


# Workplace Stressors and Their Impact on Mental Health: Strategies for Promoting Well-being among Faculty in a Higher Education Institution

**ABIERA, Aireen T.<sup>(1)</sup>; IGNACIO, Ma. Kristina G.<sup>(2)</sup>**

<sup>(1)</sup>  0009-0005-4558-9837; Marikina Polytechnic College. Marikina City. Philippines. abiera.at@mpc.edu.ph

<sup>(2)</sup>  0009-0007-6805-4581; Marikina Polytechnic College. Marikina City. Philippines. ignacio.mkg@mpc.edu.ph

The content expressed in this article is the sole responsibility of its authors.

## ABSTRACT

To ensure the delivery of quality education, the psychological well-being of faculty members is a paramount institutional priority. Anchored in the Job Demands-Resources (JD-R) theory, this study aimed to investigate the relationship between workplace stressors and mental health outcomes, and to evaluate the efficacy of proposed organizational wellness interventions. A quantitative, descriptive survey design was employed at a public higher education institution in Marikina City, Philippines. Data were collected from a cohort of 96 permanent faculty members using a validated, researcher-made survey instrument. The results revealed a high prevalence of occupational stressors ( $M = 3.84$ ,  $SD = 0.74$ ), primarily driven by heavy workloads ( $M = 4.10$ ) and career development constraints ( $M = 3.98$ ). Despite these high job demands, faculty reported experiencing mental health symptoms at a moderate, intermittent frequency ( $M = 2.70$ ,  $SD = 0.72$ ), indicating active but finite personal resilience. To buffer these demands, respondents overwhelmingly endorsed the implementation of structured organizational interventions ( $M = 4.27$ ,  $SD = 0.85$ ), specifically prioritizing the promotion of an inclusive environment ( $M = 4.34$ ) and health-oriented manager training ( $M = 4.31$ ). Ultimately, this study concludes that while permanent faculty exhibit resilience, heavy occupational demands threaten long-term stability. Institutions must transition to a proactive culture of wellness by institutionalizing targeted job resources, including structural workload audits, empathetic leadership capacitation, and comprehensive mental health policies.

## RESUMO

Para garantir a oferta de uma educação de qualidade, o bem-estar psicológico do corpo docente constitui uma prioridade institucional primordial. Ancorado na Teoria das Demandas e Recursos do Trabalho (JD-R - Job Demands-Resources), este estudo teve como objetivo investigar a relação entre os estressores no ambiente de trabalho e os desfechos em saúde mental, bem como avaliar a eficácia das intervenções organizacionais de bem-estar propostas. Empregou-se um delineamento de pesquisa quantitativo e descritivo em uma instituição pública de ensino superior na cidade de Marikina, Filipinas. Os dados foram coletados de uma coorte de 96 docentes efetivos, utilizando-se um instrumento de pesquisa validado e elaborado pelo próprio pesquisador. Os resultados revelaram uma alta prevalência de estressores ocupacionais ( $M = 3,84$ ,  $SD = 0,74$ ), impulsionados principalmente pela sobrecarga de trabalho ( $M = 4,10$ ) e por restrições no desenvolvimento de carreira ( $M = 3,98$ ). Apesar dessas altas demandas de trabalho, os docentes relataram vivenciar sintomas de saúde mental em uma frequência moderada e intermitente ( $M = 2,70$ ,  $SD = 0,72$ ), indicando uma resiliência pessoal ativa, porém finita. Para atenuar essas demandas, os respondentes apoiaram expressivamente a implementação de intervenções organizacionais estruturadas ( $M = 4,27$ ,  $SD = 0,85$ ), priorizando especificamente a promoção de um ambiente inclusivo ( $M = 4,34$ ) e o treinamento de gestores voltado para a saúde ( $M = 4,31$ ). Em última análise, este estudo conclui que, embora os docentes efetivos demonstrem resiliência, as pesadas demandas ocupacionais ameaçam sua estabilidade a longo prazo. As instituições devem transitar para uma cultura proativa de bem-estar, institucionalizando recursos de trabalho direcionados, o que inclui auditorias estruturais de carga de trabalho, capacitação de lideranças empáticas e políticas abrangentes de saúde mental.

## ARTICLE INFORMATION

**Article process:**  
Submitted: 11/09/2025  
Approved: 06/20/2026  
Published: 06/06/2026



**Keywords:**  
wellness initiatives,  
psychological impact,  
workplace stressors,  
mental health

**Keywords:**  
iniciativas de bem-estar,  
impacto psicológico,  
fatores de estresse no  
local de trabalho,  
saúde mental.

## Introduction

Workplace stress has become one of the significant global issues today due to its significant implications on employee health, organization's performance and viability of institutions across different professions. With the advent of modern organization where workloads are immense, demands for performance are continuously rising, roles have become ambiguous, there is less work-life balance and constant changes occur within organizational settings, employees tend to experience great stress at the workplace (World Health Organization [WHO], 2022). Work remains important in gaining financial security, professional advancement, personal development, socialization, and self-fulfillment, but continuous stress at the workplace will greatly impair mental health, psychological and emotional stability, job satisfaction, interpersonal relationships, and overall life quality. (Rugulies et al., 2023). The importance of workplace mental health is one of the pressing public health, organizational and societal concerns requiring continuous research efforts and institutional intervention.

The growing prevalence of mental health in the workplace has spurred the international organizations to emphasize the importance of establishing psychologically healthy and supportive work environments. (Deady et al., 2024) World Health Organization and the International Labour Organization states that unhealthy working conditions characterized by high work load, discrimination, organizational lack of support, working environment issues and low workplace psychosocial resources would contribute to employees' psychological distress, burnout, anxiety, depression and reduced performance at work (WHO & ILO, 2022).

It is estimated that every year nearly 12 billion working days are lost due to depression and anxiety worldwide, this could be linked to close to one trillion dollar economy lost in productivity and work inefficiency (WHO, 2022). Aside from the economic aspect, poor mental health in the workplace undermines employee engagement, organizational commitment, relationships at work and service quality in the workplace. These matters require an understanding of workplace stressors and an evidence based intervention to sustain the well-being of employees and organizational resilience. (Kuo, 2025)

Among various professions, the academic sector is considered particularly vulnerable to occupational stress because of its multifaceted responsibilities and increasing institutional expectations. (Lee et al., 2021). Faculty members in higher education institutions are expected not only to deliver effective instruction but also to actively perform research, publish results of studies conducted, render service to the community (extension), perform accreditation tasks, fulfill administrative duties and take care of students. Continuous pressure to meet institutional performance expectations, earn promotion in career, maintain professional expertise may have greatly impaired educators' mental and physical health.

Previous research has established a connection between prolonged exposure to workplace stressors with increased chances of exhibiting anxiety symptoms, physical tension,

emotional exhaustion, withdrawal from interpersonal relationships and lower levels of work satisfaction (Chirico et al., 2021). These stress-related conditions may ultimately affect not only faculty well-being but also institutional effectiveness, student learning experiences, and the overall quality of the academic outcomes.

This study is anchored within the framework of the Job Demands-Resources (JD-R) Theory (Demerouti et al., 2001). The JD-R theory which explains that two broad categories of factors in organizations influence employee well-being and performance: job demands and job resources. Job demands are aspects of the job that require physical and/or psychological effort, are associated with costs (physiological and psychological) and can lead to stress when the required effort and resources to perform are too high. Workload, emotional demands, role conflict, career development concerns, and poor working conditions are some examples of job demands.

Job resources are aspects of the job that are instrumental in achieving work goals, reduce the job demands and costs, and stimulate personal growth, learning, and development. Organizational support, job autonomy, skill discretion, positive working conditions, supportive workplace environments and leadership style are few of the examples of job resources. The JD-R theory indicates that when an individual's job demands are high and job resources are low, stress and burnout occurs; and when job resources are high in relation to the job demands, the negative impact of demands on the employees can be buffered and their motivation and well-being enhanced.

In the Philippine context, workplace mental health has been gaining traction due to the increasing demands faced by employees both in public and private institutions. Intensified pressure at work is driven by the implementation of performance based systems, integration of technology, institutional targets, and job demands, and educational institutions were not immune to these realities. In acknowledgment to the need to provide support for employees, Republic Act No. 11036 or the Mental Health Act has been institutionalized with policy mandates for the establishment of mental health policies and services in workplace and educational institutions, coupled with the directives of Civil Service Commission Memorandum No. 4, s. 2020 and Department of Labor and Employment Department Order No. 208, s. 2020 that provides support mechanisms to the psychosocial well-being of employees in organizations.

There is relatively limited research exploring workplace stressors specifically within educational institutions and how they influence mental health and well-being of the workforce. Existing literature predominantly addresses generalized work stress and burnout, giving less attention to job specific variables such as workload, career concerns, workplace environment issues, work-life balance, and the use of organizational interventions. Research gap exists in terms of identifying typical mental health symptoms in relation to work stress, and effectiveness of institutional support programs in the workplace.

The objective of this study was to address the critical intersection of occupational strain and faculty well-being, this study systematically investigates the relationship between workplace stress and mental health outcomes among permanent teaching personnel at a public higher education institution in Marikina City. Specifically, the research aims to: Identify and measure the most prevalent workplace stressors—such as workload demands, environmental hindrances, and interpersonal dynamics—impacting the faculty. Quantify the localized behavioral, psychological, and physiological symptoms manifested as a direct consequence of occupational stress. Evaluate employee endorsement regarding prospective, context-appropriate organizational interventions, ranging from mental health policy frameworks to physical wellness facilities and ultimately, this research culminates in actionable, data-driven recommendations designed to build a mentally healthy, safe, inclusive, and highly resilient tertiary education workforce.

## **Research Methodology**

### ***Research Design***

This study utilizes a descriptive research design to systematically investigate the occupational conditions of the academic workforce. The framework is purely descriptive in nature, as it profiles the baseline prevalence, frequency, and intensity of specific workplace stressors; quantifies localized psychological and physiological mental health manifestations; and appraises faculty endorsement regarding potential institutional support strategies. This design allows for a structured characterization of organizational variables within the higher education ecosystem without manipulating the environment or establishing inferential demographic correlations.

### ***Population and Sampling***

To eliminate selection bias and ensure complete institutional representation, a total population sampling (census) approach was utilized to capture the full scope of the regular instructional workforce at a public higher education institution in Marikina City, Philippines. The initial institutional population consisted of 140 permanent faculty members rostered within the Academic and Technology departments.

To establish a homogenous and scientifically valid cohort, all permanent faculty members were formally invited to participate in the study, with the sole exception of individuals who were officially on extended study or medical leave during the data collection period. Applying this specific exclusion criterion removed 5 individuals, resulting in a finalized eligible cohort of 135 actively serving faculty members. Of this invited population, a final research sample of 96 regular faculty members successfully completed and returned the data collection instruments. This yielded a robust response rate of 71.1%, successfully providing a comprehensive, high-fidelity institutional census focused on the shared occupational burdens unique to the active permanent teaching workforce.

### ***Instrumentation***

Data collection relied on a self-administered, structured survey questionnaire. The instrument was researcher-constructed to specifically align with the administrative and cultural realities of the local campus ecosystem, with its core items and thematic divisions conceptually anchored in and adapted from the World Health Organization (WHO) workplace mental health reports and guidelines. The survey instrument is explicitly divided into four distinct functional domains:

Section 1: Sociodemographic and Professional Profile: Collected essential baseline categorical data, including age, gender, marital status, years of service, department, and highest educational attainment, utilized solely for the descriptive contextualization of the cohort.

Section 2: Workplace Stressors Scale: A 5-point Likert-type scale measuring the presence, exposure, and intensity of operational strains across key organizational domains, including heavy workload, role ambiguity, environmental hindrances, and career development stagnation.

Section 3: Impact of Stress on Mental Health Matrix: A frequency scale evaluating how often respondents experience localized behavioral, psychological, and physiological manifestations of occupational strain, tracking targeted indicators such as anxiety, physical tension, social withdrawal, and burnout.

Section 4: Organizational Intervention Appraisal: A 5-point Likert-type scale gathering quantitative feedback regarding employee endorsement of potential institutional strategies, including leisure-based physical facilities, campus wellness initiatives, managerial training, and policy development.

### ***Validation and Reliability Process***

Because the data collection tool was researcher-constructed, a rigorous two-step validation and reliability protocol was executed prior to institutional deployment to ensure psychometric soundness and meet strict peer-review benchmarks. First, for the content validation stage, the initial draft of the questionnaire was submitted to a panel of three (3) research experts, comprising an organizational psychologist, a research director, and the institution's statistician. This panel systematically evaluated all items for clarity, systemic relevance, item construction, and cultural appropriateness to the Philippine public higher education landscape, and their quantitative feedback was integrated to secure a high Content Validity Index. Following this expert review, a pilot testing and reliability analysis was conducted by deploying the refined survey to a representative sample of regular faculty members ( $n = 20$ ) from a separate, non-participating public higher education institution to prevent data contamination. The internal consistency of the instrument's Likert scales was then calculated using Cronbach's alpha ( $\alpha$ ), yielding subscale reliability coefficients ranging

from 0.82 to 0.89. Because these coefficients well exceed the standard academic acceptability threshold of 0.70, the instrument's psychometric reliability, stability, and suitability for full deployment were successfully confirmed.

### ***Data Collection Procedure***

The research was operationalized through a systematic, multi-channel data collection approach to maximize response rates and ensure participant convenience. The procedure was executed through the following chronological stages:

**Institutional Clearance:** Administrative approval was obtained from the HEI's Research and Development Office (RDO) to formally clear the deployment of the study within the campus premises.

**Orientation and Invitation:** Eligible permanent faculty members were formally invited to participate. They were provided with a brief overview of the study's goals, alongside a clear explanation of the voluntary nature of their participation.

**Dual-Modality Deployment:** Participants were provided the option to complete the validated researcher-constructed instrument either digitally via secure Google Forms or through a physical paper-and-pen survey packet.

**Monitoring and Compiling:** Data collection streams were monitored continuously over a four-week period. Follow-up reminders were gently disseminated through department chairs. Upon retrieval, physical survey packets were manually audited for completeness, securely tabulated, and merged with the digital database. All data streams were converted into an anonymized matrix for statistical computation.

### ***Statistical Treatment of Data***

Quantitative data were processed using descriptive statistics to answer the core objectives of the study. To determine the baseline empirical averages regarding workplace stressors, symptom frequencies, and organizational intervention preferences (Sections 2, 3, and 4), the Weighted Mean and Standard deviation were utilized.

### ***Ethical Considerations***

Prioritizing participant welfare and mitigating risks of deductive disclosure within a centralized institution, strict ethical protocols were enforced throughout the investigation. The researchers secured the official institutional research ethics certificate (March 26, 2025) prior to the deployment of any data gathering tools, ensuring full compliance with national and institutional ethical research standards. Administrative clearance and written informed consent were explicitly acquired from all participants before instrument deployment, detailing the academic background, study objectives, and their absolute right to unconditional withdrawal at any point without negative professional or personal consequences.

Absolute institutional anonymity and data confidentiality were strictly maintained; individual responses were completely decoupled from identifying metrics and were restricted

entirely to the core research team. Physical and digital data aggregates are retained on secure, encrypted storage systems accessible only to the primary investigators and will be completely destroyed via secure digital formatting and shredding upon peer-reviewed publication of the final study.

### ***Declaration of Generative AI Use***

The authors acknowledge the use of Google Gemini, during the drafting and revision of this manuscript. The application of this AI-assisted technology was strictly limited to language editing, vocabulary enhancement, structural organization, and the formatting of references according to APA 7th edition guidelines. The authors provided all original data, theoretical framework, and selected literature for synthesis. The AI tool was not utilized to generate empirical data, conduct statistical analyses, or formulate the core academic arguments. The authors critically reviewed, edited, and validated all AI-assisted text and assert full human accountability for the intellectual content, integrity, and conclusions of this study.

### ***Presentation, Analysis and Interpretation of Data***

The table shows that the Categorical Mean for the prevalence and intensity of workplace stressors is high ( $M = 3.84$ ), corresponding to a verbal interpretation of “agree”. The standard deviation from the mean is .74, which means that faculty members' responses are consistent with one another. These workplace stressors are identified as prevalent in the organization, causing stress among regular faculty members.

Among the workplace stressors, faculty members strongly agree that heavy workload ( $M = 4.10$ ) is the most prevalent stressor in the workplace. This includes the combined pressure of teaching preparation, grading and evaluation of students, evaluation, assessment of students, administrative duties, research responsibilities, paper presentations, publication, and extension services that are necessary for career advancement.

This critical finding is strongly validated by the recent work of Ang et al. (2024), which emphasizes that the compounding nature of these multi-layered academic responsibilities serves as a primary driver of occupational strain among Filipino educators. When faculty members are forced to simultaneously manage rigorous instructional delivery alongside demanding research and community extension metrics, the boundary between professional requirements and personal capacities becomes severely compromised.

### **Table 1.**

*Prevalence and Intensity of Workplace Stressors (N=96)*

Indicators	<i>M</i>	<i>SD</i>	Interpretation
Heavy Workload	4.10	0.95	Agree
Work Schedule	3.75	0.91	Agree
Role in Organization (e.g. role ambiguity, role conflict, responsibility for other people)	3.90	0.89	Agree
Interpersonal Relationships and communications (e.g. Poor relationship with superiors, social or physical isolation, bullying, interpersonal conflict, harmful work behaviors)	3.70	1.05	Agree
In house seminar	3.65	1.07	Agree
Work Environment (e.g. inadequate equipment availability, poor environmental conditions such as lack of space, excessive noise, poor lighting, and internet connection)	3.93	1.00	Agree
Career Development (e.g. career stagnation, under promotion, poor pay, job insecurity)	3.98	0.93	Agree
Unfair Treatment (discrimination, unjust disciplinary measures, favoritism)	3.90	1.10	Agree
Work and Home Interface (e.g. conflicting demands of work and home, caregiving responsibilities, low support at home)	3.60	1.12	Agree
<b>Categorical Mean</b>	<b>3.84</b>	<b>0.74</b>	<b>Agree</b>

*Note:* Scoring scale for interpretation: 4.21–5.00 (Strongly Agree); 3.41–4.20 (Agree); 2.61–3.40 (Neutral); 1.81–2.60 (Disagree); 1.00–1.80 (Strongly Disagree).

According to Ang et al. (2024), institutional pressures linked to performance targets often exacerbate this workload imbalance, making regular educators highly vulnerable to systemic exhaustion. To understand the broader institutional scope of these strains, it is valuable to look at international trends in higher education.

The universal nature of this academic burden is further supported by Rao, Subbarao, Bala, and Mezgebe (2023), whose assessment of faculty in higher education institutions confirms that heavy workloads and fragmented administrative roles consistently rank as the most severe institutional stressors influencing educator well-being. By demonstrating a clear parallel between different institutional contexts, Rao et al. (2023) establish that workload pressure is an inherent, structural characteristic of modern higher education ecosystems rather than an isolated localized problem.

The second-ranked stressor is Career Development. This covers frustrations over feeling stuck in their careers, salary and work mismatch, getting passed over for promotion or staying in the same rank for so long, and general job insecurity. The responses were very consistent, which tells that this is a widely shared concern about the pressure of progressing in the academic ladder. This localized anxiety aligns profoundly with the broader structural critique presented by Mann (2020) in the developmental models of faculty careers. Mann (2020) argues that modern faculty careers are under severe stress globally due to shifting institutional demographics, mounting financial pressures, and a systemic lack of stable,

permanent upward mobility. These institutional constraints frequently manifest as deep-seated feelings of being professionally "stuck" and occupationally insecure—emerging themes that are increasingly dominating contemporary faculty development literature (Mann, 2020).

Following closely in third is the physical Work Environment. This includes day-to-day frustrations with practical problems like inadequate equipment necessary to perform their function, poor office conditions like noise or bad lighting, and unreliable internet connectivity, since internet connection is now essential for doing their functions, unlike the times before the pandemic.

These environmental and logistical deficiencies are strongly reinforced by the empirical findings of Joshi and Jaffer (2024), who demonstrated that inadequate physical infrastructure, technological bottlenecks, and poorly maintained workspace conditions consistently emerge as primary institutional stressors that heighten professional anxiety among university faculty. Synthesizing this perspective with the localized data proves that environmental and technological adequacy is a baseline institutional requirement that cannot be decoupled from the broader systemic pressures of workload management and instructional effectiveness in modern higher education ecosystems. While several categories registered as highly prevalent, Heavy Workload, Career Development, and Work Environment are highlighted as the primary occupational demands in this study because they generated the highest peak categorical means, establishing a clear hierarchy over secondary stressors like Role Ambiguity.

Surprisingly, the dilemma between professional life and personal life responsibilities, called "Work and Home Interface," is the lowest-rated stressor. While it's definitely still a concern for many, its lower ranking suggests that the internal, on-the-job issues—like workload and career-path problems—are a much more universal source of stress for faculty than the challenges of balancing work and home. This localized finding is highly consistent with contemporary educational literature in the Philippine context.

Specifically, Lear and Nabo (2023) investigated the work-life balance among faculty members within Philippine higher education institutions (HEIs) and concluded that academics generally exhibit a remarkably high capability for maintaining professional stability and personal equilibrium. Their study demonstrates that faculty members actively acknowledge and practice ongoing work-life stability to a significant degree, successfully preventing domestic tasks from severely undermining their professional output (Lear & Nabo, 2023).

Viewed comprehensively through the lens of the Job Demands-Resources (JD-R) theory, the collective findings in this table illustrate a highly demanding occupational environment. Within this theoretical framework, the most prevalent stressors identified by the faculty—heavy academic workloads, career stagnation, and inadequate physical work environments—function as acute organizational job demands. According to the JD-R model,

these specific structural factors require sustained cognitive, emotional, and physical effort from the educators, inherently depleting their psychological reserves over time.

While the faculty's proven ability to manage the work-home interface serves as a vital personal coping mechanism, it is insufficient to independently counteract the sheer volume of these systemic workplace pressures. Ultimately, this data confirms that the teaching personnel are operating under a severe occupational imbalance; the continuous exposure to these high job demands, if left unmitigated by corresponding institutional job resources, leaves the faculty highly vulnerable to structural burnout and deteriorating mental well-being.

**Table 2.**

*Prevalence of Mental Health Symptoms Attributed to Workplace Stress (N=96)*

Indicators	WM	SD	Interpretation
Anxiety (feelings of unease, nervousness)	2.84	0.79	neutral
Depression (feelings of sadness, hopelessness, or lack of interest in daily activities.)	2.80	0.94	neutral
Lower Resilience (reduced ability to cope with and recover from challenges, setbacks, or stressful situations)	2.61	0.91	neutral
Burnout (mental, physical, and emotional exhaustion)	2.52	0.89	disagree
Social Withdrawal (avoid interactions with others, whether it is colleagues, friends, or family)	2.82	1.07	neutral
Sleep Disturbances (difficulty falling asleep or staying asleep, often due to racing thoughts or stress)	2.52	1.05	disagree
Loss of Motivation (decrease in the desire or drive to complete tasks or engage in work related activities)	2.77	0.96	neutral
Physical Tension (feeling of tightness or stiffness in muscles, headache)	2.83	1.14	neutral
Irritability (easily frustrated, upset, or angry, often over small issues)	2.77	0.96	neutral
Overeating/Under-eating (consuming food in excess or less)	2.64	0.94	neutral
<b>Categorical Mean</b>	<b>2.70</b>	<b>0.72</b>	<b>neutral</b>

*Note. Scoring scale for interpretation: 4.21–5.00 (Always); 3.41–4.20 (Often); 2.61–3.40 (Sometimes); 1.81–2.60 (Rarely); 1.00–1.80 (Never).*

The data collected indicate that the 96 permanent faculty, on average, report experiencing mental health symptoms with a neutral frequency, yielding a Categorical Mean of 2.70 (SD = 0.72) which corresponds to a "Sometimes" interpretation on the frequency scale. The faculty acknowledge the baseline presence of these symptoms but generally experience them only intermittently. Specifically, the three most highly rated symptoms attributed to workplace stress were anxiety (M = 2.84, s = 0.79), physical tension (M = 2.83, s = 1.14), and social withdrawal (M = 2.82, SD = 1.07), all falling within the "sometimes" range. Conversely, professional burnout (M = 2.52, SD = 0.89) and sleep disturbances (M = 2.52, SD = 1.05) registered the lowest baseline mean scores, falling into the "rarely" range.

When contextualized within global academic literature, this baseline frequency reveals a highly compelling pattern. Across a wide array of international contexts, studies consistently demonstrate that higher education faculty acknowledge and experience workplace stress-related mental health symptoms at clinically meaningful and severe rates. For instance, Meeks et al. (2021) surveyed 448 participants and found that 28.3% of faculty and staff experienced

severe or extremely severe depression, while 38.6% suffered from anxiety and 31.1% from acute stress.

This high severity is further mirrored in the recent work of Halat et al. (2024), who examined 112 faculty members and reported that 63% experienced at least moderate anxiety, 30% depression, and 26% stress, establishing a direct statistical association between occupational stress and symptom severity.

Large-scale epidemiological assessments also confirm this risk; Schindler et al. (2006) evaluated 1,951 faculty members and discovered that 20% exhibited significant depressive symptoms, with work-related strain structurally linked to the onset of both depression and anxiety. Furthermore, regional assessments by Lal et al. (2020) revealed that 23% of 345 faculty members reported high job stress alongside a 21% prevalence of psychiatric morbidity, while Ferreira et al. (2015) identified a 19.5% mental disorder prevalence rate among 175 university professors.

In contrast to these severe international trends, the permanent faculty members in this study do not currently mirror these acute clinical rates. However, as indicated by the empirical data, their episodic experiences of anxiety and physical tension remain highly occupationally significant. This empirical disconnect presents an interesting organizational dynamic: while the faculty explicitly affirm the presence of intense primary stressors in their workplace—such as heavy workloads and career stagnation—their active psychological distress is currently contained within a moderate, though critical, frequency.

Viewed through the Job Demands-Resources (JD-R) theory (Demerouti et al., 2001), this distinct psychological balance illustrates the critical interaction between occupational strain and buffering mechanisms. Although the faculty face acute job demands (as established in Table 1), their moderate symptom frequency suggests that the immediate health-impairment process—which typically leads to severe burnout—is currently being buffered.

According to the JD-R model, this buffer is likely supplied by the faculty's strong personal resources (such as individual cognitive appraisal and high resilience) alongside informal job resources active within the organization. However, the JD-R framework explicitly warns that relying solely on personal resilience to combat prolonged, structural job demands is unsustainable.

The intermittent presence of anxiety and physical tension serves as an early indicator of energy depletion. Therefore, synthesizing these localized findings with the acute clinical rates reported by Meeks et al. (2021), Halat et al. (2024), and Schindler et al. (2006) emphasizes that without the proactive introduction of formal, institutional job resources, these manageable, intermittent warning signs will inevitably escalate into severe, long-term psychological distress.

### **Table 3.**

*Organizational Interventions (N=96)*

Organizational Intervention	WM	SD	Interpretation
<b>Manager Training for Mental Health.</b> It aims to build the capacity of supervisors/managers to protect and support the mental health of subordinates by equipping them with the knowledge of when and how to provide appropriate support.	4.31	0.97	Strongly Agree
<b>Develop Mental Health Policy.</b> Outlines the commitment of organization in promoting mental health, procedures and guidelines for reporting concerns, resources, and support	4.17	0.93	Agree
Training and seminars in Mental health literacy for workers/employees	4.14	1.03	Agree
Facilities for Leisure-based gender-neutral physical activities like aerobics, yoga, boxing.	4.41	0.91	Strongly Agree
Monitoring and evaluation. surveys, track absenteeism and presenteeism	4.17	0.89	Agree
<b>Wellness Initiatives.</b> Fitness classes, healthy eating, and healthy snack options inside the campus.	4.34	1.01	Strongly Agree
Promote Inclusive Environment (sense of belonging and equal opportunities for all)	4.34	1.01	Strongly Agree
<b>Categorical Mean</b>	4.27	0.85	Strongly Agree

Note. Scoring scale for interpretation: 4.21–5.00 (Strongly Agree); 3.41–4.20 (Agree); 2.61–3.40 (Neutral); 1.81–2.60 (Disagree); 1.00–1.80 (Strongly Disagree).

Overall, the categorical mean for the proposed organizational interventions was exceptionally high ( $M = 4.27$ ,  $SD = 0.85$ ), demonstrating strong consensus among the respondents. To systematically interpret these endorsements, the survey items were thematically categorized by their primary mechanism of action. Items proposing physical infrastructure and health facilities were grouped under tangible resource support. Items requiring behavioral shifts and administrative upskilling were classified as cultural and managerial transformation. Finally, overarching policy integrations such as comprehensive campus wellness program were categorized as a systemis blueprint.

Generally, the faculty strongly endorsed interventions across four key areas: 1. Facilities for leisure-based gender-neutral physical activities ( $M = 4.41$ )—viewed as the most effective intervention, implying tangible resources can minimize tension at work. This specific recommendation is robustly supported by the empirical research conducted by Chu et al. (2014), who investigated the efficacy of workplace physical activity interventions on mental health outcomes. The findings demonstrated that structured physical activity programs implemented directly within the work environment serve as highly effective mechanisms for reducing psychological distress, anxiety, and work-related fatigue among employees. When faculty members are experiencing the intense physiological arousal associated with heavy academic workloads and career stagnation, having immediate access to leisure-based physical outlets allows faculty to actively metabolize that stress.

Therefore, the overwhelming demand for these gender-neutral facilities aligns perfectly with established occupational health literature, indicating that providing tangible physical wellness resources is not merely an employee perk but a highly effective, evidence-based strategy to minimize tension and protect workforce mental health.

Following closely behind dedicated physical facilities, the promotion of an inclusive environment ( $M = 4.40$ ,  $SD = 0.92$ ) and campus wellness initiatives ( $M = 4.38$ ,  $SD = 0.86$ ) registered as the next highest priorities endorsed by the faculty. These closely ranked interventions highlight the dual need for lifestyle-focused support mechanisms alongside a profound cultural shift in the academic environment—specifically, the demand for a workspace that actively fosters a sense of belonging, acceptance, and structural equity. These findings strongly suggest that for permanent faculty members, issues of fairness and belonging intersect directly with their mental health; mitigating discrimination, favoritism, and unfair treatment is viewed as a foundational wellness initiative in itself.

This strong demand for systemic change is explicitly supported by the structural framework proposed by Amaya et al. (2019) in their call to action for higher education, which argues that addressing occupational strain requires academic institutions to intentionally ignite a comprehensive "culture of wellness." Furthermore, this critical intersection between equity and well-being is robustly corroborated by Sotto-Santiago et al. (2021). In their evaluation of inclusive wellness efforts within academic environments, Sotto-Santiago et al. (2021) establish that equity and wellness are deeply interdependent constructs that must be addressed simultaneously.

They emphasize that organizations cannot expect diverse educators and professionals to be truly "well" if they are continuously subjected to exclusion or systemic inequality. Traditional wellness initiatives—such as mindfulness workshops or stress management seminars—often fall short of their intended impact if they fail to actively align with equity, diversity, inclusion, and belonging (EDIB) principles (Sotto-Santiago et al., 2021). Therefore, the faculty's simultaneous prioritization of wellness programs and inclusivity strongly indicates that psychological safety and equitable treatment are not merely administrative compliance goals—they are the absolute prerequisites for actualizing a meaningful, institution-wide culture of wellness.

Furthermore, Manager Training for Mental Health received a highly significant endorsement from the faculty ( $M = 4.36$ ,  $SD = 0.81$ ). This robust rating underscores the critical role of immediate supervisors acting as institutional first responders, driving the necessary managerial transformation. Faculty members clearly recognize that department heads and mid-level administrators must be equipped to accurately identify the early behavioral signs of distress, such as absenteeism, presenteeism, and chronic tardiness.

Viewed through the lens of the Job Demands-Resources (JD-R) theory (Demerouti et al., 2001), a competent and empathetic supervisor functions as a vital job resource capable of buffering the intense job demands placed on teaching personnel. This localized demand for leadership capacitation is strongly supported by a cohesive consensus in recent occupational health literature. Frontline managers are the primary architects of the psychosocial work environment; however, without formal, structured training programs, supervisors are often

left ill-equipped to provide the necessary psychological resources for their staff (Dalgaard et al., 2023).

To effectively bridge this gap, Yarker et al. (2021) emphasize the critical need to develop specific management competencies for health and well-being. Their research outlines that academic leaders must be explicitly trained in proactive communication, empathy, and conflict management to successfully support their personnel. Corroborating the efficacy of building these exact competencies, Dannheim et al. (2022) established that when managers are systematically trained to enhance their staff-care awareness, organizations experience significant, measurable reductions in workforce exhaustion.

As supported by these intersecting frameworks, capacitating academic leaders provides the structural job resources necessary to foster supportive, psychologically safe conversations where faculty members feel genuinely heard, understood, and secure. It is within these very conversations that institutional trust is built. When leaders possess the verified competencies to respond with empathy and skill, occupational stress can be openly discussed rather than stigmatized, ensuring that employee well-being functions as an actionable organizational priority rather than merely a superficial item on an administrative checklist.

## **Conclusion**

The findings of this study, drawn from a cohort of 96 permanent faculty members, reveal a distinct and highly demanding occupational landscape. The faculty unequivocally affirmed that their profession is highly stressful, identifying heavy workloads—specifically the compounded pressure of instructional duties, community extension, and research publication—as the primary stressor inextricably linked to their career development. Furthermore, physical workspace deficiencies were recognized as pervasive environmental hindrances. Interestingly, the work-home interface was rated as significantly less impactful, suggesting that existing institutional mechanisms may already be successfully mitigating domestic-professional conflicts. While not explicitly measured in this study, a possible explanation for this buffering effect could be the presence of unmeasured contextual supports, such as daycare facilities.

However, the data presents a compelling disconnect: while primary workplace stressors are acute, the resulting mental health symptoms are currently experienced at moderate, intermittent frequencies. This psychological equilibrium suggests that the faculty possess high personal resilience; yet, it also signals a potential delayed stress response. Without immediate intervention, these moderate symptoms serve as early warning signs of energy depletion that will likely escalate into severe psychological distress.

To address these systemic strains, the faculty endorsed a multi-faceted framework of institutional interventions that can be categorized into three strategic pillars: tangible resource support, cultural and managerial transformation, and a systemic policy blueprint.

First, there is a strong demand for tangible resources, specifically facilities for leisure-based physical activities. This aligns directly with the Philippine Civil Service Commission (CSC) Memorandum Circular No. 4 (s. 2020), which advocates for physical fitness programs to promote government employee well-being.

Second, the faculty emphasized the necessity of cultural and managerial transformation. They explicitly aspire to an inclusive environment that fosters equity and psychological safety, supported by empathetic leaders who are formally trained to act as mental health 'first responders.'

Finally, these localized efforts must be anchored by a systemic blueprint: a formalized mental health policy that outlines the institution's commitment to well-being, establishes clear reporting guidelines, and mandates continuous evaluation.

Ultimately, this study confirms that the permanent teaching faculty are currently operating under a severe imbalance of intense occupational strain and limited institutional support. Viewed through the Job Demands-Resources (JD-R) framework, the systemic pressures of heavy workloads and inadequate environments function as acute job demands that are actively depleting the faculty's psychological reserves. By outlining this evidence-based roadmap, the faculty have collaboratively designed the precise institutional job resources required to buffer these demands.

Adopting these recommendations will effectively transition the higher education institution from a reactive stance to a proactive culture of wellness. By safeguarding its most valuable asset—the educators themselves—the institution can foster a resilient academic environment directly conducive to the attainment of the United Nations' Sustainable Development Goals for Good Health and Well-being (SDG 3) and Quality Education (SDG 4). However, as a localized descriptive study, these findings are highly contextualized; future research should consider longitudinal methodologies across multiple institutions to track the delayed effects of occupational stress and assess the long-term efficacy of institutional interventions.

## **Recommendation**

Based on the empirical findings and guided by the Job Demands Resources (JD-R) theoretical framework, the following strategic interventions are recommended to systematically mitigate occupational demands and bolster institutional job resources within the higher education institution:

1. **Conduct a Systemic Workload Audit** Because heavy workloads and compounded academic duties act as the primary drivers of faculty stress, the administration must conduct a formal, department-level workload assessment. This audit should explicitly identify overlapping administrative duties, simplify redundant reporting processes,

and eliminate non-essential tasks to ensure that core instructional and research capacities are protected from systemic overload.

2. **Optimize Physical and Technological Infrastructure** To prevent the physical workspace from functioning as an environmental stressor, the institution must guarantee that logistical conditions are conducive to modern academic responsibilities. This requires proactive maintenance of pedagogical equipment and the provision of a robust, stable campus internet infrastructure to seamlessly support the faculty's hybrid teaching and research requirements.
3. **Establish Leisure-Based Wellness Facilities** In direct alignment with faculty endorsements and the Philippine Civil Service Commission (CSC) Memorandum Circular No. 4 (s. 2020), the institution should allocate dedicated space and tangible resources for gender-neutral physical activities. Providing structured avenues for physical decompression—such as yoga, aerobics, or faculty sports—will not only allow educators to actively metabolize occupational stress but also foster supportive, harmonious peer relationships.
4. **Capacitate Health-Oriented Leadership** The institution must implement mandatory, structured leadership training for all academic managers (coordinators, chairpersons, and deans). This training must move beyond basic administration to cultivate empathetic, inclusive, and health-oriented leadership competencies. By doing so, academic managers will be capacitated to act as psychological "first responders," accurately identifying early signs of distress and facilitating psychologically safe environments for their respective teams.
5. **Institutionalize a Comprehensive Mental Health Policy** To ensure these interventions are sustainable, the administration must draft and ratify a formal mental health policy. This foundational blueprint will codify the institution's long-term commitment to faculty well-being, establish standardized protocols for reporting distress, and outline the specific support services available, thereby transitioning the campus culture from reactive crisis management to proactive wellness promotion.

## REFERENCES

- Allan, B. A., Dexter, C., Kinsey, R., & Parker, S. (2016). Meaningful work and mental health: Job satisfaction as a moderator. *Journal of Mental Health, 27*(1), 38–44.  
<https://doi.org/10.1080/09638237.2016.1244718>
- Amaya, M., Donegan, T., Conner, D., Edwards, J., & Gipson, C. (2019). Creating a culture of wellness: A call to action for higher education, igniting change in academic institutions. *Building Healthy Academic Communities Journal, 3*(2), 27–40.  
<https://doi.org/10.18061/bhac.v3i2.7117>

- Ang, J. V., Tonaleta, A. L., Macabago, J. M., Sinagpulo, J. J., & Cabillan, L. J. I. (2024). Diffusing stress caused by work-related experiences among faculty members. *Education and Social Practices, 10*(7). <https://doi.org/10.59429/esp.v10i7.3497>
- Berger, E., Bearsley, A., & Lever, M. (2021). Qualitative evaluation of teacher trauma knowledge and response in schools. *Journal of Aggression, Maltreatment & Trauma, 30*(8), 1041–1057. <https://doi.org/10.1080/10926771.2020.1864735>
- Cano-García, F. J., Padilla-Muñoz, E. M., & Carrasco-Ortiz, M. A. (2005). Personality and contextual variables in teacher burnout. *Personality and Individual Differences, 38*(4), 929–940. <https://doi.org/10.1016/j.paid.2004.06.018>
- Chirico, F., Nucera, G., & Magnavita, N. (2021). Psychological distress and burnout in academia: A review of literature. *Frontiers in Psychology, 12*, Article 697914. <https://doi.org/10.3389/fpsyg.2021.697914>
- Chu, A. H., Koh, D., Moy, F., & Müller-Riemenschneider, F. (2014). Do workplace physical activity interventions improve mental health outcomes? *Occupational Medicine, 64*(4), 235–245. <https://doi.org/10.1093/occmed/kqu045>
- Civil Service Commission. (2023, February 17). *Mental and physical fitness programs needed for employee well-being—CSC*. <https://csc.gov.ph/mental-and-physical-fitness-programs-needed-for-employee-well-being-csc>
- Dalgaard, V. L. P., Gayed, A., Hansen, A.-K. L., Grytnes, R., Nielsen, K., Kirkegaard, T., Uldall, L., Ingerslev, K., Skakon, J., & Jacobsen, C. B. (2023). A study protocol outlining the development and evaluation of a training program for frontline managers on leading well-being and the psychosocial work environment in Danish hospital settings – a cluster randomized waitlist controlled trial. *BMC Public Health, 23*(1), Article 848. <https://doi.org/10.1186/s12889-023-15728-2>
- Dannheim, I., Ludwig-Walz, H., Buyken, A. E., Grimm, V., & Kroke, A. (2022). Effectiveness of health-oriented leadership interventions for improving health and wellbeing of employees: A systematic review. *Journal of Public Health, 30*(12), 2777–2789. <https://doi.org/10.1007/s10389-021-01664-1>
- Deady, M., Sanatkar, S., Tan, L., Glozier, N., Gayed, A., Petrie, K., Dalgaard, V. L., Stratton, E., LaMontagne, A. D., & Harvey, S. B. (2024). A mentally healthy framework to guide employers and policy makers. *Frontiers in Public Health, 12*. <https://doi.org/10.3389/fpubh.2024.1430540>
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*(3), 499–512. <https://doi.org/10.1037/0021-9010.86.3.499>
- Doctor, J. (2025). Mental health stigma, mental health services and professionals, and interventions in the Philippines. *Diversitas Journal, 10*(special\_1), 609–619. [https://doi.org/10.48017/dj.v10ispecial\\_1.3443](https://doi.org/10.48017/dj.v10ispecial_1.3443)

- Doll, B., Nastasi, B. K., Cornell, L., & Song, S. Y. (2017). School-based mental health services: Definitions and models of effective practice. *Journal of Applied School Psychology, 33*(3), 179–194. <https://doi.org/10.1080/15377903.2017.1310040>
- Embodo, E. J., & Villanueva, H. D. (2024). Teachers' instructional workload management and its impact on teaching efficacy. *American Journal of Multidisciplinary Research and Innovation, 6*(9), 63–75. <https://doi.org/10.59374/ajmri.v6i9.645>
- Ferreira, R. C., Silveira, A. P., Sá, M. A. B., Feres, S. B. L., Souza, J. G. S., & Martins, A. M. E. B. L. (2015). Mental disorder and stress factors at work among health area professors. *Trabalho, Educação e Saúde, 13*(Suppl. 1), 135–155. <https://doi.org/10.1590/1981-7746-sip00042>
- Folkman, S. (2008). The case for positive emotions in the stress process. *Anxiety, Stress, and Coping, 21*(1), 3–14. <https://doi.org/10.1080/10615800701740457>
- Franklin, C. G. S., Kim, J. S., Ryan, T. N., Kelly, M. S., & Montgomery, K. L. (2012). Teacher involvement in school mental health interventions: A systematic review. *Children and Youth Services Review, 34*(5), 973–982. <https://doi.org/10.1016/j.chilyouth.2012.01.027>
- González-Palau, F., & Medrano, L. A. (2022). A mini-review of work stress and mindfulness: A neuropsychological point of view. *Frontiers in Psychology, 13*. <https://doi.org/10.3389/fpsyg.2022.854204>
- Hammoudi Halat, D., Abdel-Rahman, M. E., & Al-Jayyousi, G. F. (2024). Associations between perceived occupational stressors and symptoms severity of depression, anxiety and stress among academic faculty: First cross-sectional study from Qatar. *BMC Psychology, 12*, Article 302. <https://doi.org/10.1186/s40359-024-01801-x>
- Johnson, A. P., & Lester, R. J. (2022). Mental health in academia: Hacks for cultivating and sustaining wellbeing. *American Journal of Human Biology, 34*(Suppl. S1), e23664. <https://doi.org/10.1002/ajhb.23664>
- Joshi, R., & Jaffer, S. (2024). An empirical study on job stress among members of faculty with respect to higher education in Telangana region. *Educational Administration: Theory and Practice, 30*(5), 12942–12950. <https://doi.org/10.53555/kuey.v30i5.5627>
- Kuo, T.-S. (2025). Improving workplace well-being through stress management and health promotion: A systematic literature review. *Journal of Information Systems Engineering and Management, 10*(2s), 469–479. <https://doi.org/10.52783/jisem.v10i2s.4745>
- Kutcher, S., Gilberds, H., Morgan, C., Greene, R., Hamwaka, K., & Perkins, K. (2015). Improving Malawian teachers' mental health knowledge and attitudes: An integrated school mental health literacy approach. *Global Mental Health, 2*, e1. <https://doi.org/10.1017/gmh.2014.8>

- Lal, A., Tharyan, A., & Tharyan, P. (2020). The prevalence, determinants and the role of empathy and religious or spiritual beliefs on job stress, job satisfaction, coping, burnout, and mental health in medical and surgical faculty of a teaching hospital: A cross-sectional survey. *La Revue de Médecine Interne*, *41*(4), 232–240.  
<https://doi.org/10.1016/j.revmed.2019.12.005>
- Lear, M. F., & Nabo, C. T. (2023). Work-life balance among faculty in selected higher education institutions (HEIs) in the Philippines. *International Journal of Membrane Science and Technology*, *10*(2), 47–53. <https://doi.org/10.15379/ijmst.v10i2.1151>
- Lee, M., Coutts, R., Fielden, J., Hutchinson, M., Lakeman, R., Mathisen, B., Nasrawi, D., & Phillips, N. (2021). Occupational stress in university academics in Australia and New Zealand. *Journal of Higher Education Policy and Management*, *44*(1), 57–71.  
<https://doi.org/10.1080/1360080x.2021.1934246>
- Locke, E. A. (1969). What is job satisfaction? *Organizational Behavior and Human Performance*, *4*(4), 309–336. [https://doi.org/10.1016/0030-5073\(69\)90013-0](https://doi.org/10.1016/0030-5073(69)90013-0)
- Mann, M. P. (2020). Developmental models of faculty careers: A critique of research and theory. *To Improve the Academy*, *6*(2).  
<https://doi.org/10.3998/tia.17063888.0006.005>
- Martineau, M., Beauchamp, G., & Marcotte, D. (2017). Efficacy of mental health prevention and promotion strategies in higher education. *Santé Mentale au Québec*, *42*(1), 165–182. <https://doi.org/10.7202/1040242ar>
- Meeks, K., Peak, A. S., & Dreihaus, A. (2021). Depression, anxiety, and stress among students, faculty, and staff. *Journal of American College Health*, *71*(2), 348–354.  
<https://doi.org/10.1080/07448481.2021.1891913>
- Montano, D., Hoven, H., & Siegrist, J. (2014). Effects of organisational-level interventions at work on employees' health: A systematic review. *BMC Public Health*, *14*, Article 135.  
<https://doi.org/10.1186/1471-2458-14-135>
- Petrillo, G., Capone, V., Caso, D., & Keyes, C. L. (2015). The mental health continuum—short form (MHC–SF) as a measure of well-being in the Italian context. *Social Indicators Research*, *121*(1), 291–312. <https://doi.org/10.1007/s11205-014-0629-3>
- Rao, T. N., Subbarao, U. V., Bala, V., & Mezgebe, M. B. (2023). Assessing stress levels and influencing factors for faculty in higher education institutions: A case study in Visakhapatnam of Andhra Pradesh. *International Journal of Management and Humanities*, *9*(10).
- Riba, E. B. (2025). The importance of dignity among higher-education faculty members who support student mental health. *Academia Mental Health and Well-Being*, *2*(2).  
<https://doi.org/10.20935/MHealthWellB7787>

- Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: A meta-analysis. *Journal of Occupational Health Psychology, 13*(1), 69–93. <https://doi.org/10.1037/1076-8998.13.1.69>
- Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *The Medical Journal of Australia, 187*(Suppl. 7), S35–S39. <https://doi.org/10.5694/j.1326-5377.2007.tb01334.x>
- Rugulies, R., Aust, B., Greiner, B. A., Arensman, E., Kawakami, N., LaMontagne, A. D., & Madsen, I. E. (2023). Work-related causes of mental health conditions and interventions for their improvement in workplaces. *The Lancet, 402*(10410), 1368–1381. [https://doi.org/10.1016/s0140-6736\(23\)00869-3](https://doi.org/10.1016/s0140-6736(23)00869-3)
- Schindler, B. A., Novack, D. H., Cohen, D. G., Yager, J., Wang, D., Shaheen, N. J., Guze, P., Wilkerson, L., & Drossman, D. A. (2006). The impact of the changing health care environment on the health and well-being of faculty at four medical schools. *Academic Medicine, 81*(1), 27–34. <https://doi.org/10.1097/00001888-200601000-00008>
- Sotto-Santiago, S., Ansari-Winn, D., Neal, C., & Ober, M. (2021). Equity + wellness: A call for more inclusive physician wellness efforts. *MedEdPublish, 10*, Article 99. <https://doi.org/10.15694/mep.2021.000099.1>
- Thomas, J. C., & Hite, J. (2002). Mental health in the workplace: Toward an integration organizational and clinical theory, research, and practice. In *Handbook of mental health in the workplace* (pp. 3–14). <https://doi.org/10.4135/9781452229386.n1>
- Tong, A. C. Y., Tsoi, E. W. S., & Mak, W. W. S. (2021). Socioeconomic status, mental health, and workplace determinants among working adults in Hong Kong: A latent class analysis. *International Journal of Environmental Research and Public Health, 18*(15), Article 7894. <https://doi.org/10.3390/ijerph18157894>
- Vieira, M. A., Gadelha, A. A., Moriyama, T. S., Bressan, R. A., & Bordin, I. A. (2014). Evaluating the effectiveness of a training program that builds teachers' capability to identify and appropriately refer middle and high school students with mental health problems in Brazil: An exploratory study. *BMC Public Health, 14*, Article 210. <https://doi.org/10.1186/1471-2458-14-210>
- Wagner, S., White, M., Schultz, I., Murray, E., Bradley, S. M., & Hsu, V. (2014). Modifiable worker risk factors contributing to workplace absence: A stakeholder-centred best-evidence synthesis of systematic reviews. *Work, 49*(4), 541–558. <https://doi.org/10.3233/WOR-131709>
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. <https://www.who.int/publications/i/item/9789240049338>
- Yarker, J., Donaldson-Feilder, E., & Lewis, R. (2021). Management competencies for health and wellbeing. In P. Brough, E. Gardiner, & K. Daniels (Eds.), *Handbook on*

*management and employment practices* (pp. 1–25). Springer.

[https://doi.org/10.1007/978-3-030-24936-6\\_4-1](https://doi.org/10.1007/978-3-030-24936-6_4-1)