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Research Article

Wellness Indices of Coast Guard Drill Instructors Toward the Development of a Health Management Program

Eunice Maliao Aceron*

Philippine Merchant Marine Academy Graduate School, 25TH Street Port Area, Manila, 1018

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**Corresponding author:*
E-mail:
eunice.maliao@coastguard.gov.ph

ABSTRACT

Coast Guard Drill Instructors (CGDIs) play a vital role in shaping recruits into disciplined service members. However, the demanding nature of their profession can impact overall wellness, making it essential to assess and address health concerns to sustain both individual performance and organizational effectiveness.

This study examined the wellness indices of CGDIs by evaluating their physical, mental, and emotional health and explored how demographic factors may influence these dimensions. The primary goal was to develop a tailored Health Management Program suited to their specific needs.

A mixed-methods design was employed, integrating quantitative surveys with qualitative interviews. Standardized instruments—including the International Physical Activity Questionnaire (IPAQ), Depression Anxiety Stress Scales (DASS-21), and Emotional Style Questionnaire (ESQ)—were used to assess wellness levels. ANOVA was conducted to identify significant differences across demographic groups, while interviews with a PCG psychologist and selected military personnel provided richer contextual insights.

Findings indicated that while the majority of CGDIs maintain stable mental health, a subset exhibited extreme symptoms of depression and anxiety, particularly CGDIs who are single, junior in rank and those assigned far distant from the place of residence. Despite the physically demanding nature of their duties, a significant level of sedentary behavior was reported. Emotional wellness was found to be moderate overall, with differences noted by age, birth order, and RTC assignment.

The study resulted in the development of a comprehensive health program encompassing mental health support, physical activity, stress management, and spiritual counseling. Key recom-

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mendations include a strict implementation of Rotation Policy, establishing mental health screening tools and mandatory post mission debriefing.

Keywords: *Coast Guard Drill Instructors, Wellness Index, Mental Health, Physical Fitness, Health Management Program*

Background

The wellness and resilience of military training personnel have increasingly become a topic of concern, especially in high-pressure environments such as inside the training centers. In a classified information gathered by the researcher, the Coast Guard Medical Service recorded at least three (3) PCG personnel who have suffered stress and distress due to life's contributing factors. This resulted to suicide from year 2022 to 2023 which prompted the researcher to initiate this study. Given the fundamental role of the DIs in developing the potential of the trainees under their supervision, it is vital that their health and wellness are examined and measured.

In the Philippine Coast Guard (PCG), Drill Instructors (DIs) play a pivotal role in shaping the physical, mental, and moral readiness of new entrants. However, the demanding nature of their role—marked by long hours, high expectations, and limited resources—raises concerns about their overall well-being. DIs are expected to have a higher physical and mental health requirement which must be consistently maintained as they handle trainees inside the training center. DIs are the primary trainers who are the standard-bearers of discipline and excellence. These qualities are the key components of efforts to strengthen their noble profession. Failure to meet the required standards directly affects the effectiveness of training.

The findings of this study are particularly relevant given the increasing awareness of mental health challenges in uniformed services and the recorded cases of psychological distress among PCG personnel. Through this research, policy recommendations and targeted interventions may be formulated. This will ensure that Drill Instructors are not only able to fulfill their duties effectively but are also supported in their overall well-being.

Methods

In this part, the researcher provided a detailed explanation of the methods and techniques employed in this study. This encompasses the research design, participant selection or respondents of the study, ethical considerations, instrumentation, instrument validation, procedures for data collection, and data analysis.

Research Design

This study employed a mixed-method research design, specifically the Explanatory Sequential Design. The researcher first gathered and analyzed quantitative data, followed by the collection and examination of qualitative data, which helped in clarifying and interpreting the results obtained from the quantitative analysis. According to Johnson et al. 2007 as cited in Schoonenboom and Johnson 2017, "mixed methods is the type of research in which a researcher fuses the elements of qualitative and quantitative research approaches for broad purposes of breadth and depth of understanding and corroboration."

For the quantitative part of this study, the researcher collected the demographic profile of the respondents such as the age, sex, birth order, marital status, ranks as DIs, location of assignment, length of experience and distance of place of residence to assigned RTC. These was later used to determine if there are significant differences in the wellness indices when it is grouped according to the DIs' profile. The researcher also utilized three (3) adopted standardized questionnaires—the IPAQ, DASS-21, and ESQ—administered through a survey among Drill Instructors (DIs). These tools were specifically chosen because they comprehensively measure the essential dimensions of wellness. Together, these tools provide a holis-

tic assessment of the DIs' physical, psychological, and emotional wellness, aligning directly with the objectives of the study.

Further, for the qualitative part of this study, the researcher conducted an interview to three (3) Heads of Offices/Officers in Charge from other branch of service to determine their current initiatives on the wellness of their troops. The interview was also done to further strengthen the results of the research in understanding how policies impact the wellness of DIs. Moreover, an interview with a PCG Psychologist was conducted to gather insights that would support and validate the results of the survey.

Respondents of the Study

This study's respondents were the DIs currently assigned at the various RTC. Accordingly, the population size of the performing DIs from all over the RTC is 271 at the time of the survey. After Using the Raosoft Calculator, the total sample size yield to 160 with a 95% confidence level and 5% margin of error.

The researcher employed purposive sampling, selecting participants based on their occupation as Drill Instructors (DIs). This approach ensured that the sample included only individuals actively serving as DIs at the time of the survey, in accordance with the study's inclusion criteria. The researcher then used a Stratified Proportional Random Sampling to get the sample size per location by dividing the number of instructors per training center with the total population size in Table 1 and multiplying the product with the total sample size that was obtained from the Raosoft Calculator.

Table 1 List of Respondents

Regional Training Center	Population Size	Respondents
RTC Aurora	33	19
RTC Bataan	35	21
RTC Capiz	33	19
RTC Eastern Samar	15	9
RTC La Union	15	9
RTC Masbate	19	11
RTC Misamis Oriental	45	27
RTC Taguig	28	17
RTC Zamboanga	48	18
TOTAL	**271**	**160**

Ethical Considerations

The researcher adhered to the importance of ethical standards in this research especially on the use of human subjects as well as the standards set forth by the PMMA Graduate School.

Prior to the conduct of the survey, necessary permissions were secured from the concerned units, authorities, and respondents. The researcher strictly adhered to ethical research principles, ensuring that participants were fully informed about the nature and purpose of the study and that their participation was entirely voluntary. Confidentiality and anonymity were maintained throughout the research process — responses were not linked to any individual, and the data was used solely for research purposes.

To minimize potential risks and safeguard the respondents' well-being, precautionary measures were conducted to prevent emotional harm and avoid stigma. Data collection was conducted via Google Forms to further ensure respondent anonymity and limit access exclusively to the researcher. Additionally, the researcher maintained academic integrity by properly citing all referenced works through in-text citations and a reference list. To ensure the originality of this paper, the manuscript was subjected to plagiarism and Artificial Intelligence (AI) detection using Turnitin.

Instrumentation

To answer the research questions, the following instruments were used:

The researcher utilized three (3) standardized questionnaires that have been widely used in previous studies. The instrument was a combination of adopted questionnaire from the World Health Organization's International Physical Activity Questionnaire (IPAQ) to measure health-related physical activity (PA) in populations, the Depression, Anxiety and Stress Scale-21 or DASS-21 to measure the mental health of a person and the Emotional Style Questionnaire (ESQ) to measure emotional health of individuals which was developed by Kesebir et.al, 2019.

The IPAQ is a standard survey that measures the physical activity levels in population. The types of intensity of physical activity and sitting time that people do as part of their daily lives are considered to estimate total physical activity in Metabolic Equivalent Task (MET) minutes per week and time spent sitting (International Physical Activity Questionnaire, n.d.). IPAQ can provide researchers and practitioners with an estimate of physical activity and sedentary behavior for adults aged 15–69 years old (Cleland et al., 2018). This instrument for research purposes is encouraged by the WHO provided that no changes are made to the order or wording of the questions as this will affect the psychometric properties of the instrument (International Physical Activity Questionnaire, n.d.).

On the other hand, the DASS-21 is a set of three (3) self-report scales designed to measure a person's mental state specifically focusing on three (3) condition: Depression, Anxiety and Stress. It consists of 21 self-report items with seven (7) questions per category rating the statements using 4-point Likert Scale (0 – did not apply to me at all; 1 – Applied to me to some degree; 2 – Applied to me to a considerable degree or a good part of time; 3 Applied to me very much or most of the time). Scores from this test may classify an individual into Normal, Mild, Moderate, Severe and Extremely Severe. DASS-21 is not a diagnostic tool, but may be used in clinical but with limitations and non-clinical setting to asses an individual's mental wellness.

Meanwhile, the ESQ is a self-report assessment consisting of 24 items designed to evaluate individual differences across six dimensions that contributes to a healthy emotional life. Designed as a brief and easily implementable tool, it is widely used in both research and clinical setting. The six dimensions (Outlook, Resilience, Social Intuition, Self-Awareness, Sensitivity to Context and Attention) of the ESQ are based on a theoretical framework drawn from neuroscientific studies of emotion (Kesebir et.al, 2019).

Validation of Instrument

The instruments utilized in this study—the International Physical Activity Questionnaire (IPAQ), Depression Anxiety Stress Scale-21 (DASS-21), and Emotional Style Questionnaire (ESQ)—are standardized and widely recognized tools that have undergone extensive validation in previous research. These tools were selected to ensure the reliability, validity, and consistency of data collection across the dimensions of physical activity, mental health, and emotional wellness.

Data Gathering Procedure

To gather data from the respondents, the following procedures were followed:

The initial step in the data gathering process is for the researcher to seek permission from relevant authorities to conduct the study. Upon gaining approval, the researcher coordinated with the Regional Training Center Directors for the conduct of survey to the Drill Instructors. The researcher then, forwarded a letter informing the respondent of the purpose and significance of the study along with an informed consent form.

The survey questionnaires were then sent via Google Forms to the target respondents which were answered at respondent's most convenient time. The data gathered via Google Form has an in-built feature that lets the researcher see the responses in different formats.A

Also, an interview from other branches of service was done to inquire about their current wellness initiatives particularly those aimed at trainers' equivalent to the PCG Drill Instructors. Before the interview, a formal letter was sent via email to the respective branches requesting for an interview in relation to this study. Lateral coordination was also initiated,

especially to those branches that did not respond to the letter request. Upon approval on the interview, the researcher requested for the availability of the participants, their preferred time, date, and place to conduct the interview.

Afterward, to further support the results of the survey, the researcher also conducted a separate interview with a psychologist to gain insights into the findings derived from the IPAQ, DASS-21 and ESQ.

Data Analysis

The analysis entailed a distinct and systematic examination of both quantitative and qualitative data to derive meaningful insights. The results were processed, analyzed, and presented as follows.

Quantitative Data

Descriptive statistics, including percentages and frequencies, were used to summarize the demographic profile of the drill instructors. These variables included age, sex, birth rank, marital status, rank as a drill instructor, length of experience, location of RTC, distance from place of residence to workplace, and highest educational attainment.

In evaluating the wellness indices of the respondents—measuring their physical, mental, and emotional health—three standardized self-report assessment tools were used. The data from each tool were analyzed and interpreted following the specific steps described below:

IPAQ. The data obtained from the IPAQ – Short Form were analyzed by calculating the total physical activity level in MET-minutes per week. Physical activities were categorized into three domains: vigorous-intensity, moderate-intensity, and walking. Each activity type was assigned a corresponding Metabolic Equivalent of Task (MET) value based on standard IPAQ scoring protocols—8.0 METs for vigorous activities, 4.0 METs for moderate activities, and 3.3 METs for walking. For each respondent, MET-minutes per week were computed by multiplying the MET value by the duration (minutes per day) and frequency (days per week) of the activity. The MET-minutes/week for all activity domains were summed to obtain a total physical activity score. Based on this total score, participants were classified into one of three categories: Low (<600 MET-minutes/week), Moderate (≥600 MET-minutes/week), or High (≥1500 MET-minutes/week of vigorous activity or ≥3000 MET-minutes/week in total activity).

DASS-21. Responses from the DASS-21 were analyzed using descriptive statistics. Mean and standard deviation values were computed for each of the seven items under each subscale to determine which statements were most indicative of the Drill Instructors' mental conditions and the degree of variability in the responses, respectively.

To group the respondents' wellness indices, the responses were analyzed by first summing the scores of the seven items under each subscale—Depression, Anxiety, and Stress. The subscale scores were then doubled, as recommended for the short-form version, to align with the original DASS-42 scale. The resulting scores were interpreted using established severity thresholds, classifying respondents' mental states into levels such as normal, mild, moderate, severe, or extremely severe.

ESQ. Responses from the Emotional Style Questionnaire (ESQ) were analyzed by first summing the scores of the four items corresponding to each of the six dimensions: Outlook, Resilience, Social Intuition, Self-Awareness, Sensitivity to Context, and Attention. Items identified as reverse-coded were adjusted prior to analysis to ensure consistency in interpretation—for instance, a score of 7 was converted to 1, 6 to 2, and so on. This step ensured that higher scores uniformly reflected a stronger expression of the emotional trait, regardless of item phrasing. For each dimension, the total score—comprising four items—was then averaged. In cases where a dimension included both positively and negatively worded items, the mean scores were calculated separately for each group (reversed and non-reversed). In the corresponding tables, positive-worded and negative-worded items were grouped and presented separately, each with its own legend. This approach ensured accurate interpretation of results and preserved the integrity of the verbal descriptions, particularly for reverse-coded items.

To determine significant differences between the respondents' demographic profiles

and their wellness indices, Analysis of Variance (ANOVA) was employed for variables with more than two categories, while the Independent Samples t-test was used for dichotomous variables such as sex and rank as drill instructors. A significance level of 0.05 was applied; results with a p-value less than or equal to 0.05 were considered statistically significant, whereas those with p-values greater than 0.05 were interpreted as not significant.

All quantitative results were presented in tabular form for clarity and ease of interpretation.

Qualitative Data

For the qualitative aspect,Thematic Analysis was employed to systematically examine and interpret the interview responses regarding the Armed Forces' initiatives for the wellness of military personnel. All interviews were transcribed, and the transcripts were thoroughly reviewed to identify recurring patterns, meaningful insights, and emerging themes.

In addition to the interviews, policy documents from the Philippine Coast Guard (PCG) and the Armed Forces of the Philippines (AFP) were also analyzed. A document review was conducted to assess these policies and to capture their strengths and weaknesses in promoting personnel wellness.

Results and Discussion

Physical

Average Number of Days and Minutes Spent on Physical Activities

Table 2. Average Number of Days and Minutes the Respondents Spent on Doing Physical Activities

Vigorous Physical Activities	**Average**
• How many days in the last 7 did you do vigorous activities (e.g., heavy lifting, aerobics, fast bicycling)?	2.24 days
• How much time did you usually spend on one of those days?	52.22 minutes
Moderate Physical Activities	
• How many days in the last 7 did you do moderate activities (e.g., carrying light loads, regular bicycling, double tennis)?	2.43 days
• How much time (in minutes) did you usually spend on one of those days?	58.4 minutes
Walking	
• How many days in the last 7 did you walk for at least 10 minutes at a time?	4.1 days
• How much time (in minutes) did you usually spend walking on one of those days?	49.93 minutes
Sitting on Weekdays	
• How many days in the last 7 did you spend sitting on a weekday?	3.7 days
• How much time (in minutes) did you usually spend sitting on one of those days?	251.73 minutes

To provide insights into the physical wellness of the 160 DIs, the International Physical Activity Questionnaire (IPAQ) was used. Table 2 presents the average number of days and minutes the DIs engage in physical activities.

On average, respondents performed vigorous physical activities such as heavy lifting, aerobics, and fast bicycling for 2.24 days per week, spending approximately 52.22 minutes per session. Moderate activities, including carrying light loads and regular bicycling, were done slightly more frequently at 2.43 days per week, with an average duration of 58.4 minutes per session. Walking was the most frequent

form of physical activity, with respondents engaging in it for at least 10 minutes at a time on 4.1 days per week, averaging 49.93 minutes per session.

However, sedentary behavior was also notable, with respondents spending an average of 3.7 days per week sitting for prolonged periods, approximately 251.73 minutes per session. While no direct study confirms that drill sergeants lead a sedentary lifestyle, research highlights the challenges they face in maintaining personal fitness due to the demands of their role. One study found that 19% of drill sergeants met the criteria for depression, 27% experienced moderate-to-severe insomnia, and 48% reported high levels of burnout—factors that can negatively impact physical activity levels (Elliman et al., 2021).

These findings suggest that, despite their responsibility for training recruits, drill sergeants may have limited opportunities for physical activity due to occupational demands. Addressing these challenges is essential to ensuring their wellness and enabling them to lead by example effectively.

Physical Wellness Index

Table 3. Drill Instructors' Physical Wellness Index

Level of Physical Activity	F	%
Low (0-599 MET minutes)	40	25%
Moderate (600-1299 MET minutes)	65	41%
High (at least 1300 MET minutes)	55	34%

Table 3 classifies the respondents' physical wellness based on their level of physical activity using Metabolic Equivalent of Task (MET) minutes. MET minutes is a unit used to estimate the amount of energy expenditure in physical activities. It combines the intensity (in METs) and the duration (in minutes) of an activity to give a total score that reflects overall physical activity level over a week. The majority, 65 instructors or 41% of the instructors, fall under the moderate physical activity category (600-1299 MET minutes), while 55 instructors or 34% achieve a high level of physical activity (at least 1300 MET minutes). Notably, 40 instructors (25%) exhibit low physical activity levels (0-599 MET minutes), indicating potential risks associated with sedentary behavior and insufficient physical engagement.

From these results, it can be deduced that while a substantial portion of DIs maintain a moderate to high level of physical activity, a significant number still engage in low levels of physical activity. This suggests the need for targeted health and wellness interventions to encourage more consistent engagement in physical activities, particularly for those classified under the low category. Additionally, the high amount of sitting time may pose potential health concerns, emphasizing the importance of movement breaks and structured physical wellness programs to enhance overall health and reduce the risks associated with prolonged sedentary behavior. According to the World Health Organization (2020), all adults should engage in regular physical activity, as it is an effective way to improve overall health and reduce all-cause mortality. Regular physical activity has been linked to lower risks of cardiovascular diseases, improved mental health (including reduced symptoms of anxiety and depression), enhanced cognitive function, and better sleep. Engaging in 150 to 300 minutes of moderate-intensity aerobic exercise, 75 to 150 minutes of vigorous-intensity aerobic activity, or a combination of both throughout the week is sufficient to achieve significant health benefits (WHO, 2020).

According to the interview with a Psychologist, the sedentary behavior noted from the DI may or may not be correlated with depression. The Psychologist further elaborated that a sedentary behavior of an individual, although not always applicable to everyone, can be identified as a symptom of depression. Individuals with higher levels of depressive symptoms at the outset experienced a greater decline in

leisure-time physical activity over time (Teychenne et al., 2017).

Mental

To assess the mental wellness index of the 160 Coast Guard Drill Instructors, the Depression, Anxiety, and Stress Scale-21 (DASS-21) was used. The DASS-21 consists of three self-report scales that measure an individual's emotional states—depression, anxiety, and stress—by evaluating how each indicator applies to their experiences (Gomez, 2016). Since the DASS-21 is not a clinical diagnostic tool, it is commonly utilized in research and practice across both clinical and non-clinical populations to identify individuals experiencing high levels of distress who may be at risk of developing psychopathological conditions (Ali et al., 2021). Its concise format, ease of use, and ability to assess stress alongside depression and anxiety make it a more favorable option compared to other measures that focus solely on either depression or anxiety.

Depression Indicator

Table 4. Indicators of Depression from the DASS-21 Scale Based on the Drill Instructors Self-Report

Indicators	WM	SD	VI
I couldn't seem to experience any positive feeling at all.	**0.60**	0.83	*ST*
I found it difficult to work up the initiative to do things.	0.56	0.77	*ST*
I felt that I had nothing to look forward to.	0.38	0.65	*NT*
I felt down-hearted and blue.	0.37	0.67	*NT*
I was unable to become enthusiastic about anything.	0.39	0.68	*NT*
I felt I wasn't worth much as a person.	0.32	0.62	*NT*
I felt that life was meaningless.	0.31	0.68	*NT*
Overall Weighted Mean	**0.42**		***NT***

Legend:2.50 – 3.00 — Applied to me very much or most of the time (AT);
1.50 – 2.49 — Applied to me to a considerable degree or a good part of time (CT);
0.50 – 1.49 — Applied to me to some degree, or some of the time (ST);
0.00 – 0.49 — Did not apply to me at all (NT)

Table 4 presents the indicators of depression among DIs based on the Depression, Anxiety, and Stress Scale-21 (DASS-21). The overall weighted mean for depression was 0.42 (SD = 0.58), which falls under the "Did not apply to me at all" (NT) category. This suggests that generally speaking, the drill instructors do not experience significant levels of depressive symptoms. Based on the computed weighted mean and standard deviations, it can be deduced that the DI's responses are positively skewed which means that most values are concentrated at the lower end of the range (0-3), with a few higher values pulling the mean and standard deviation upwards. Hence, majority of the DIs responded that these depression indicators did not apply to them at all.

Among the specific indicators, the highest-rated item was "I couldn't seem to experience any positive feeling at all" (WM = 0.60), followed by "I found it difficult to work up the initiative to do things" (WM = 0.56), both categorized under "Applied to me to some degree, or some of the time" (ST). These findings indicate that while some instructors occasionally struggle with motivation and positive emotions, these experiences are not pervasive. The lowest-rated indicator was "I felt that life was meaningless" (WM = 0.31), suggesting that existential distress is largely absent among respondents.

Based on the result, the Psychologist confirmed that DIs are generally doing well in terms of their mental health. While some may sometimes feel unmotivated or experience low mood, it is not something that happens often or across the majority. Accordingly, the environ-

ment of a person may influence their depressive symptoms. It was further elaborated that while Drill Instructors may occasionally experience low motivation and mood, their environment plays a significant role in mitigating these feelings, helping them avoid falling into depression. Perceived social support, particularly an environment with emotional support, has been widely shown to be more protective against depression than actual received support, with several longitudinal studies confirming its role in reducing depressive symptoms over time (Santini et al., 2015).

Anxiety Indicator

Table 5. Indicators of Anxiety from the DASS-21 Scale Based on the Drill Instructors Self-Report

Indicators	WM	SD	VI
I was aware of dryness of my mouth.	**0.86**	0.90	*ST*
I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion).	0.47	0.73	*NT*
I experienced trembling (e.g. in the hands).	0.33	0.66	*NT*
I was worried about situations in which I might panic and make a fool of myself.	0.38	0.67	*NT*
I felt I was close to panic.	0.29	0.61	*NT*
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat).	0.54	0.74	*ST*
I felt scared without any good reason.	0.35	0.67	*NT*
Overall Weighted Mean	**0.46**		***NT***

Legend: 2.50 – 3.00 — Applied to me very much or most of the time (AT);
1.50 – 2.49 — Applied to me to a considerable degree or a good part of time (CT);
0.50 – 1.49 — Applied to me to some degree, or some of the time (ST);
0.00 – 0.49 — Did not apply to me at all (NT)

Table 5 presents the indicators of anxiety among DIs based on the DASS-21. The overall weighted mean for anxiety was 0.46, which falls within the "Did not apply to me at all" (NT) category, indicating that significant anxiety symptoms are generally absent among respondents. Similarly, the majority of the DIs indicated that these anxiety indicators did not apply to them at all, as shown by the computed weighted means and standard deviations, which reveal another positively skewed data distribution.

Among the specific indicators, the highest-rated item was "I was aware of dryness of my mouth" (WM = 0.86). This was categorized as "Applied to me to some degree, or some of the time" (ST), suggesting that some respondents occasionally experience physiological symptoms of anxiety. On the other hand, the lowest-rated item was "I felt I was close to panic" (WM = 0.29), indicating that intense panic-like symptoms are uncommon among the respondents.

Stress Indicatore

Table 6 presents the indicators of stress among Coast Guard drill instructors based on the DASS-21. The overall weighted mean for stress was 0.46, which falls under the "Did not apply to me at all" (NT) category, indicating that stress symptoms are not prevalent among the respondents. Likewise, the majority of the DIs indicated that these stress indicators did not apply to them at all, as shown by the computed weighted means and standard deviations, which reveal another positively skewed data distribution.

The highest-rated indicator was "I found it hard to wind down" (WM = 0.74), which was categorized under "Applied to me to some degree, or some of the time" (ST). This suggests that while some instructors occasionally experience difficulties in relaxation, it is not a

widespread concern. The lowest-rated item was "I felt I was using a lot of nervous energy" (WM = 0.39), indicating that excessive nervous tension is relatively rare among respondents.

Meanwhile, Table 7 further categorizes the respondents' mental wellness based on severity levels. It shows that 120 instructors (75%) fall within the normal range for depression, indicating a generally positive mental wellness. However, a small percentage reported mild (8%), moderate (10%), severe (3%), and extremely severe (5%) levels of depression. The presence of respondents in the severe and extremely severe categories suggests that while depression is not a widespread issue, there are individuals who may require targeted mental health interventions.

Mental Wellness Index

Table 6. Indicators of Stress from the DASS-21 Scale Based on the Drill Instructors Self-Report

Indicators	WM	SD	VI
I found it hard to wind down.	**0.74**	0.86	*ST*
I tended to over-react to situations.	0.47	0.70	*NT*
I felt I was using a lot of nervous energy.	0.39	0.65	*NT*
I found myself getting agitated.	0.40	0.68	*NT*
I found it difficult to relax.	0.41	0.69	*NT*
I was intolerant of anything that kept me from getting on with what I was doing.	0.44	0.68	*NT*
I felt that I was rather touchy.	0.38	0.68	*NT*
Overall Weighted Mean	**0.46**		***NT***

Legend: *2.50 – 3.00 — Applied to me very much or most of the time (AT);*
1.50 – 2.49 — Applied to me to a considerable degree or a good part of time (CT);
0.50 – 1.49 — Applied to me to some degree, or some of the time (ST);
0.00 – 0.49 — Did not apply to me at all (NT)

Table 7. Drill Instructors' Mental Wellness Index

Severity Levels	Depression		Anxiety		Stress	
	f	%	F	%	f	%
Normal	120	75%	103	64%	146	91%
Mild	12	8%	19	12%	2	1%
Moderate	16	10%	21	13%	4	3%
Severe	4	3%	5	3%	7	4%
Extremely Severe	8	5%	12	8%	1	1%

In terms of severity, Table 7 shows that 103 respondents (64%) fall within the normal range for anxiety, while 12% reported mild, 13% moderate, 3% severe, and 8% extremely severe anxiety levels. While the majority do not experience notable anxiety, a small yet significant percentage exhibit heightened symptoms, emphasizing the need for stress management initiatives and coping strategies within the organization. As for stress, Table 7 reveals that 146 instructors (91%) fall within the normal range for stress, while 1% reported mild, 3% moderate, 4% severe, and 1% extremely severe stress levels. These results highlight that stress is not a major issue among drill instructors, though a small proportion may require additional support in managing occupational pressures.

Overall, the results indicate that DIs generally maintain stable mental wellness in terms of depression, anxiety, and stress. While most respondents reported minimal symptoms, a

small percentage exhibit higher levels of psychological distress. According to the Psychologist, depression, anxiety and stress can manifest in different ways and contexts. In the demanding role of the DIs, these conditions may often be influenced by their responsibilities, expectations, and personal circumstances. Additionally, the Psychologist mentioned that from a clinical standpoint, the DASS-21 results for DIs should ideally reflect zero indications of mental health concerns. Any presence of symptoms could potentially lead to functional impairments, which may compromise the quality and effectiveness of their duties. Given that Drill Instructors are responsible for managing and mentoring trainees, mental stability is critical to ensure they can perform at their optimal level. The Psychologist further emphasized that, although the percentage of affected individuals may seem small, such results should not be taken lightly—as they could carry life-or-death consequences, considering previously reported suicide cases involving DIs. This concern highlights the urgent need for proactive measures from the command to prevent the escalation of such conditions and to safeguard the overall wellness and performance of the personnel.

Notable common demographics among the DIs who exhibited extremely severe depression and anxiety are their Rank as DIs, Marital Status and Distance of Residence from RTC/workplace. This underscores the importance of mental health awareness programs, counseling services, and stress management strategies to support those experiencing heightened emotional difficulties. Relatedly, the Psychologist supported the researcher's recommendation on the conduct of after-training/course debriefing for the DIs and training directorate. The Psychologist also recommended the conduct of Neuro-Psychiatric Examination for all DIs prior conduct of the basic courses to allow for early identification and timely intervention in the event of any indications of mental health concerns.

Emotional

The emotional wellness of the DIs was assessed using the 24-item ESQ, which examines emotional life through six distinct dimensions: Outlook, Resilience, Social Intuition, Self-Awareness, Sensitivity to Context, and Attention. The findings across these dimensions provide insights into their emotional strengths and areas for improvement. ESQ is composed of non-reversed and reversed phrases; non-reversed phrases are those that are positively worded while the reversed phrases are those that are negatively worded. Reversed items are written in a way that agreeing with them means a person has less of the trait being measured. These items are included to help prevent response bias and to make sure respondents are paying attention to each question carefully, not just agreeing automatically.

Emotional Wellness Index in terms of Outlook

Table 8. Drill Instructor's Emotional Wellness Index in terms of Outlook

Non-reversed Items	**WM**	**SD**	**VI**	***Index Level***
I am very good at seeing the positive side of things.	4.91	1.96	*Somewhat Agree*	*Moderate*
I find it easy to be hopeful about the future.	4.66	1.97	*Somewhat Agree*	*Moderate*
Overall Weighted Mean	**4.79**		***Somewhat Agree***	***Moderate***
Reversed Items (Recoded)				
When something good happens to me, the positive mood does not last long.	4.90	1.96	*Somewhat Disagree*	*Moderate*
When things are bad, I have a hard time believing that eventually they will work out.	4.75	1.88	*Somewhat Disagree*	*Moderate*
Overall Weighted Mean	**4.83**		***Somewhat Disagree***	***Moderate***

Legend: Non-Reversed Items: 6.50 – 7.00 — Strongly Agree; 5.50 – 6.49 — Agree; 4.50 – 5.49 — Somewhat Agree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Disagree; 1.50 – 2.49 — Disagree; 1.00 – 1.49 — Strongly Disagree; WM - Weighted Mean; VI – Verbal Interpretation
Legend for Reversed Items: 6.50 – 7.00 — Strongly Disagree; 5.50 – 6.49 — Disagree; 4.50 – 5.49 — Somewhat Disagree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Agree; 1.50 – 2.49 — Agree; 1.00 – 1.49 — Strongly Agree
Index Levels (6.00 – 7.00 — High; 3.00 – 5.99 — Moderate; 1.00 – 2.99 — Low)

In Table 8, the DIs demonstrated a moderate level of emotional wellness in terms of Outlook, with an overall weighted mean of 4.80 (SD = 0.92) as shown in Table 15. Respondents somewhat agreed that they are good at seeing the positive side of things (WM = 4.91, SD = 1.96) and found it easy to be hopeful about the future (WM = 4.66, SD = 1.97). The reversed items, which measure the tendency to dwell on negativity, further support this moderate Outlook, with respondents somewhat disagreeing that positive moods fade quickly (WM = 4.90, SD = 1.96) and that they struggle to believe that things will work out during difficult times (WM = 4.75, SD = 1.88). These results suggest that while the DIs maintain a generally positive perspective, there is still room for improvement in sustaining optimism during challenges.

Emotional Wellness Index in terms of Resilience

Table 9. Drill Instructor's Emotional Wellness Index in terms of Resilience

Non-reversed Items	**WM**	**SD**	**VI**	***Index Level***
When I experience a setback, I do not stay upset for very long.	4.61	1.92	*Somewhat Agree*	*Moderate*
I recover quickly when things don't go the way I want them to.	4.49	1.95	*Neither Agree nor Disagree*	*Moderate*
Overall Weighted Mean	**4.55**		***Somewhat Agree***	***Moderate***
Reversed Items (Recoded)				
I find it hard to regain my calm after experiencing something negative.	5.21	1.76	*Somewhat Disagree*	*Moderate*
When I am in a bad mood, it tends to last a long time.	5.29	1.71	*Somewhat Disagree*	*Moderate*
Overall Weighted Mean	**5.25**		***Somewhat Disagree***	***Moderate***

Legend Non-Reversed Items: 6.50 – 7.00 — Strongly Agree; 5.50 – 6.49 — Agree; 4.50 – 5.49 — Somewhat Agree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Disagree; 1.50 – 2.49 — Disagree; 1.00 – 1.49 — Strongly Disagree; WM - Weighted Mean; VI – Verbal Interpretation
Legend for Reversed Items: 6.50 – 7.00 — Strongly Disagree; 5.50 – 6.49 — Disagree; 4.50 – 5.49 — Somewhat Disagree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Agree; 1.50 – 2.49 — Agree; 1.00 – 1.49 — Strongly Agree
Index Levels (6.00 – 7.00 — High; 3.00 – 5.99 — Moderate; 1.00 – 2.99 — Low)

The DIs displayed moderate emotional resilience, with an overall weighted mean of 4.90 (SD = 1.03) (Table 9). DIs somewhat agreed that they recover quickly from setbacks (WM = 4.61, SD = 1.92) but were neutral on whether they can swiftly regain their composure when things do not go their way (WM = 4.49, SD = 1.95). Reversed items indicate a moderate level of resilience, as respondents somewhat disagreed with statements suggesting difficulty in regaining calm (WM = 5.21, SD = 1.76) or experiencing prolonged bad moods (WM = 5.29, SD = 1.71). This suggests that while they generally demonstrate resilience, some may struggle to maintain emotional stability after negative experiences.

Social Intuition. In terms of Social Intuition, the overall weighted mean is 4.01 (SD = 1.10),

indicating a moderate level but leaning towards neutrality (Table 10). Respondents neither agreed nor disagreed that they are attuned to others' emotions (WM = 3.78, SD = 2.05) or sensitive to emotional cues (WM = 3.81, SD = 2.03). They also showed neutrality in their ability to detect emotional distress in others (WM = 4.03, SD = 1.93). The reversed item further supported this moderate rating, as they neither agreed nor disagreed with difficulty in reading others' emotions (WM = 4.41, SD = 1.83). These results indicate that while Drill Instructors exhibit some level of social intuition, their ability to read and respond to others' emotions could be enhanced.

Table 10. Drill Instructor's Emotional Wellness Index in terms of Social Intuition

Non-reversed Items	**WM**	**SD**	**VI**	***Index Level***
When I am talking with people, I am always attuned to their emotional state.	3.78	2.05	*Neither Agree nor Disagree*	*Moderate*
I am sensitive to other people's emotions.	3.81	2.03	*Neither Agree nor Disagree*	*Moderate*
I can feel when something is bothering a person by just looking at them.	4.03	1.93	*Neither Agree nor Disagree*	*Moderate*
Overall Weighted Mean	**3.87**		***Neither Agree nor Disagree***	***Moderate***
Reversed Items (Recoded)				
I am not particularly good at reading people's emotions.	4.41	1.83	*Neither Agree nor Disagree*	*Moderate*
Overall Weighted Mean	**4.41**		***Neither Agree nor Disagree***	***Moderate***

Legend Non-Reversed Items: 6.50 – 7.00 — Strongly Agree; 5.50 – 6.49 — Agree; 4.50 – 5.49 — Somewhat Agree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Disagree; 1.50 – 2.49 — Disagree; 1.00 – 1.49 — Strongly Disagree; WM - Weighted Mean; VI – Verbal Interpretation

Legend for Reversed Items: 6.50 – 7.00 — Strongly Disagree; 5.50 – 6.49 — Disagree; 4.50 – 5.49 — Somewhat Disagree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Agree; 1.50 – 2.49 — Agree; 1.00 – 1.49 — Strongly Agree

Index Levels (6.00 – 7.00 — High; 3.00 – 5.99 — Moderate; 1.00 – 2.99 — Low).

Self-Awareness. The respondents demonstrated moderate emotional wellness in terms of Self-Awareness, with an overall weighted mean of 5.09 (SD = 1.06) (Table 11). They somewhat agreed that they are typically aware of their feelings (WM = 4.85, SD = 1.96). Reversed items reinforced this finding, as respondents somewhat disagreed that they are unaware of their emotional and bodily states (WM = 5.17, SD = 1.86), struggle with identifying their feelings (WM = 5.21, SD = 1.74), or lack attentiveness to bodily signals (WM = 5.15, SD = 1.72). These findings suggest that while the DIs generally possess self-awareness, occasional lapses in recognizing and managing emotions may occur.

Sensitivity to Context. The respondents exhibited moderate levels of Sensitivity to Context, with an overall weighted mean of 4.94 (SD = 1.44) (Table 12). They somewhat disagreed with statements suggesting that they behave in socially inappropriate ways (WM = 5.16, SD = 1.83), have suffered setbacks due to inappropriate behavior (WM = 5.11, SD = 1.77), or have been tactless in social situations (WM = 5.04, SD = 1.72). However, they were neutral regarding disagreements with social norms (WM = 4.44, SD = 1.93). These findings indicate that while DIs generally adapt well to social contexts, there may be occasional misjudgments in behavior.

Table 11. Drill Instructor's Emotional Wellness Index in terms of Self-Awareness

Non-reversed Items	**WM**	**SD**	**VI**	***Description***
I am typically very aware of my feelings, both in my mind and my body.	4.85	1.96	*Somewhat Agree*	*Moderate*
Overall Weighted Mean	**4.85**		***Somewhat Agree***	***Moderate***
Reversed Items				
There can be long periods of time when I am not conscious of my own bodily and emotional states.	5.17	1.86	*Somewhat Disagree*	*Moderate*
I am not good at identifying my own feelings.	5.21	1.74	*Somewhat Disagree*	*Moderate*
Usually, I am not attentive to what is going on in my body.	5.15	1.72	*Somewhat Disagree*	*Moderate*
Overall Weighted Mean	**5.18**		***Somewhat Agree***	***Moderate***

Legend Non-Reversed Items: 6.50 – 7.00 — Strongly Agree; 5.50 – 6.49 — Agree; 4.50 – 5.49 — Somewhat Agree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Disagree; 1.50 – 2.49 — Disagree; 1.00 – 1.49 — Strongly Disagree; WM - Weighted Mean; VI – Verbal Interpretation
Legend for Reversed Items: 6.50 – 7.00 — Strongly Disagree; 5.50 – 6.49 — Disagree; 4.50 – 5.49 — Somewhat Disagree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Agree; 1.50 – 2.49 — Agree; 1.00 – 1.49 — Strongly Agree
Index Levels (6.00 – 7.00 — High; 3.00 – 5.99 — Moderate; 1.00 – 2.99 — Low)

Table 12. Drill Instructor's Emotional Wellness Index in terms of Sensitivity to Context

Reversed Items	**WM**	**SD**	**VI**	***Description***
I have sometimes been told that I behaved in a socially inappropriate way.	5.16	1.83	*Somewhat Disagree*	*Moderate*
I have suffered setbacks at work or had falling outs with friends, because the way I acted was apparently not acceptable.	5.11	1.77	*Somewhat Disagree*	*Moderate*
I have sometimes done things others thought of as tactless or embarrassing.	5.04	1.72	*Somewhat Disagree*	*Moderate*
Oftentimes, when other people think something is inappropriate, I disagree.	4.44	1.93	*Neither Agree nor Disagree*	*Moderate*
Overall Weighted Mean	**4.94**	**1.44**	***Somewhat Agree***	***Moderate***

Legend for Reversed Items: 6.50 – 7.00 — Strongly Disagree; 5.50 – 6.49 — Disagree; 4.50 – 5.49 — Somewhat Disagree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Agree; 1.50 – 2.49 — Agree; 1.00 – 1.49 — Strongly Agree
Index Levels (6.00 – 7.00 — High; 3.00 – 5.99 — Moderate; 1.00 – 2.99 — Low)

Attention. Finally, the respondents demonstrated a moderate level of emotional wellness in terms of Attention, with an overall weighted mean of 4.83 (SD = 0.92) (Table 13). Based on the results, Drill Instructors somewhat agreed that they have good concentration skills (WM = 4.85, SD = 1.98) but were neutral about being easily distracted (WM = 4.43, SD = 1.92). Meanwhile, reversed items indicate that they somewhat disagreed with having little control over their attention (WM = 4.69, SD = 1.92) and struggling to refocus after distractions (WM = 5.33, SD = 1.60). Considering that reversed items are written in a way that agreeing on a certain phrase means a person has less of the trait being measured, these results suggest that while the Drill Instructors generally maintain focus, there may be instances where distractions impact their attention span.

Overall, the computed weighted means across all six dimensions of emotional wellness ranges from 3.78 to 5.33, with standard deviations ranging from 1.60 to 2.05. This suggests a moderate negative skewness, indication that the responses from the DIs are approximately normally distributed. In other words, most responses are concentrated in the middle range (Somewhat Disagree to Somewhat Agree), with a portion of responses falling both at the lower and upper extremes. Specifically, the majority of the participants either somewhat agree/disagree or neutral with the indicators of emotional wellness.

The overall results indicate that the emotional wellness of the Coast Guard Drill Instructors falls within a moderate range across all six dimensions of ESQ. They exhibit a somewhat positive Outlook and moderate Resilience, enabling them to maintain optimism and recover from setbacks. However, their Social Intuition suggests that improvements could be made in recognizing and responding to others' emotions. Their Self-Awareness and Sensitivity to Context indicate a reasonable ability to understand personal emotions and navigate social situations, although occasional lapses are present. Lastly, their Attention levels suggest a capacity for focus but highlight susceptibility to distractions. These findings provide valuable insights that can inform the development of a health and wellness program tailored to enhance the emotional wellness of DIs. Moreover, the Psychologist mentioned that these results reflected a generally stable emotional profile among DIs, which is encouraging, especially given the high-pressure nature of their role. The Psychologist further emphasized the immense responsibility and accountability placed on DIs in delivering their duties. Therefore, before they are assigned to handle any course, they must be holistically fit—not only psychologically, but also physically and emotionally. This comprehensive readiness is essential to ensure the safety, effectiveness, and well-being of both the instructors and the trainees under their care. Relatedly, due to the highest rates of injury, behavioral health disorders, and sleep disorders in the US Army, the Army promoted the Holistic Health and Fitness (H2F) system to address this, which brings together various aspects of well-being—including physical fitness, mental health, spiritual readiness, and resilience (Payne 2020).

Table 13. Drill Instructor's Emotional Wellness Index in terms of Attention

Non-reversed Items	**WM**	**SD**	**VI**	***Description***
I have good concentration skills.	4.85	1.98	*Somewhat Agree*	*Moderate*
I do not get distracted easily, even in situations where a lot is going on.	4.43	1.92	*Neither Agree nor Disagree*	*Moderate*
Overall Weighted Mean	**4.64**		***Somewhat Agree***	***Moderate***
Reversed Items	**WM**	**SD**	**VI**	***Description***
I sometimes feel like I have little control over where my attention goes.	4.69	1.92	*Somewhat Disagree*	*Moderate*
If I get distracted by something, it takes me a long time to refocus.	5.33	1.60	*Somewhat Disagree*	*Moderate*
Overall Weighted Mean	**5.01**		***Somewhat Agree***	***Moderate***

Legend for Non-reversed Items: 6.50 – 7.00 — Strongly Agree; 5.50 – 6.49 — Agree; 4.50 – 5.49 — Somewhat Agree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Disagree; 1.50 – 2.49 — Disagree; 1.00 – 1.49 — Strongly Disagree; WM - Weighted Mean; VI – Verbal Interpretation
Legend for Reversed Items: 6.50 – 7.00 — Strongly Disagree; 5.50 – 6.49 — Disagree; 4.50 – 5.49 — Somewhat Disagree; 3.50 – 4.49 — Neither Agree nor Disagree; 2.50 – 3.49 — Somewhat Agree; 1.50 – 2.49 — Agree; 1.00 – 1.49 — Strongly Agree
Index Levels (6.00 – 7.00 — High; 3.00 – 5.99 — Moderate; 1.00 – 2.99 — Low)

Difference in the Wellness Index of Drill Instructors When Grouped According to Profile

This part presents the results of the Analysis of Variance (ANOVA) conducted to determine whether there are any significant differences in the wellness indices of the 160 DIs, based on their profile groups. Subsequent post-hoc analysis using Tukey's Honest Significant Difference (HSD) test was used to determine which specific groups are different from each other.

Age. The ANOVA results presented in Table 14 indicate that among the different wellness indices, age had a significant impact on emotional resilience and emotional attention among DIs. Specifically, emotional resilience yielded a p-value of 0.034, while emotional attention had a p-value of 0.002, both below the threshold of significance. This suggests that age plays a role in shaping these aspects of emotional wellness.

Table 14. ANOVA for Drill Instructors' Age and Wellness Indices

Wellness Index	**F-value**	**p-value**	**Decision**
Physical (MET Minutes)	0.238	0.916	Do not Reject Ho
Mental (Depression)	1.137	0.341	Do not Reject Ho
Mental (Anxiety)	1.450	0.220	Do not Reject Ho
Mental (Stress)	1.915	0.111	Do not Reject Ho
Emotional (Outlook)	1.446	0.222	Do not Reject Ho
Emotional (Resilience)	2.676	0.034*	**Reject Ho**
Emotional (Social Intuition)	0.532	0.713	Do not Reject Ho
Emotional (Self-Awareness)	1.860	0.120	Do not Reject Ho
Emotional (Sensitivity to Context)	1.569	0.185	Do not Reject Ho
Emotional (Attention)	4.595	0.002**	**Reject Ho**

*Note: *. Difference is significant at the 0.05 level (2-tailed).*
***. Difference is significant at the 0.01 level (2-tailed).*

The post-hoc analysis in Table 15 reveals that drill instructors aged 26 to 30 scored significantly lower in emotional resilience compared to those aged 36 to 40, with a mean difference of -0.728 (p = 0.045). Similarly, the same age group exhibited lower emotional attention than their older counterparts, with a mean difference of -0.892 (p = 0.001). These findings imply that older drill instructors may have developed greater emotional resilience and attentiveness through accumulated experience and exposure to various challenges in their profession. However, age did not significantly impact other dimensions of wellness, such as physical activity levels and mental health indicators.

Sex. Sex did not yield any significant differences across any of the wellness indices, as indicated in Table 16. This suggests that both male and female exhibit similar levels of physical, mental, and emotional wellness, implying that gender does not play a determining role in their overall wellness.

Table 15. Age Tukey Post-Hoc Test

Emotional Index (Resilience)					
Age		Mean Difference	Df	T	p
26-30	– 36-40	-0.728	155	-2.910	.045
Emotional Index (Attention)					
Age		Mean Difference	Df	T	p
26-30	– 36-40	-0.892	155	-3.890	.001

Table 16. ANOVA for Drill Instructors' Sex and Wellness Indices

Wellness Index	F-value	p-value	Decision
Physical (MET Minutes)	0.1483	0.701	Do not Reject H_o
Mental (Depression)	1.6936	0.195	Do not Reject H_o
Mental (Anxiety)	3.8290	0.052	Do not Reject H_o
Mental (Stress)	2.3685	0.126	Do not Reject H_o
Emotional (Outlook)	0.0366	0.849	Do not Reject H_o
Emotional (Resilience)	0.2293	0.633	Do not Reject H_o
Emotional (Social Intuition)	0.9622	0.328	Do not Reject H_o
Emotional (Self-Awareness)	0.4547	0.501	Do not Reject H_o
Emotional (Sensitivity to Context)	1.7800	0.184	Do not Reject H_o
Emotional (Attention)	0.4571	0.500	Do not Reject H_o

Birth order. In terms of birth order, Table 17 reveals that emotional attention was significantly affected, with a p-value of 0.046. The post-hoc test in Table 25.2 indicates that the youngest children demonstrated significantly lower emotional attention than their eldest counterparts, with a mean difference of -0.541 (p = 0.035). This finding suggests that birth order may influence emotional attentiveness, possibly due to differing familial expectations and responsibilities that shape an individual's interpersonal awareness and responsiveness. A 2024 Indian study assessed emotional competence across first, middle, and last-born participants using the Emotional Competence Scale. Results showed significant birth-order differences in both interpersonal awareness and emotional management, with middle and first-borns displaying higher competencies than last-born, who exhibited the lowest scores (Yadav, 2024).

Additionally, since there is a significant difference in terms of age, a Tukey Post-Hoc Test was performed to identify which age groups are significantly different to each other.

Table 17. ANOVA for Drill Instructors' Birth order and Wellness Indices

Wellness Index	F-value	p-value	Decision
Physical (MET Minutes)	1.507	0.225	Do not Reject H_o
Mental (Depression)	0.142	0.868	Do not Reject H_o
Mental (Anxiety)	0.519	0.596	Do not Reject H_o
Mental (Stress)	0.159	0.853	Do not Reject H_o
Emotional (Outlook)	2.642	0.074	Do not Reject H_o
Emotional (Resilience)	1.017	0.364	Do not Reject H_o
Emotional (Social Intuition)	1.057	0.350	Do not Reject H_o
Emotional (Self-Awareness)	0.349	0.706	Do not Reject H_o
Emotional (Sensitivity to Context)	0.124	0.884	Do not Reject H_o
Emotional (Attention)	3.150	0.046	**Reject Ho**

*Note: *. Difference is significant at the 0.05 level (2-tailed).*
***. Difference is significant at the 0.01 level (2-tailed)*

Table 18. Birth order Tukey Post-Hoc Test

Emotional Index (Attention)				
Age	Mean Difference	Df	t	p
Youngest Child – Eldest Child	-0.541	157	-2.510	.035

Marital Status. Marital status was found to significantly influence emotional outlook, with a p-value of 0.016 (Table 19). The post-hoc analysis (Table 20) indicates that married DIs scored higher in emotional outlook than their single counterparts, with a mean difference of -0.874 (p = 0.028). This result suggests that married individuals may benefit from the emotional support and stability provided by their spouses, enhancing their overall positive outlook on life. A study conducted by Thomas (2016) established that spousal support was linked to fewer depressive symptoms in all age groups, while spousal strain was associated with more symptoms, especially among middle-aged and older adults—highlighting the crucial role of a partner's support throughout life.

Rank as Drill Instructor. Meanwhile, no significant differences were reported when wellness indices were analyzed according to rank as DIs (Table 21), indicating that regardless of position, DIs exhibit similar levels of wellness across all dimensions.

Length of Experience as Drill Instructor. Furthermore, the length of experience as DIs did not significantly impact any of the wellness indices examined (Table 22), implying that years in service do not necessarily translate to higher or lower levels of wellness in any domain.

Table 19. ANOVA for Drill Instructors' Marital Status and Wellness Indices

Wellness Index	**F-value**	**p-value**	**Decision**
Physical (MET Minutes)	2.7649	0.066	Do not Reject H_o
Mental (Depression)	0.4993	0.608	Do not Reject H_o
Mental (Anxiety)	0.2487	0.780	Do not Reject H_o
Mental (Stress)	0.2023	0.817	Do not Reject H_o
Emotional (Outlook)	4.2649	0.016	Reject Ho
Emotional (Resilience)	0.3915	0.677	Do not Reject H_o
Emotional (Social Intuition)	0.1655	0.848	Do not Reject H_o
Emotional (Self-Awareness)	0.0971	0.908	Do not Reject H_o
Emotional (Sensitivity to Context)	0.1220	0.885	Do not Reject H_o
Emotional (Attention)	0.4984	0.608	Do not Reject H_o

*Note: *. Difference is significant at the 0.05 level (2-tailed).*
***. Difference is significant at the 0.01 level (2-tailed).*

Table 20. Marital Status Tukey Post-Hoc Test

Emotional Index (Outlook)					
Marital Status		Mean Difference	Df	t	p
Married	– Single	-0.874	156	-2.814	.028

Table 21. ANOVA for Drill Instructors' Rank as DI and Wellness Indices

Wellness Index	**F-value**	**p-value**	**Decision**
Physical (MET Minutes)	2.16551	0.143	Do not Reject H_o
Mental (Depression)	0.20976	0.648	Do not Reject H_o
Mental (Anxiety)	0.29251	0.589	Do not Reject H_o
Mental (Stress)	0.07104	0.790	Do not Reject H_o
Emotional (Outlook)	0.04942	0.824	Do not Reject H_o
Emotional (Resilience)	0.15887	0.691	Do not Reject H_o
Emotional (Social Intuition)	0.00313	0.955	Do not Reject H_o
Emotional (Self-Awareness)	0.30198	0.583	Do not Reject H_o
Emotional (Sensitivity to Context)	0.94631	0.332	Do not Reject H_o
Emotional (Attention)	2.79354	0.097	Do not Reject H_o

Table 22. ANOVA for Drill Instructors' Length of Experience as DI and Wellness Indices

Wellness Index	F-value	p-value	Decision
Physical (MET Minutes)	1.168	0.327	Do not Reject H_o
Mental (Depression)	1.494	0.195	Do not Reject H_o
Mental (Anxiety)	1.274	0.278	Do not Reject H_o
Mental (Stress)	0.505	0.772	Do not Reject H_o
Emotional (Outlook)	0.317	0.902	Do not Reject H_o
Emotional (Resilience)	0.319	0.901	Do not Reject H_o
Emotional (Social Intuition)	0.682	0.638	Do not Reject H_o
Emotional (Self-Awareness)	0.496	0.779	Do not Reject H_o
Emotional (Sensitivity to Context)	0.623	0.682	Do not Reject H_o
Emotional (Attention)	1.621	0.158	Do not Reject H_o

Location of Regional Training Center (RTC). The results of the ANOVA analysis (Table 23) indicate that the location of the Regional Training Center (RTC) significantly affects the physical wellness index, specifically MET minutes ($F = 3.405$, $p = 0.001$). This suggests that DIs' physical activity levels vary depending on their RTC location. In contrast, all Mental Wellness indices (Depression, Anxiety, and Stress) and most Emotional Wellness indices (outlook, resilience, social intuition, self-awareness, and attention) showed no significant differences based on RTC location. However, emotional sensitivity to context was significantly affected by RTC location ($F = 3.183$, $p = .002$), suggesting that environmental or cultural differences in RTC locations influence this aspect of emotional wellness. This also suggests that DIs' location assignment influences on how they recognize group dynamics and unspoken social norms. DIs are able to adapt their teaching methods, tone and language to suit a specific situation, audience and environment that influences the aspect of emotional wellness. According to the Psychologist, individuals tend to mirror prevailing behaviors and beliefs within their environment to enhance social cohesion and ensure successful interactions. This adaptive mechanism facilitates smoother communication and alignment with group norms, which is critical for social acceptance and cooperation (Morris et. al., 2015).

Table 23. ANOVA for Drill Instructors' Location of RTC and Wellness Indices

Wellness Index	F-value	p-value	Decision
Physical (MET Minutes)	3.405	0.001**	**Reject Ho**
Mental (Depression)	1.547	0.146	Do not Reject H_o
Mental (Anxiety)	1.934	0.059	Do not Reject H_o
Mental (Stress)	1.503	0.160	Do not Reject H_o
Emotional (Outlook)	0.337	0.950	Do not Reject H_o
Emotional (Resilience)	0.394	0.922	Do not Reject H_o
Emotional (Social Intuition)	0.754	0.644	Do not Reject H_o
Emotional (Self-Awareness)	1.406	0.198	Do not Reject H_o
Emotional (Sensitivity to Context)	3.183	0.002**	**Reject H_o**
Emotional (Attention)	1.080	0.380	Do not Reject H_o

*Note: *. Difference is significant at the 0.05 level (2-tailed).*
***. Difference is significant at the 0.01 level (2-tailed).*

Tukey's post-hoc test in Table 24 reveals that DIs from La Union reported significantly higher MET minutes compared to those from Aurora, Capiz, and Eastern Samar, with mean differences ranging from -3311 to -3939. This indicates that instructors in La Union engage in higher levels of physical activity than their

counterparts in these other locations. Additionally, for emotional sensitivity to context, instructors in Aurora exhibited significantly higher scores compared to those in Taguig (MD = 1.502, p = .035), while instructors in Taguig had significantly lower scores compared to those in Zamboanga (MD = -1.443, p = .022). These findings highlight variations in emotional perception depending on the RTC location.

Distance of Place of Residence from the RTC or Workplace. ANOVA results in Table 25 indicate that the distance of an instructor's residence from the RTC or workplace does not significantly affect physical wellness (MET minutes) or mental wellness indices (depression, anxiety, and stress). However, emotional resilience (F = 3.596, p = .015) and social intuition (F = 3.033, p = .031) were significantly influenced by the distance of residence.

Table 26 shows that instructors who reside within their place of work or RTC reported significantly lower resilience scores compared to those who live farther away and commute by land (MD = 0.794, p = .022). Similarly, social intuition was significantly lower for DIs residing within their RTC compared to those who travel by sea (MD = -0.874, p = .028). These results suggest that living within the RTC or workplace may limit exposure to diverse social interactions, impacting resilience and social intuition. The Psychologist also emphasized that the results on the Emotional Health of the DIs are linearly moderate which may correspond to emotional stability. Meanwhile, the Psychologist also pointed out further that the higher resilience and social intuition scores among those living farther away may, in part, be linked to the process of undergoing training and the military doctrines acquired and instilled during their training experience. Relatedly, it appeared that resilience was a protective factor for perceived stress and mental distress longitudinally which was noted during basic military training among Swiss recruits (Sefidan et.al., 2021).

Table 24. Drill Instructors' Location of RTC Tukey Post-Hoc Test

Physical Index (MET Minutes)						
Location of Regional Training Center			Mean Difference	Df	t	p
Aurora	–	La Union	-3311	151	-3.230	.040
Capiz	–	La Union	-3939	151	-3.840	.005
Eastern Samar	–	La Union	-3856	151	-3.230	.040
Emotional Index (Sensitivity to Context)						
Location of Regional Training Center			Mean Difference	Df	t	p
Aurora	–	Taguig	1.502	151	3.274	.035
Taguig	–	Zamboanga	-1.443	151	-3.417	.022

Table 25. ANOVA for Drill Instructors' Distance of Place of Residence from the RTC or Workplace and Wellness Indices

Wellness Index	**F-value**	**p-value**	**Decision**
Physical (MET Minutes)	1.361	0.257	Do not Reject H_o
Mental (Depression)	0.355	0.786	Do not Reject H_o
Mental (Anxiety)	0.182	0.909	Do not Reject H_o
Mental (Stress)	0.429	0.732	Do not Reject H_o
Emotional (Outlook)	0.356	0.785	Do not Reject H_o
Emotional (Resilience)	3.596	0.015*	**Reject H_o**
Emotional (Social Intuition)	3.033	0.031*	**Reject H_o**
Emotional (Self-Awareness)	0.597	0.618	Do not Reject H_o
Emotional (Sensitivity to Context)	0.579	0.629	Do not Reject H_o
Emotional (Attention)	2.440	0.066	Do not Reject H_o

*Note: *. Difference is significant at the 0.05 level (2-tailed)*

Table 26. Distance of Place of Residence from the RTC or Workplace Tukey Post-Hoc Test

Emotional Index (Resilience)						
Place of Residence from the RTC or Workplace			Mean Difference	Df	T	p
Not within the place of work or RTC and can be travelled by land	–	Within the place of work or RTC	0.794	156	2.890	.022
Emotional Index (Social Intuition)						
Place of Residence from the RTC or Workplace			Mean Difference	Df	T	p
Within the place of work or RTC	–	Not within the place of work or RTC and can be travelled by sea	-0.874	156	-2.814	.028

Overall, the findings suggest that while certain demographic factors, such as age, birth order, marital status, location of RTC, and distance of place of residence from the RTC or workplace influence specific emotional wellness aspects, other characteristics like sex, rank, and experience do not appear to significantly impact the overall wellness of drill instructors. These results provide valuable insights for the development of HMP tailored to the specific needs of DIs, particularly in addressing emotional resilience, attention, and outlook based on demographic variations.

Highest Educational Attainment. The ANOVA results in Table 27 reveal that most wellness indices—including physical (MET minutes), mental (depression and anxiety), and emotional (outlook, resilience, social intuition, self-awareness, sensitivity to context, and attention)—show no significant differences when grouped by the drill instructors' highest educational attainment (all $p > 0.05$). This suggests that educational background does not substantially influence these aspects of wellness among DIs. However, a significant difference was found in mental stress levels ($F = 3.052$, $p = 0.030$), indicating that stress perception varies depending on educational attainment. A study conducted by Lawrence (2017) explored why college graduates tend to engage in healthier behaviors compared to individuals with lower levels of education. The findings revealed that earning a college degree significantly improves young adults' health behaviors in the United States, beyond the influence of pre-existing advantages. Although controlling for prior differences reduced the noted effect by 27%—and by 54% in the case of obesity—college completion remained the strongest predictor of most health-related behaviors.

Table 27. ANOVA for Drill Instructors' Highest Educational Attainment and Wellness Indices

Wellness Index	**F-value**	**p-value**	**Decision**
Physical (MET Minutes)	0.113	0.953	Do not Reject H_o
Mental (Depression)	1.475	0.223	Do not Reject H_o
Mental (Anxiety)	1.707	0.168	Do not Reject H_o
Mental (Stress)	3.052	0.030*	**Reject H_o**
Emotional (Outlook)	1.735	0.162	Do not Reject H_o
Emotional (Resilience)	0.815	0.487	Do not Reject H_o
Emotional (Social Intuition)	0.844	0.472	Do not Reject H_o
Emotional (Self-Awareness)	0.489	0.691	Do not Reject H_o
Emotional (Sensitivity to Context)	0.358	0.783	Do not Reject H_o
Emotional (Attention)	1.170	0.323	Do not Reject H_o

*Note: *. Difference is significant at the 0.05 level (2-tailed).*

The Tukey post-hoc test in Table 28 further clarifies this difference, revealing that vocational-educated DIs reported significantly higher stress levels compared to college-level DIs (MD = -10.580, p = 0.023). This suggests that DIs with vocational training (2-year courses) experience greater stress those who pursued but did not complete college. A study examining the association between education and work stress across 16 European countries revealed a consistent social gradient, wherein individuals with lower educational attainment reported higher levels of work stress. The study also found that work stress was generally lower in countries with well-developed labor market policies, and educational disparities in work stress were less pronounced where such policies were more advanced (Lunao, et al. 2015).

Table 28. Drill Instructors' Highest Educational Attainment Tukey Post-Hoc Test

Mental Index (Stress)				
Location of Regional Training Center	Mean Difference	df	T	p
College Level – Vocational	-10.580	156	-2.880	.023

Current Initiatives of other Branch of Service on Wellness of Uniformed Drill Instructors

As the demands placed upon DIs continue to intensify—physically, mentally, and emotionally—it becomes imperative to explore how various uniformed services address the wellness needs of their instructional personnel. Understanding the practices and policies implemented by other military branches offers valuable insights that can strengthen the development of health management strategies within the PCG. To this end, the researcher examined the mental health and wellness frameworks in place across other uniformed services. This involved gathering perspectives through structured interviews to assess how each service prepares, supports, and safeguards the holistic well-being of their DIs. The following section presents the findings from these interviews and highlights the policies and informal practices currently adopted by the Philippine Navy (PN), Philippine Air Force (PAF), and Bureau of Corrections (BuCor).

Philippine Navy (PA)

The interview conducted with PN provided insights as to their current initiatives for the wellness of their Drill Instructors. The CG Drill Instructors Course (DIC), equivalent to PN, is the Sailor Drill Instructors Course. According to Participant 1, they currently do not have a program specifically tailored for their DIs. However, although PN does not have any existing health management program for its instructors, PN is currently working on updating the qualification requirements for all aspiring DIs. Accordingly, PN is closely working with the Neuro-Psychiatric Section in providing the list of qualifications that a DI should possess. Relatedly, the Neuro-Psychiatric (NP) Screening is an integral part of the selection process for aspiring military personnel; likewise, this is also being administered for various purposes such as for retention, promotion, placement, and training. In the Armed Forces of the Philippines (AFP), although they relied heavily on foreign-made tests, standards of physical examination and NP Screening have already been developed and established to screen out examinees from Army, Navy and Airforce for a specific purpose to include the screening of applicants applying to these branches of service (Arce, et al. 2017).

In addition to this, Participant 1 argued that the NP screening requirements for aspiring DIs should be higher compared to the pre-entry requirements for aspiring sailors, which suggests that pre-entry requirements for aspiring sailors and requirements for aspiring DIs should not be equal. DIs should possess higher mental fortitude, considering that they are the ones handling trainees inside the training center. DIs should not only be physically fit but should also be emotionally and mentally fit since trainees might need their mentoring during the course of the training; hence, selection for DIs should be stringent. A psychological test is a system-

atic procedure for obtaining samples of behavior, relevant to cognitive, affective, or interpersonal functioning, and for scoring and evaluating those samples according to standards (Urbina, 2014, as cited in Unity Journal, 2023). It deals with understanding and predicting an individual's behavior, particularly of those enemy forces (Rahmanalievna, 2020, as cited in Unity Journal, 2023). By incorporating the importance of NP screening in the selection of DIs, the Armed Forces will be focused on recognizing an individual's behavior, attitude, and conduct that may affect the military personnel's roles and mission. Hence, the level of resiliency of military personnel to adapt to various challenging and stressful situations should be ensured (Unity Journal, 2023).

Moreover, Participant 1 elaborated that one initiative that the service has for health management is the "Granting of Mental Wellness Break to AFP Personnel" policy, which is now being implemented across the organization.

Philippine Airforce (PAF)

Relatedly, Participant 2 from PAF also mentioned their implementation of "Mental Wellness Break" for their personnel. The said policy is a privilege being granted to the men and women of the AFP, which was established in early 2024. This program prescribes the policies and procedures in granting said break, which aims to protect the mental wellness of all AFP personnel. Accordingly, this is the AFP's initiative as a preventive approach to minimize, if not prevent, the occurrence and recurrence of mental health problems among its personnel. Generally, having breaks at work is assumed to decrease fatigue and improve performance by enabling a person to restore drained energy from the high demands of work, thereby resulting to be relief from these demands (Meijman & Mulder, 1998, as cited in Blasche, 2018). Furthermore, Participant 2 remarked that, while there is currently no health management program specifically for DIs, they strictly implement the 'Mental Wellness Break' and conduct regular Physical Fitness Tests, not only for DIs but for all military personnel. Participant 2 stressed the critical importance of maintaining physical fitness, highlighting its direct connection to the demands placed on DIs in their physically intense roles. This underscores the need for physical fitness in relation to the strenuous demands of their duties as Drill Instructors.

The Mental Wellness Break shall be granted as soon as it is deemed necessary based on the unit head's assessment following what is called the Psychological First Aide (PFA) principles. The Psychological First Aid (PFA) is a widespread intervention of choice following posttraumatic event exposure, which was first introduced during WWII (Brymer et al., 2006, as cited in Hermosilla et al., 2022). It is an approach that provides psychosocial support to individuals after a stressful event (The National Child Traumatic Stress Network [NCTSN] as cited in Hermosilla et al., 2022), designed to reduce immediate distress and mitigate psychopathology risk (Vernberg et al., 2008, as cited in Hermosilla et al., 2022). Aside from the "Mental Wellness Break" given to the AFP personnel, they also allow their personnel to go on pass or leave "as needed" in as such as the operations requirement will not be disrupted or hampered due to their absence. Participants 1 and 2 emphasized the importance of providing personnel with essential rest periods, enabling them to rejuvenate from the constant demands of work and everyday responsibilities, which the current policy of the AFP is now implementing. However, the suspension of the Mental Wellness Break during heightened or Red Alert Status is sometimes unavoidable in military operations. Nonetheless, this limitation reduces the initiative's potential impact on promoting and sustaining personnel wellness during the times it is needed most.

Participant 2 highlighted that although there is no specific policy for health management of DIs, they have implemented sufficient initiatives to support their instructors' needs. These initiatives also include 'Coaching and Mentoring,' 'Weekly Kumustahan' (weekly check-ins over coffee), and a 'Buddy System' for Junior Instructors. The latter aims to foster camaraderie and facilitate regular well-being checks among colleagues.

Bureau Of Corrections (BUCOR)

Interviews with the PN and PA revealed that these agencies have established comprehensive and supportive wellness initiatives for their Drill Instructors. In contrast, Participant 3 from BuCor shared that the BuCor Drill Instructors Course was only recently introduced in 2019 and at present, the agency lacks a health management program tailored for DIs, as their program is still in its inception phase. What they are currently implementing are the usual seminars and information drive pertaining to mental health. Participant 3 also disclosed that although they only have limited number of DIs for a big number of trainees as of the moment, the Bureau does not have any recorded reports pertaining to mental health issues relative to their instructors.

However, even though this is the case for the Bureau, Participant 3 emphasized the importance of adequate number of DIs which will benefit not only the trainees but also the organization as this would avoid exhaustion on the part of the DIs which is beneficial for their well-being. On another note, workplace policies are essential as they provide a structured framework that promotes consistency, fairness, and efficiency—an area in which the Bureau has been lacking. Policies define roles, responsibilities, and expected behaviors, reducing confusion among employees/personnel within an organization. Policies provides workplace safety especially those that are related to occupational health and safety because this ensures a secure working environment, reducing accidents and health risks.

Here is a comparative table summarizing and contrasting the wellness initiatives and approaches of the PN, PAF, and BuCor with respect to their Drill Instructors:

Category	Philippine Navy (PN)	Philippine Air Force (PAF)	Bureau of Corrections (BuCor)
Existing Health Management Program for DIs	None	None specific to DIs, but general programs exist	None (program still in inception stage)
Ongoing Initiatives	Updating qualification requirements for aspiring DI Neuro-Psychiatric Screening included in selection	- Mental Wellness Break (implemented 2024) - Regular Physical Fitness Tests - Psychological First Aid (PFA) - Buddy System, Kumustahan, Coaching & Mentoring	Mental health seminars and information drives
Mental Health Screening	Mandatory NP screening for aspiring DIs; more stringent than pre-entry sailors	Mandatory NP screening for aspiring Dis	No formal mental health screening reported
Physical Fitness Program	Implied importance but not detailed	Mandatory for all military personnel including DIs	Not specified
Rest & Recovery Policy	None explicitly stated	- Mental Wellness Break - Leave/pass granted "as needed"	No formal wellness break, but acknowledged need for adequate rest
Support System	Emphasis on psychological screening and mental fortitude of Dis	Emphasis on support systems like buddy system and weekly check-ins	Emphasis on increasing number of DIs to avoid burnout
Wellness Policy Coverage	Focused on improving DI selection criteria	Organizational wellness programs applied to DIs	Lacks structured policies; efforts are minimal
Identified Gaps	No DI-specific health program despite screening improvements	No DI-specific policy; break may be suspended during critical ops	No structured wellness policy; DI ratio to trainees is a concern
Participant's Key Point	DIs need higher emotional/mental fortitude; NP screening critical	Mental wellness is mission-critical; proactive measures needed	Adequate DI-to-trainee ratio prevents exhaustion and promotes well-being

Coast Guard Drill Instructors Wellness and Resilience Program

The Coast Guard Drill Instructors Wellness and Resilience Program was crafted through document review and the consolidated insights gathered from both Key Informants and the Psychologist. Information and issues used in crafting this program were Drill Instructors age-related differences, birth order effect, marital status, geographical assignment, workplace proximity, education attainment, physical activity, mental and emotional status.

Given the physically demanding nature of their role and the demographic factors affecting their work-life balance, this program aimed to improve Physical Fitness & reduce sedentary behavior, allow Drill Instructors to take time off from duty and recover from duty-related stress and provide the Drill Instructor the opportunity to engage in mental wellness activities at their own pace, space and time or together with their families.

Different components were designed to address the identified physical, mental, and emotional wellness concerns that may affect the performance, resilience, and overall well-being of DIs. The program takes a holistic approach, combining structured physical fitness routines, psychological support strategies, and spiritual interventions to build a sustainable wellness and resilience culture within the Philippine Coast Guard training community.

Conclusion

The wellness indices of Drill Instructors (DIs) present a mixed picture. Physically, while they engage in moderate levels of activity, a notable degree of sedentary behavior raises concerns, particularly given the physical demands of their role. This discrepancy suggests a need to strengthen physical wellness initiatives to support job performance and overall health. Mentally, most DIs exhibit stable wellness, with only a small percentage reporting severe symptoms of depression, anxiety, or stress. Emotionally, wellness scores fall within a moderate range across all six dimensions, indicating areas for potential enhancement. Interestingly, common demographic factors among those experiencing extremely severe depression and anxiety were noted to include their rank, marital status, and the distance of their residence from the RTC or workplace.

Certain demographic factors, such as the DIs' age, birth order, marital status, RTC location, and residence distance, influence specific emotional wellness dimensions such as emotional resilience, attentiveness, outlook, and sensitivity to context, while sex, rank, and experience do not significantly impact other wellness levels. Overall, these findings highlight the importance of addressing the physical, mental, and emotional wellness of DIs to optimize their overall wellness and performance.

This study also revealed that although the PN, PAF, and BuCor do not have any existing policy for the health management of their Instructors, these Branches did not neglect the importance of having a healthy body and mind of their personnel, particularly their DIs, by putting into action the initiatives they are currently implementing. This suggests that while they lack a specific policy, they have recognized the importance of their personnel's physical and mental wellness by taking the initiative without a formal policy in place. Meanwhile, the shared objectives and principles of the formulated policies of the AFP and PCG prioritize the promotion of mental wellness, recognizing the importance of addressing mental health concerns in the service professions, and preserving personnel's capabilities. However, considering the unique challenges and stressors faced by a serviceman and despite shared objectives, both policies have limitations which may be enhanced.

It is important to note that programs that include counseling, mental wellness breaks, and post-mission debriefings reduce the risk of burnout, anxiety, and depression which supports military uniformed such as the Drill Instructors' readiness. Moreover, this program may improve retention rates. When personnel feel that their organization values their health and well-being, morale and job satisfaction increase, reducing attrition.

The military service could attempt to incorporate medical professionals in the assessment process in the AFP Mental Wellness Break, recognizing that what personnel may require is not merely time off, but deeper professional support that warrants thorough evaluation.

Second, develop specific mental health programs for PCG personnel that could address specific health concerns. Finally, consider having the post-mission debriefing and mental health support mandatory for deployed Drill Instructors, as this would definitely aid them in addressing underlying issues, and finally, to regularly review and update policies to ensure they remain effective and responsive to emerging needs.

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