

Original Article

The Integrative Health and Wellness Assessment (IHWA_V2_2022) in the Italian population: a validation and explorative study according to sex and age

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SUMMARY

Purpose

To explore psychometric characteristics of the Integrative Health and Wellness Assessment (IHWA_V2_2022) in a sample of Italian individuals and then, to investigate if the integrative health was differently perceived among participants according to sex and age.

Methods

The translation procedure followed in this study adhered to the guidelines for translating, adapting, and validating instruments or scales for cross-cultural research. Then, the IHWA_V2_2022– Italian Version was spread and administered on-line.

Findings

The internal consistency and stability of the IHWA_V2_2022 was significant (** $p < 0.001$ and * $p < 0.05$). Significant differences were reported in the ninth subdimension “Physical/Weight”, since the oldest participants recorded higher levels in maintaining their ideal weights ($p = 0.039$).

Conclusion

Well-being dimensions’ scores were strictly connected to the subjective experience in well-being, balancing time skills and self-related circumstances. Especially, older participants scored higher levels in “Physical/Weight” dimension. This important finding could better address health promotion policies and behavior change interventions.

Key words: age, Italian, integrative health, sex, validation, wellness

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Introduction

Globally, chronic illness and unhealthy lifestyle behaviors continue to rise among adult individuals¹. Therefore, it becomes necessary to create awareness and social cognition in health/wellness patterns² and continue further research in this issue considering multidimensional scores^{3,4} in order to better address shared decision making approaches in social interactions and in achieving one’s goals⁵.

Additionally, Rossi et al.⁶ has just conducted the Italian adaptation of a brief Resilience Scale for Adults, highlighting the relevance of such tools in non-clinical populations and offering a useful precedent for the present study. Since nurses should promote the health and wellness of individuals, they are directed by many nursing theories, such as the Theory of Self-Care⁷, Health Promotion Model⁸, and the Theory of Integrative Nurse Coaching (TINC)⁹ to address challenges in lifestyle choices in chronic diseases. In this specific field, the nurse coach role was improved between nursing and change theories care¹⁰, including This role spans the spectrum of nursing, incorporating coaching skills in all areas of nursing. Thus, an in-

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integrative assessment becomes essential, as the IHWA which assesses the nurse coach role and (self) awareness through reflection and respective self-care¹¹.

The latest theory supports that nurses have an additional education in coaching interventions to support health promotion thanks to an emphasis on healthy lifestyle improvements, which promotes the development of the Integrative Health and Wellness Assessment™ Tool¹².

The IHWA tool was validated for this aim and a consequential need to develop a shorter form, also.

The IHWA was created 2011, thanks to a self-evaluation instrument first created by Lynn Keegan and Barbara Dossey¹³ that considered the Theory of Integral Nursing¹⁴, and the TINC¹⁵. The beginning self-assessment instrument contained six sub dimensions of wellness: Physical, Mental, Emotions, Spirit, Relationships, and Choices^{16,17} and was ameliorated over the past 23 years, thanks to constructive feedbacks by experts in holistic nursing. In 2010, with the beginning of the nurse coach professional role, the practice of nurse coaching evolved with Nurse Coach scope and core competencies of practice using the ae evaluation instrument as a guide for practice. After reviewing several instruments, self-help programs, and content experts, the e tool included an integrative approach to self-assessment within the TINC. With the increased interest internationally, the necessity to promote healthy lifestyles supports the opportunity to validate the new tool in other languages. In this regard, the IHWA short form aims to create awareness and assess the individual's self-reflection development, empowering patients and supporting the nurse–client relationship. Additionally, the recent Turkish adaptation of the IHWA by inkaya et al.¹⁸ demonstrated the tool's cross-cultural adaptability and underscores the importance of expanding its use in non-English-speaking contexts.

Holistic Nursing

Holistic care is a complex concept which defies a precise definition¹⁹. Holistic care provides an in-depth understanding of patients and their various needs for care and has important consequences in healthcare systems and has been referred to as the heart of the science of nursing^{20,21}. Holistic care can contribute to patients' satisfaction with healthcare and help them to accept and assume self-responsibility²². It will also result in a better understanding of the effects of illnesses on patients' responses and their true needs²³. During an illness, complex psychological, social and cultural needs disturb a patient's balance²⁴, and adversely affect his/her ability to carry out every day activities²⁵. Holistic care, by addressing patients' physical, emotional, social and spiritual needs, restores their balances and enables them to deal with their illnesses, consequently

improving their lives²⁶.

There is compelling evidence that most nurses who have been educated within a biomedical allopathic focus, are not familiar with the concept of holistic care – or at best, have a semischolarly understanding of it²⁷. This often leads them to neglect holistic care^{22,27} and to consider only one aspect of the patients' needs – the physical aspect. Using only the medical model is not only insufficient to restore health but also exposes patients to serious threats, prolongs hospitalization and increases treatment costs²⁸. In many countries, such as the United Kingdom²⁸, Australia²⁹, and Iran³⁰, caring conditions are inappropriate. Many aspects of patients' needs are forgotten, and patients' dignity is often neglected³⁰.

Theoretical Framework

The power of touch and connection to patients that goes beyond the physical is at the heart of nursing care. Being in gear that is protective, yet woefully wanting in terms of providing the opportunity for the human touch that shows care, has made an impact on nurses' feelings about the value of their care. Pervasive stories have been reported of nursing feeling profoundly inadequate in helping dying patients go through this transition in the absence of the kind of loving care³¹.

Defining health can be difficult³². The Institute of Medicine³³ observed that health is more than the absence of disease and injury. Nursing has long shared this holistic point of view. The IOM³³ utilizes the concept of “positive health” along four components: a healthy body, high-quality personal relationships, a sense of purpose in life, and resilience to stress, trauma, and change. The World Health Organization (WHO) defines health as physical, mental, and social well-being³⁴. Both of these definitions include the concept of social health as being an essential factor. The theories of social determinates of health suggest that in addition to these defined components of health, the relationship between the components is critical³⁵.

Objectives

In Italy, there is not any validated instrument to assess integrative health and wellness. Therefore, the present manuscript aimed to:

- validate the Italian version of the IHWA_V2_2022 questionnaire;
- explore psychometric characteristics of the IHWA_V2_2022 in a sample of Italian individuals;
- investigate if the integrative health was differently perceived among participants according to gender and age.

Materials and methods

Participants

A representative sample of Italians was recruited on-line. The questionnaire was spread and administered on-line, thanks to Instagram and Facebook pages by inviting them to participate in the present study.

Sample size

According to the National Institute of Statistics³⁶ in January 2023 the Italian population amounted to 58,997,201. The sample size was assessed by applying Miller and Brewer's formula³⁷ at the 95% the confidence interval, $n = N/(1+N(\alpha)^2)$. Where, n represented the desired sample size, N the target population and α the level of statistical significance of 0.05 and 1 was a constant. Therefore, the sample size assessment was:

$$n = 58,997,201 / (1 + (58,997,201(0.05)^2)) = 400$$

The assessed sample size of 400 was increased by 30% to 520 to ensure that sample size was not lost during data collection, since literature reported an answer rate nearly 60%-65%³⁸.

However, this was a convenience sampling, which carried inherent limitations in terms of generalizability³⁹.

Translation and cross-cultural adaptation

The translation procedure followed in this study adhered to the guidelines for translating, adapting, and validating instruments or scales for cross-cultural research as outlined by Sousa et al.⁴⁰. Prior to start the translation process, we obtained permission from the International Nurse Coach Association⁴¹. All authors involved in this study had a proficient and certified level of English language. Then, the IHWA_V2_2022– Italian version¹¹ version was confirmed by 5 experts who answered to the "Survey Instrument Validation Rating Scale"⁴² by judging the maximum level of agreement in all the proposed items indicating the degree of agreement in each item of the questionnaire, and if they were appropriately translated.

The Questionnaire

The questionnaire was created online thanks to the Google Forms function, and then, a link was spread through various Instagram and Facebook social pages to reach the higher number of participants. The questionnaire consisted of three main sections.

The first section collected demographic data including sex (female, male or not answered) and age (until 30 years, 31-40 years, 41-50 years, 51-60 years, over 61 years).

For the second part of the questionnaire, the translation

of the IHWA_V2_2022 included statements reflecting on participant's present way of life, feelings and personal habits. The questionnaire included a total of 36 items to which the participant should indicate the engagement frequency. For each item a Likert scale was proposed in which 1 stand for "never", 2 for "rarely", 3 for "occasionally", 4 for "frequently" and 5 for "always". The original version included a total of five sub dimensions, such as: life satisfaction, relationships, spiritual, mental, emotional, physical/exercise, physical/nutrition, physical/weight, environmental, health responsibility. By summing each item included in each sub dimension, a total score was assessed which was divided for the maximum value reachable for each sub dimension and then, a different level for each addressing area was identified, including:

"My readiness to change" area, which included the following stated levels, such as: 1 for "in 1 year", 2 for "within 6 months", 3 for "next month", 4 for "in two weeks", 5 for "now";

"Priority making change" area, which included the following stated levels: 1 for "never a priority", 2 "very low priority", 3 "medium priority", 4 "priority", or 5 "highest priority";

"Confidence in my ability to do it" which included levels: 1 for "not at all confident", 2 "not very confident", 3 "somewhat confident", 4 "confident", 5 "very confident". Finally, one open answer was proposed, in which participants were invited to list 3 potential changes to improve their own lifestyle within the next 3 months.

Data analysis

Sex and age were considered as categorical variables and presented as frequencies and percentages. Internal consistency of the IHWA-V2-2022 was also assessed, by considering: mean \pm standard deviation for each item, item-to-item Pearson correlation and α -Cronbach by considering the total IHWA_V2_2022 without the item considered, as also indicated the Turkish validation study¹⁸. Then, construct validity and the factor structure of the data were investigated thanks to Varimax rotation with the Kaiser-Meyer-Olkin (KMO) index and Bartlett's test of sphericity. KMO values higher than 0.40 were considered acceptable, and a significant Bartlett's test of sphericity ($p < 0.001$) indicated strong evidence of a factor structure. The Varimax rotation was preferred based on the literature supporting its use in confirmatory factor analysis. Loading factors of ≥ 0.30 were considered significant indicators of important factors.

The reliability of the "IHWA-V2-2022" scale, including internal consistency, absolute stability, and relative stability, was assessed. Internal consistency was evaluated using coefficient alpha (α) for the total data collection as well as for each sub dimension assessed. The intra-

class correlation coefficient (ICC) was used to evaluate the stability of the IHWA_V2_2022 values. Then, to assess any differences in IHWA_V2_2022 sub dimensions according to demographic characteristics collected, such as sex and age, ANOVA tests were performed. All p-values assessed were considered as: $p < 0.05$ as weak evidence, $p < 0.01$ as strong evidence, and $p < 0.001$ as very strong evidence.

Ethical considerations

Informed consents was mandatory to continue reading as well as answering the questionnaire.

According to COPE⁴³, the questionnaire was anonymous. At the first part of the questionnaire a clear statement was presented in order to give all possible information of the purpose of the study to participants. Additionally, the questionnaire was performed in accordance with the principles of the Italian data protection authority (DPA). It was highlighted that participation was free. Participants, who gave the informed consent, could complete the questionnaire. In relation to competencies and functions of the Italian Ethical Committee (EC)⁴⁴, the EC expressed opinions on the following types of studies: protocols of clinical drug trials, observational clinical trials, clinical trials with medical devices, or protocols for therapeutic use of investigational drugs outside clinical trials or for biomedical, psycho-educational, social or other research involving human subjects humans; epidemiological, evaluative and medico-social research projects that require the collection of data personal data or with environmental ethics implications; patient information sheets and informed consent forms; ethical-scientific, methodological and economic aspects of experimental research protocols or amendments; qualification of investigators for the purpose of conducting the proposed research as well as the ethical and scientific aspects of the same.

Since the present study aimed to validate an Italian version of a questionnaire on the general population, without investigating the above mentioned fields of research, the EC opinion was not applicable in its request.

Results

A total of 960 participants voluntarily agreed to participate in the present study. Of these, 695 (72.4%) were females and 265 (27.6%) were males. Additionally, 326 (34%) aged until 30 years, 309 (32.2%) aged between 31-40 years, 191 (19.9%) aged between 41-50 years, 125 (9%) aged between 51-60 years and 9 (0.9%) aged over 61 years.

Internal consistency analysis showed significant items to the total IHWA_V2_2022 score correlations and also high α -Cronbach values (Tab. I).

Both the Kaiser-Meyer-Olkin (KMO) value of sampling

TABLE I. Internal Consistency Analysis of the Italian Version of the "Integrative Health and Wellness Assessment" (IHWA V2 2022).

Items	Mean \pm s.d.	Item-to-total correlation r^{**} (p-value)	α -Cronbach if item deleted
Item no.1	119.14 \pm 14.98	0.340**	0.828
Item no.2	120.04 \pm 15.01	0.241**	0.832
Item no.3	118.95 \pm 14.86	0.434**	0.825
Item no.4	119.21 \pm 14.70	0.591**	0.821
Item no.5	118.91 \pm 14.87	0.585**	0.823
Item no.6	118.99 \pm 14.30	0.719**	0.813
Item no.7	119.09 \pm 14.76	0.456**	0.824
Item no.8	119.28 \pm 14.81	0.428**	0.825
Item no.9	120.01 \pm 14.59	0.524**	0.822
Item no.10	119.13 \pm 14.80	0.552**	0.822
Item no.11	118.67 \pm 14.83	0.519**	0.823
Item no.12	118.91 \pm 14.69	0.527**	0.822
Item no.13	119.45 \pm 14.98	0.354**	0.827
Item no.14	119.33 \pm 14.85	0.417**	0.826
Item no.15	118.55 \pm 14.94	0.404**	0.826
Item no.16	119.36 \pm 14.74	0.536**	0.822
Item no.17	120.21 \pm 14.53	0.559**	0.820
Item no.18	120.57 \pm 15.02	0.236**	0.832
Item no.19	120.48 \pm 14.69	0.487**	0.823
Item no.20	119.78 \pm 15.08	0.186**	0.834
Item no.21	118.46 \pm 14.87	0.354**	0.828
Item no.22	119.31 \pm 14.87	0.399*	0.826
Item no.23	118.89 \pm 15.00	0.247**	0.832
Item no.24	118.98 \pm 14.93	0.336**	0.828
Item no.25	118.63 \pm 15.03	0.260**	0.803
Item no.26	119.15 \pm 15.08	0.220**	0.831
Item no.27	118.30 \pm 15.16	0.179**	0.831
Item no.28	118.79 \pm 14.93	0.275**	0.832
Item no.29	118.25 \pm 15.07	0.264**	0.829
Item no.30	118.63 \pm 15.30	0.244*	0.845
Item no.31	118.51 \pm 14.94	0.385**	0.826
Item no.32	119.18 \pm 14.91	0.342**	0.828
Item no.33	118.80 \pm 14.95	0.290**	0.830
Item no.34	118.21 \pm 14.95	0.460**	0.825
Item no.35	118.89 \pm 14.77	0.525**	0.823
Item no.36	118.25 \pm 14.81	0.555**	0.822

** $p < 0.001$; * $p < 0.05$.

adequacy and the Bartlett's test of sphericity showed that the data were suitable for factor analysis (Tab. II).

TABLE II. *Kaiser–Meyer–Olkin (KMO) and Bartlett's test of sampling adequacy of the IHWA V2 2022.*

KMO measure of sampling adequacy		0.561
Bartlett's test of sphericity	Approx. chi-square	28334.961
	Df	630
	p	0.000

However, the reported KMO value (0.561) was relatively low. While still acceptable, this value fell below optimal thresholds, potentially due to the multidimensionality and heterogeneity of the items.

The total variance explained by the factors was 77.443% and a total of 11 components were evidenced (Tab. III). Component analysis thanks to Varimax rotation revealed

TABLE III. *"Explained" variance of indicators in the Italian validation of the IHWA V2 2022.*

Items	Total variance explained					
	Initial Eigenvalue			Extraction Sums of squared Loadings		
	Total	% of variance	% cumulative	Total	% of variance	% cumulative
Item no.1	7.023	19.509	19.509	4.445	12.346	12.346
Item no.2	3.416	9.489	28.998	2.847	7.909	20.255
Item no.3	3.169	8.803	37.801	2.710	7.528	27.783
Item no.4	2.844	7.901	45.702	2.628	7.301	35.084
Item no.5	2.673	7.426	53.128	2.497	6.937	42.021
Item no.6	1.989	5.525	58.653	2.490	6.917	48.938
Item no.7	1.620	4.500	63.153	2.448	6.800	55.738
Item no.8	1.498	4.161	67.315	2.126	5.906	61.644
Item no.9	1.346	3.740	71.054	2.044	5.678	67.322
Item no.10	1.209	3.357	74.412	1.972	5.479	72.800
Item no.11	1.091	3.031	77.443	1.671	4.642	77.443
Item no.12	0.923	2.564	80.007			
Item no.13	0.840	2.333	82.340			
Item no.14	0.717	1.993	84.332			
Item no.15	0.687	1.909	86.242			
Item no.16	0.623	1.731	87.972			
Item no.17	0.555	1.542	89.514			
Item no.18	0.497	1.381	90.895			
Item no.19	0.444	1.234	92.128			
Item no.20	0.404	1.121	93.250			
Item no.21	0.341	0.946	94.196			
Item no.22	0.295	0.820	95.016			
Item no.23	0.249	0.691	95.707			
Item no.24	0.235	0.652	96.360			
Item no.25	0.208	0.578	96.937			
Item no.26	0.201	0.557	97.495			
Item no.27	0.182	0.504	97.999			
Item no.28	0.157	0.435	98.434			
Item no.29	0.118	0.328	98.762			
Item no.30	0.099	0.274	99.036			
Item no.31	0.084	0.233	99.270			
Item no.32	0.080	0.222	99.492			
Item no.33	0.066	0.183	99.675			
Item no.34	0.056	0.155	99.830			
Item no.35	0.040	0.112	99.942			
Item no.36	0.021	0.058	100.000			

Extraction method: Principal component analysis.

11 sub-dimensions with component loadings ≥ 0.40 on each component (Tab. IV). Dimensions were named:

1. Mental well-being
2. Healthy Eating Thought
3. Healthy Responsibility
4. Anti-stress activity
5. Environmental

TABLE IV. Components loading of the Italian validation of the IHWA V2 2022.

Items	Components										
	1. Mental Well-Being	2. Healthy Eating Thought	3. Health Responsibility	4. Anti-stress activity	5. Environmental	6. Free to Addiction Behavior	7. Spiritual	8. Mental Nutrition	9. Physical/Weight	10. Healthy Daily Living	11. Life Equilibrium
Item no.3	0.688	-0.074	0.183	-0.208	0.192	-0.030	0.270	-0.105	-0.152	-0.160	0.229
Item no.4	0.558	-0.086	0.146	0.078	0.192	0.143	0.429	0.049	-0.345	0.192	0.185
Item no.5	0.840	0.151	0.001	0.140	-0.007	-0.048	0.031	0.028	0.070	0.120	0.052
Item no.6	0.646	0.183	0.404	-0.062	0.095	0.346	0.257	-0.078	-0.038	0.027	-0.008
Item no.10	0.528	-0.022	0.328	0.322	-0.110	-0.322	0.215	0.320	0.234	-0.153	-0.148
Item no.11	0.759	-0.175	0.091	0.152	0.164	-0.189	-0.002	0.294	0.075	-0.045	0.230
Item no.12	0.559	0.018	0.489	0.034	-0.052	0.005	-0.041	0.182	-0.175	-0.094	0.334
Item no.16	0.689	-0.070	0.176	0.162	-0.270	0.003	0.063	0.168	0.259	0.079	-0.041
Item no.15	0.393	0.584	-0.096	-0.152	-0.298	0.006	0.084	0.139	0.303	0.271	-0.006
Item no.20	-0.114	0.580	-0.037	-0.050	-0.006	0.161	-0.078	0.172	0.297	0.021	-0.331
Item no.22	0.014	0.776	0.194	0.108	0.134	-0.122	0.062	0.088	0.139	-0.180	0.057
Item no.33	-0.016	0.849	0.011	0.023	0.091	-0.038	0.083	-0.099	-0.120	0.160	0.016
Item no.31	0.186	0.080	0.693	0.075	0.219	-0.106	-0.018	-0.202	0.018	0.055	-0.203
Item no.34	0.105	0.169	0.593	-0.155	0.426	-0.009	0.051	0.167	-0.055	0.099	0.273
Item no.35	0.034	0.006	0.736	0.175	-0.193	0.350	0.183	0.144	0.120	-0.068	0.082
Item no.36	0.306	0.030	0.658	0.200	0.006	0.024	-0.132	0.134	0.092	0.237	0.000
Item no.2	0.285	-0.416	-0.104	0.602	-0.111	-0.136	0.148	0.115	-0.033	0.120	-0.059
Item no.17	0.252	0.232	0.164	0.752	-0.003	-0.051	0.272	-0.061	-0.108	0.001	-0.175
Item no.18	-0.131	-0.046	0.154	0.841	-0.015	0.120	-0.054	-0.009	0.112	-0.199	0.109
Item no.19	0.205	0.129	0.075	0.560	0.360	0.075	-0.025	-0.028	0.370	0.069	0.176
Item no.25	0.013	-0.004	0.120	0.053	0.734	0.157	-0.101	-0.069	0.329	0.093	0.015
Item no.26	0.097	0.245	-0.071	0.160	0.643	0.210	-0.141	-0.112	-0.335	0.123	-0.123
Item no.27	-0.037	0.041	0.070	-0.116	0.745	-0.026	0.170	0.257	-0.032	-0.296	0.024
Item no.8	0.037	0.017	-0.002	0.295	0.153	0.533	0.461	-0.011	0.251	0.033	-0.314
Item no.28	0.040	-0.128	0.083	0.060	0.047	0.891	-0.015	0.029	-0.075	0.022	0.083
Item no.30	-0.156	0.088	0.029	-0.105	0.149	0.815	-0.036	-0.256	-0.169	-0.123	-0.132
Item no.7	0.183	0.110	0.025	0.000	0.040	0.005	0.857	-0.073	-0.043	0.124	0.266
Item no.9	0.296	0.085	-0.013	0.294	-0.288	-0.070	0.692	0.194	0.123	0.170	-0.171
Item no.13	0.162	0.012	-0.014	0.071	0.018	-0.154	0.063	0.793	0.072	0.157	0.218
Item no.21	0.048	0.434	0.153	0.009	0.153	-0.049	0.106	0.516	-0.030	-0.267	-0.027
Item no.23	0.257	0.037	0.170	-0.215	-0.010	0.005	-0.376	0.610	0.056	0.306	-0.252
Item no.24	0.104	0.162	0.117	0.120	0.078	-0.179	0.036	0.094	0.842	0.202	-0.033
Item no.14	0.017	0.356	0.021	-0.034	-0.326	0.295	0.325	0.332	-0.113	0.412	0.236
Item no.29	0.010	0.045	0.093	-0.053	-0.008	-0.127	0.131	0.050	0.293	0.830	0.035
Item no.32	0.052	-0.088	0.275	-0.126	0.000	0.102	0.324	0.261	-0.427	0.570	0.025
Item no.1	0.343	-0.045	0.011	0.020	0.005	-0.043	0.152	0.118	0.017	0.069	0.819

Extraction method: principal components analysis. Rotation method: Varimax with Kaiser normalization. ^a The rotation reached the convergence criteria in 23 iterations.

TABLE V. Reliability of the IHWA_V2_2022 total and subscale scores.

	Internal consistency (α -Cronbach)	Relative stability ICC C.I. 95%	Absolute stability $\mu \pm s.d.$
IHWA-Total	0.848	0.831** 0.815-0.846	3.40 \pm 0.365
1. Mental Well-Being	0.881	0.871** 0.858-0.883	3.477 \pm 0.045
2. Healthy Eating Thought	0.739	0.735** 0.706-0.761	3.385 \pm 0.300
3. Health Responsibility	0.706	0.701** 0.669-0.731	4.031 \pm 0.098
4. Anti-stress activity	0.720	0.722** 0.692-0.750	2.170 \pm 0.059
5. Environmental	0.661	0.646** 0.605-0.683	3.803 \pm 0.185
6. Free of Addiction Behavior	0.732	0.734** 0.704-0.762	3.591 \pm 0.116
7. Spiritual	0.758	0.753** 0.719-0.782	2.945 \pm 0.422
8. Mental Nutrition	0.582	0.554** 0.503-0.601	3.559 \pm 0.246
9. Physical/Weight	---	---	3.516 \pm 1.230
10. Healthy Daily Living	0.652	0.643** 0.602-0.681	3.574 \pm 0.344
11. Life Satisfaction	---	---	3.352 \pm 0.918

** $p < 0.001$; * $p < 0.05$. C.I.: Interval confidence; ICC = intraclass correlation coefficient.

- 6. Free Addiction Behavior
- 7. Spiritual
- 8. Mental/Nutrition
- 9. Physical/Weight
- 10. Healthy Daily Living
- 11. Life Equilibrium

The internal consistency and stability of the IHWA_V2_2022 were assessed and found to be satisfactory (Tab. V). The α -coefficient indicated good internal consistency, and the intraclass correlation coefficients (ICC) were statistically significant (** $p < 0.001$ and * $p < 0.05$), demonstrating good stability of the scale over time.

None significant difference was recorded in the IHWA_V2_2022 administration according to sex (Tab. VI).

By considering age sub groups (Tab. VII), significant differences were reported in the ninth sub dimension "Physical/Weight": the oldest participants recorded higher levels in maintaining their ideal weights ($p = 0.039$).

Discussion

The present study aimed to validate the Italian version

of the IHWA short form, since in Italy, there was not any validated instrument to assess Integrative Health and Wellness. Additionally, the present work also explored any differences in integrative health and wellness according to sex and age.

Evidence suggested several sub dimensions in well-being composition, such as: autonomy, self-acceptance, positive relationships, environmental mastery, personal growth, and purpose in life (Ryff, 1989). In our study, a large sample was reached among individuals who answered the questionnaire. Dimensions highlighted from our component analysis were: mental well-being, healthy eating thought, healthy responsibility, anti-stress activity, environmental, free addiction behavior, spiritual, mental and nutrition, physical and weight, healthy daily living and life equilibrium. The internal consistency and stability of the IHWA_V2_2022 were satisfactory and the α -coefficient indicated good internal consistency with significant intraclass correlation coefficients (** $p < 0.001$ and * $p < 0.05$).

The factor analysis revealed a detailed and multifaceted structure of wellness dimensions. In fact, the identification of 11 components supported the idea that wellness

TABLE VI. *IHWA_V2_2022 Italian version according to sex.*

IHWA_V2_2022sub dimensions	Mean	s.d.	C.I. 95%		F	p-value	
			Min.	Max			
1. Mental Well-Being	Female	27.7698	5.98234	27.3242	28.2153	0.131	0.718
	Male	27.9245	5.78939	27.2243	28.6248		
2. Healthy Eating Thought	Female	13.6000	3.37237	13.3488	13.8512	0.782	0.377
	Male	13.3849	3.35791	12.9788	13.7911		
3. Health Responsibility	Female	16.0863	2.55623	15.8960	16.2767	0.585	0.445
	Male	16.2264	2.48817	15.9255	16.5274		
4. Anti-stress activity	Female	8.6302	3.87409	8.3417	8.9187	0.399	0.528
	Male	8.8075	3.92022	8.3334	9.2817		
5. Environmental	Female	11.4446	2.07414	11.2901	11.5991	0.707	0.401
	Male	11.3170	2.17368	11.0541	11.5799		
6. Free to Addiction Behavior	Female	10.7453	3.56858	10.4796	11.0111	0.166	0.684
	Male	10.8491	3.41119	10.4365	11.2617		
7. Spiritual	Female	5.9108	2.33025	5.7372	6.0843	0.209	0.648
	Male	5.8340	2.32794	5.5524	6.1155		
8. Mental Nutrition	Female	10.6374	2.49571	10.4515	10.8233	0.605	0.437
	Male	10.7774	2.48317	10.4770	11.0777		
9. Physical/Weight	Female	3.5108	1.09338	3.4294	3.5922	0.048	0.827
	Male	3.5283	1.15148	3.3890	3.6676		
10. Healthy Daily Living	Female	10.7295	2.37152	10.5529	10.9061	0.034	0.854
	Male	10.6981	2.32073	10.4174	10.9788		
11. Life Satisfaction	Female	3.3698	.91887	3.3014	3.4382	0.935	0.334
	Male	3.3057	.91751	3.1947	3.4166		

s.d.: standard deviation; C.I.: Interval Confidence; F: Anova test. * $p < 0.05$ is statistical significant.

TABLE VII. *IHWA_V2_2022 Italian version according to age.*

IHWA_V2_2022sub dimensions	Mean	s.d.	C.I. 95%		F	p-value	
			Min.	Max			
1. Mental Well-Being	> 30y	27.6626	6.00176	27.0086	28.3165	0.952	0.433
	31-40y	27.6731	6.03238	26.9979	28.3484		
	41-50y	28.4660	5.85686	27.6300	29.3019		
	51-60y	27.6960	5.62572	26.7001	28.6919		
	< 61y	25.7778	4.99444	21.9387	29.6168		
2. Healthy Eating Thought	> 30y	13.3436	3.36659	12.9767	13.7104	1.124	0.344
	31-40y	13.7896	3.33679	13.4161	14.1632		
	41-50y	13.3037	3.47501	12.8077	13.7996		
	51-60y	13.8000	3.30688	13.2146	14.3854		
	< 61y	13.5556	2.83333	11.3777	15.7334		
3. Health Responsibility	> 30y	16.0798	2.53342	15.8037	16.3558	0.673	0.611
	31-40y	16.3010	2.51425	16.0195	16.5824		

TABLE VII. *Continues from the previous page.*

IHWA_V2_2022sub dimensions	Mean	s.d.	C.I. 95%		F	p-value	
	41-50y	16.0733	2.60260	15.7018	16.4448		
	51-60y	15.9040	2.49006	15.4632	16.3448		
	< 61y	15.8889	2.89156	13.6662	18.1115		
4. Anti-stress activity	> 30y	8.9847	3.85304	8.5648	9.4045	1.457	0.213
	31-40y	8.6052	4.00399	8.1570	9.0534		
	41-50y	8.5759	3.93409	8.0144	9.1374		
	51-60y	8.1280	3.56048	7.4977	8.7583		
	< 61y	10.0000	3.80789	7.0730	12.9270		
5. Environmental	> 30y	11.2822	2.05317	11.0585	11.5059	1.077	0.367
	31-40y	11.4175	2.12525	11.1796	11.6554		
	41-50y	11.5812	2.14291	11.2753	11.8870		
	51-60y	11.5200	2.11218	11.1461	11.8939		
	< 61y	10.5556	1.94365	9.0615	12.0496		
6. Free of Addiction Behavior	> 30y	10.6258	3.62315	10.2310	11.0205	0.454	0.769
	31-40y	10.7314	3.45599	10.3445	11.1182		
	41-50y	10.9529	3.44626	10.4610	11.4448		
	51-60y	10.9360	3.60050	10.2986	11.5734		
	< 61y	11.5556	3.16667	9.1214	13.9897		
7. Spiritual	> 30y	5.9080	2.29999	5.6574	6.1586	0.506	0.731
	31-40y	5.8867	2.36522	5.6220	6.1515		
	41-50y	5.9634	2.38277	5.6233	6.3034		
	51-60y	5.8080	2.28846	5.4029	6.2131		
	< 61y	4.8889	1.53659	3.7078	6.0700		
8. Mental Nutrition	> 30y	10.5337	2.48635	10.2628	10.8047	1.090	0.360
	31-40y	10.7702	2.51146	10.4891	11.0514		
	41-50y	10.6073	2.58085	10.2390	10.9757		
	51-60y	10.9760	2.28058	10.5723	11.3797		
	< 61y	9.8889	2.84800	7.6997	12.0781		
9. Physical/Weight	> 30y	3.5644	1.11789	3.4426	3.6862	2.529	0.039*
	31-40y	3.6084	1.10726	3.4845	3.7324		
	41-50y	3.3351	1.04769	3.1855	3.4846		
	51-60y	3.4080	1.15770	3.2031	3.6129		
	< 61y	3.8889	1.05409	3.0786	4.6991		
10. Healthy Daily Living	> 30y	10.7638	2.30238	10.5129	11.0147	0.438	0.781
	31-40y	10.6796	2.43572	10.4070	10.9523		
	41-50y	10.5812	2.43925	10.2330	10.9293		
	51-60y	10.9040	2.21587	10.5117	11.2963		
	< 61y	11.0000	1.80278	9.6143	12.3857		
11. Life Satisfactionm	> 30y	3.3497	.93502	3.2478	3.4516	0.055	0.994
	31-40y	3.3625	.91418	3.2601	3.4648		
	41-50y	3.3508	.95559	3.2144	3.4872		
	51-60y	3.3280	.85926	3.1759	3.4801		
	< 61y	3.4444	.52705	3.0393	3.8496		

s.d.: standard deviation; C.I.: Interval Confidence; F: ANOVA test. * $p < 0.05$ is statistical significant.

was composed of multiple interrelated areas – many of which were amenable to self-care, coaching, and lifestyle interventions.

This aligned well with the IHWA's holistic nature. However, some component labels, like “Mental Nutrition” and “Healthy Eating Thought” appeared potentially overlapping. In this sense, Gheonea et al.⁴⁵ emphasized the interconnectedness between nutrition, emotional regulation, and mental well-being. In fact, well-being appeared to be strictly connected to nutrition, sleep quality, physical activity, abuse of various toxic substances, especially highlighting lower levels in quality of food and quality of sleep and exercise⁴⁵.

By considering age sub groups, significant differences were reported in the ninth sub dimension “Physical/Weight”, since the oldest participants recorded higher levels in maintaining their ideal weights ($p = 0.039$). For all the other aspects there were no differences both according to sex and age.

Particularly, the lack of significant sex-related differences could also be referred to potential universality of wellness perceptions or instrument insensitivity to gender-specific factors. Given the IHWA included domains like spirituality and emotional expression, this result could suggest that these dimensions are experienced similarly across sexes in the Italian population. In this regard, data were partially in agreement with a previous review which supported that gender made a significant difference only in the outcomes of nurse coaching interventions⁴⁶.

Despite the literature showing a substantial number of quantitative subjective well-being instruments⁴⁷⁻⁴⁹, there was a lack of tools in Italy assessing an individual's integrative health and well-being representing a whole person approach. Among these, Prilleltensky et al.⁵⁰ assessed the Overall, Interpersonal, Community, Occupation, Physical, Psychological, and Economic well-being (I COPPE) in which well-being was represented as “a positive condition of happenings, carried out by the concurrent and fair satisfaction of different objective and subjective requirements of individuals, relationships, partnerships and communities”⁵⁰. Evidence suggested a multilevel and multidimensional construct of well-being, since it highlighted a systemic attitude beyond the individual to include several levels of examination with different dimensions of people's experiences, which were all important to explain their condition of well-being⁵¹. The I COPPE scale was made up of a total of 21 items and 7 sub dimensions, namely: Overall Well-being, Interpersonal Well-being, Community Well-being, Occupational Well-being, Physical Well-being, Psychological Well-being, Economic Well-being. All these sub dimensions were integrated among them in a time perspective. However, the dimensions' scores

were strongly dependent to the subjective experience of well-being⁵² by balancing time skills and related circumstances^{52,53}. Therefore, well-being was perceived by individuals in different aspects of life⁵⁰ and could be explained as a function of social and environmental circumstances as much as individual peculiarities^{54,55}. Additionally, spiritual aspects have been often omitted from clinical assessment tools, while in the IHWA a specific component has been addressed supporting the meaningful assessment in the Italian clinical or community context.

The present study included some limitations. First of all, the demographic concentration of the sample, specifically youngers and females among participants, which suggested the need for future studies in more clinical or diverse populations. Secondly, the present study aimed to validate the IHWA questionnaire in a general context, thus, additional research in applied healthcare settings would be valuable to confirm its practical utility. Thirdly, the questionnaire was spread on-line. In this regard, we acknowledged participants, however this data collection method showed demographic imbalances. Additionally, the use of PCA rather than EFA could be considered a further limitation in terms of construct validity.

Conclusion

The present study aimed to quantify wellness in general population and validate the IHWA into Italian. Our findings suggested higher reliability scores, identifying it as a tool's potential use in health and wellness assessment in Italian-speaking contexts.

Additionally, our findings suggested significant age-related difference in the “Physical/Weight” sub dimension which was particularly valuable in light of studies such as Teraž et al.⁵⁶, who found that physical health perceptions and lifestyle behaviors differ significantly with age, especially among older adults. However, further studies will be performed, also considering specific groups of population to further process with nursing coaching interventions.

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Informed Consent for publication

Consent was collected to all the participants.

Availability of data and materials

Data are available at the first author.

Conflict of interest statement

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Auhtors contribution

Conceptualization: E.V.

Methodology: E.V., K.A.

Investigation: R.M.

Writing—original draft preparation and editing: E.V.

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The Integrative Health and Wellness Assessment (IHWA V2 2022) – the Italian version (IHWA V2 2022_I)

Il questionario, di seguito riportato, non sostituisce la consulenza medica professionale, la diagnosi o il trattamento.

ISTRUZIONI

Questo questionario contiene affermazioni sul Suo attuale modo di vivere, sentimenti e abitudini personali. Rispondi a ogni voce nel modo più accurato possibile e cerca di rispondere a tutte le domande. Indica la frequenza con cui ti impegni in ciascun elemento proposto fra i seguenti:

1 = MAI 2 = RARAMENTE 3 = OCCASIONALMENTE 4 = FREQUENTEMENTE 5 = SEMPRE

Dimensione della soddisfazione della vita

1. Mi sento soddisfatto dell'integrazione tra il mio lavoro, la famiglia, gli amici e me stesso.
2. Uso strategie quotidiane per gestire il mio stress (ad esempio: respirazione, stretching, rilassamento, meditazione e immaginazione).

Dimensione delle relazioni

3. Frequento relazioni che mi soddisfano.
4. Mi sento a mio agio nel condividere i miei sentimenti/opinioni senza sentirmi in colpa.
5. Esprimo i miei sentimenti agli altri in modo appropriato.
6. Esprimo facilmente amore e preoccupazione per coloro a cui tengo.

Dimensione Spirituale

7. Sento che la mia vita abbia un significato, un valore ed uno scopo.
8. Sento di avere una forza più grande di me.
9. Dedico tempo alla pratica riflessiva, all'affermazione, alla preghiera, alla meditazione.

Dimensione Mentale

10. Riconosco i pensieri negativi e li riformulo.
11. Stabilisco obiettivi realistici per il mio lavoro.
12. Chiedo aiuto/assistenza quando necessario.
13. Posso accettare circostanze ed eventi che sfuggono al mio controllo.

Dimensione Emotiva

14. Riesco a perdonare.
15. Ascolto e rispetto i sentimenti degli altri.
16. Mi libero dei sentimenti indesiderati (ad esempio: ansia, preoccupazione, paura e rabbia) in modo sano.

Dimensione dell'Attività Fisica

17. Pratico attività di stretching 2 o più giorni a settimana.
18. Pratico attività di potenziamento muscolare (ad esempio: pesi liberi o trasporto di carichi pesanti) per tutti i principali gruppi muscolari (gambe, schiena, braccia) 2 o più giorni alla settimana.
19. Pratico attività aerobica di intensità moderata (ad esempio: camminata veloce o qualsiasi attività che mi faccia respirare più forte con una frequenza cardiaca aumentata) per almeno 150 minuti (2 ore e 30 minuti) a settimana.

Dimensione Fisica/Nutrizione

20. Mangio almeno 5 porzioni di frutta e verdura al giorno.
21. Bevo 6-8 bicchieri d'acqua al giorno.
22. Mangio cibo sano (ad esempio: biologico)
23. Mangio consapevolmente (sono concentrato sul mangiare e non sul multi-snacking o sul mangiare davanti al televisore).

Dimensione Fisica/Peso corporeo

24. Mantengo quello che considero il mio peso ideale.

Dimensione Ambientale

25. Vivo in un ambiente domestico sano e non tossico (ad esempio: prodotti chimici, rumore, luce).

26. Vivo in un ambiente di lavoro sano e non tossico (come: sostanze chimiche, rumore, luce).

27. Sono consapevole dell'influenza dell'ambiente sul mio stato di salute (fisico, sociale, climatico, schemi energetici).

Dimensione dello stato di salute responsabile

28. Sono libero dalla dipendenza da una sostanza o comportamento (alcol, nicotina, droga, sesso, cibo, gioco d'azzardo, shopping, esercizio fisico, internet).

29. Posso lavorare e svolgere le normali attività della vita quotidiana.

30. Evito di fumare, vaporizzare o inalare sostanze nei polmoni.

31. Mi occupo di segni o sintomi fisici insoliti quando si presentano.

32. Dormo 7 o più ore a notte.

33. Conosco i miei livelli di pressione sanguigna, trigliceridi, colesterolo e glucosio.

34. Sono consapevole dei miei fattori di rischio per la malattia.

35. Sono impegnato nello sviluppo del mio piano di benessere (ad esempio: screening salute, farmaci, integratori, fitness, alimentazione, ecc.)

36. So di essere la chiave del mio benessere per la mia salute in generale.

Elenca per favore 3 modifiche che potrebbe apportare per implementare il Suo attuale stile di vita nei prossimi 3 mesi:

- 1.
- 2.
- 3