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Perceived Wellness and Common Barriers to Wellness Services and Programming Following COVID-19

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Participation in wellness programming and fitness trends have shifted following the COVID-19 pandemic. Identifying common obstacles to wellness programming may provide clarity on services needed relative to accessibility. **PURPOSE:** The study was designed to identify prominent barriers to participating in wellness services and investigate the current perceptions of personal wellness based on six domains (physical, social, emotional, psychological, intellectual, and spiritual) following the COVID-19 pandemic. **METHODS:** Participants were recruited to complete an online survey from March 2022 to March 2023. Participants (N=356) age ranged from 18-87 years (46.44 ± 18.01 yrs), with 29.3% self-identifying as male (n=104) and 66.8% self-identifying as female (n=237). Participants were primarily from the United States (87.9%, n=313) and were located in New England (65.2%, n=232), Mid-Atlantic (7%, n=25), South 5.1% (n=18), and Mid-West 4.8% (n=17) regions. Key measures included the Perceived Wellness Survey, demographics, and a questionnaire adapted to analyze prominent barriers to participating in wellness services. Perceived wellness (PWS) was calculated as a composite score. Pearson's correlation was utilized to identify the strength and association between PWS, subscales, and demographic variables. **RESULTS:** Mean PWS was 15.238 ± 3.713 (min=5.09; max=28.8). Subscale scores ranked as followed (score range: 1-6): social (4.73 ± 0.86), spiritual (4.72 ± 0.94), intellectual (4.71 ± 0.75), psychological (4.51 ± 0.85), emotional (4.40 ± 0.90), and physical (4.36 ± 1.01). A positive, weak relationship was found to exist between age and physical ($r=.212$; $p<.001$) and intellectual ($r=.195$; $p<.001$); a negative, weak relationship was found to exist between age and social ($r=-.116$, $p<.05$). A negative, weak association was identified between the frequency of identified obstacles to participating in wellness programs and PWS ($r=-0.26$; $p<.001$). Most common obstacles identified were "lack of time" (45.8%), "scheduling conflicts" (34.8%), and "lack of motivation" (33.7%). **CONCLUSION:** These findings suggest that overall decreased perceived wellness may be associated with a higher prevalence of obstacles to participation in services. When planning wellness programs and services a focus should be placed on accessibility relative to time constraints, scheduling, and motivation, while also targeting lower scored dimensions of wellness (e.g. physical and emotional). **SIGNIFICANCE/NOVELTY:** Following COVID-19, shifts in programming needs have been identified but perceived wellness is highly individualized, which can make program development difficult. The aim of the current project was to identify current trends and barriers on a larger, more global scale to provide direction for development of local and regional community wellness needs analyses.