, and social skills (communication, assertiveness, conflict resolution) as fundamental components of social wellness [7], [14].

*Spiritual Wellness***.**

Evidence supports the idea that our beliefs affect our subjective well-being, with religious people generally being happier than nonreligious people, irrespective of their faith (Helliwell, 2003), [13].

Lifestyles. Are patterns of behavior or ways an individual typically lives.

2. Objectives

Awareness of changing daily attitudes and behaviors, at the level of young people, by knowing the concept of Wellness, for increasing the QUALITY of LIFE!

2.1. Material and Methods

This study was conducted over a period of two weeks, from July 15 to 28, in the city of Brasov. A number of 10 young people, aged between 19 and 23, participated.

The Lab 1 A "Wellness Self Perception" questionnaire was applied in the pretest phase on a number of (n = 10).

The Lab 1 A "Wellness Self Perception" questionnaire consisted of 15 closed questions, each dimension having 3 questions each.

The intervention plan consisted of discussion sessions, workshops and informative materials, for two hours, for four days a week. Intervention plan template:

Emotional Wellness. Cultivating joy, positive and constructive emotions. Increased self-esteem and self-respect.

Intellectual Wellness. Commitment to lifelong learning. Developing new skills, changing negative behaviors with positive ones.

Wellness Fitness. Sports activities: light running, cycling, swimming, tennis, basketball, aerobics, body - building, pilates, skiing, tae - bo, etc. Focus on nutrients, by changing eating behaviors (hydration level, consumption of vegetables, fruits, lean meat, whole grains, less fat, sweets, etc.).

*Social Wellness***.** Development of social skills such as: communication, assertiveness and conflict resolution.

*Spiritual Wellness***.** The ability of a person to establish a system of values, beliefs, as well as to achieve significant and constructive life goals.

Tests applied

The research methods used were: statistical analysis and investigation performed by applying the questionnaire "Lab 1 A "Wellness Self Perception" [17].

The items were classified into 5 dimensions: emotinal (mental), intellectual, physical, social, and spiritual

Statistical processing

Statistical processing in this research was performed using the SPSS 10.1 SOFTWARE. For the comparison of the means between the subject groups, the ANOVA test was used and for multiple comparison. The correlation between the variables was established with the Pearson correlation coefficient (r).

3. Results and Discussions

Following the application of the Lab 1A "Wellness Self - Perception" questionnaire in the pretest phase, the following statistical indicators were analyzed for the whole group, made up of the 10 young people: averages, standard deviations, errors recorded, and the values for the confidence interval.

The results obtained at the group level can be found in table number 1.

We can observe that the results obtained by the group of young people, in the pretext phase, before the intervention, they are not significant. This makes us affirm that the young people did not consider as relevant for them, the possibility of knowing and changing some portfolios, in order to increase the quality of life, in the long term. In chart number 1, you can see the scores obtained in the Lab 1A "Wellness self - Perception" questionnaire by each participant in this study.

Table 1

Statistical indicators obtained in pretest on the "Wellness self - Perception" questionnaire

Descriptives

Good wellness

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1.00	1	33.0000	.	.	.	.	33.00	33.00
2.00	1	28.0000	.	.	.	.	28.00	28.00
3.00	1	31.0000	.	.	.	.	31.00	31.00
4.00	1	30.0000	.	.	.	.	30.00	30.00
5.00	1	29.0000	.	.	.	.	29.00	29.00
6.00	1	31.0000	.	.	.	.	31.00	31.00
7.00	1	32.0000	.	.	.	.	32.00	32.00
8.00	1	34.0000	.	.	.	.	34.00	34.00
9.00	1	33.0000	.	.	.	.	33.00	33.00
10.00	1	30.0000	.	.	.	.	30.00	30.00
Total	10	31.1000	1.9120	.6046	29.7323	32.4677	28.00	34.00

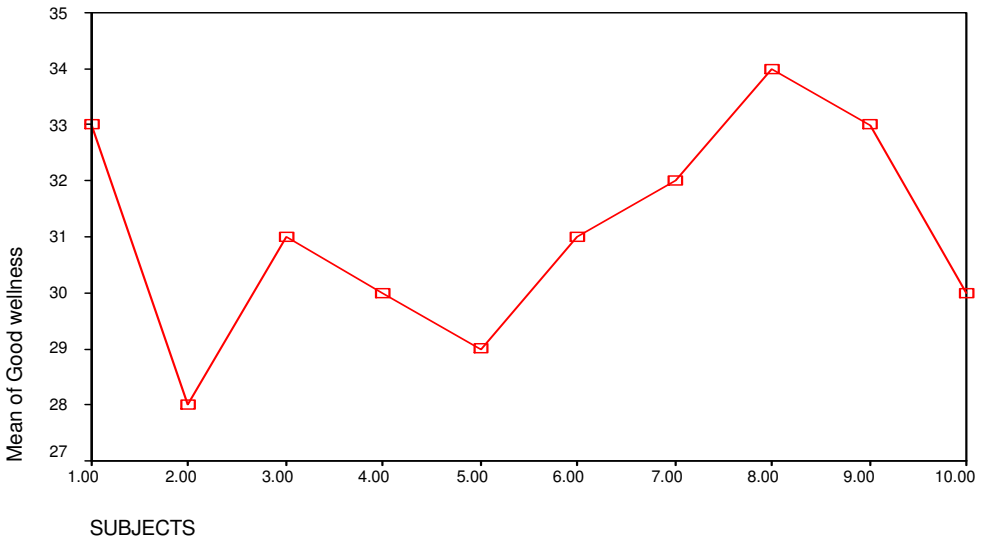

Fig.1. *Analysis of the results in the questionnaire "Wellness self*

In order to compare the scores obtained, the ANOVA test was used, for independent samples where it was found that the scores obtained by the experimental group are higher, i.e. 47. 2, compared to the control group, which

obtained a much lower score - 35. Which makes us believe that the implementation of the intervention / information program on the group experimentally, it has had significant results, in terms of desires to change behaviors and lifestyle.

It can also be observed that the value obtained at the standard deviation is within the normal parameters for both groups tested.

Table 2

Analysis of the results of the "ANOVA" test

n	Mean	Std. dv.	Std Error	ConfidenceInterval for Mean 95%			
				Lower Bound	Upper Bound	Min	Max
5	35.0000	5.5678	2.4900	28.0867	41.9133	28.00	40.00
5	47.2000	3.5637	1.5937	42.7751	51.6249	44.00	53.00
10	47.1000	7.7953	2.4651	35.5236	46.6764	28.00	53.00

The correlation between the variables was established through the Pearson correlation coefficient (r), the significance threshold being $p < 0.01$.

Table 3

Analysis of results - Correlations

		Subjects	**Good Wellness**
Subjects	Pearson Correlation	1.000	.825**
	Sig. (2-tailed)	.	.003
	Sum of Squares and cross products	2500	30.500
	Covariance	.278	3.389
	N	10	10
Good Wellness	Pearson Correlation	.825	1.000
	Sig. (2-tailed)	.003	.
	Sum of Squares and cross products	30.500	546.900
	Covariance	3.389	60.767
	N	10	10

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

A positive correlation of r = 0, 825, at a significance threshold p <0.01. The more people in the experimental group were informed the better the Score Wellness is increased. In this table you can see the comparative analysis of the two groups.

The coefficient of variability was calculated for both groups where we can observe that the data scattering is below 15%, being a very small value, and the average is representative which determines that the measured sample is homogeneous.

Table 4

Comparative analysis of the mean, standard deviation and coefficient of variability of the control and experimental group

G.W	Results G.W	G.E	Results G.E
1	40	2	44
1	38	2	45
1	30	2	48
1	39	2	53
1	28	2	46
Std dev	**5.567764363**		**3.563705936**
Mean	**35**		**47.2**
Cv	**15.9%**		**7.55%**

4. Discussion

Wagner, B, Li J, Liu H, Guo G., (2013) Health behaviors change over an individual's life course. Some behaviors**,** such as alcohol use, cigarettes, drugs, occur later. În an analysis of exercise and alcohol consumption,), use the random assignment of roommates in the first year of college to disentangle the selection of peer environments from peer and genetic effects on health behaviors [18].

Following the study of the specialty literature, in the field of health, Farhud (2015), presents 9 indicators such as: (unhealthy diet, lack of specialized information, modern technology unprotected sex, substance abuse, lack of recreational activities, drug abuse, lack of physical exercises , lack of sleep), can have serious consequences, and negatively influence a healthy lifestyle [8].

5. Conclusions

Awareness of healthy behaviors, and changing the vision of approach of each dimension: (emotional, intellectual, fitness, social and spiritual), are associated with a multitude of results, which lead to an increase in the quality of life.

The need to develop programs, projects and health policies at the level.

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