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Beyond Formal Wellness Programs: Informal Social and Spiritual Resources in Employee Well-Being at a Philippine Higher Education Institution

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ABSTRACT

Employee well-being programs are commonly evaluated according to the activities institutions formally provide. Such an approach may overlook resources that employees develop through everyday relationships, personal meaning, and support beyond formal organizational arrangements. This study examined employee well-being in a Philippine higher education institution, focusing particularly on an apparent mismatch between employees' reported well-being and the institution's formal wellness provision. An explanatory sequential mixed-methods design was employed. The quantitative phase involved 215 regular teaching and non-teaching employees who completed a validated survey assessing physical, emotional, social, and spiritual well-being and institutional well-being activities. The qualitative phase involved semi-structured interviews with 10 purposively selected employees, followed by thematic analysis. Quantitative findings showed high overall well-being (M = 3.42), driven particularly by social (M = 3.73) and spiritual well-being (M = 3.67), whereas physical (M = 3.06) and emotional well-being (M = 3.20) were moderate. This pattern contrasted with the institutional provision: formal activities were perceived as predominantly physical, while structured social, emotional, and spiritual initiatives were less developed or less consistent. Qualitative findings helped explain this paradox. Employees described supportive collegial relationships even in the absence of systematic social programs and reported finding spiritual resources outside formal institutional provision. Conversely, participation in physical activities was constrained by workload and scheduling despite their greater institutional

visibility. These findings suggest that employee well-being cannot be inferred directly from the number or visibility of formal wellness activities. Informal relational resources and extra-institutional sources of meaning may substantially complement formal provision. Higher education institutions should therefore strengthen formal support without displacing the informal social relationships and personally meaningful resources that already sustain employees.

Keywords
Employee Well-Being
Higher Education
Informal Social Support
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Introduction

Employee well-being has moved from being regarded as a peripheral human resource concern to becoming an important component of organizational sustainability, occupational health, and institutional performance. Contemporary approaches define well-being broadly rather than treating it merely as the absence of illness. The World Health Organization emphasizes that mental well-being includes the capacity to cope with everyday stress, function effectively, and contribute meaningfully to society and work [1], [2]. Similarly, multidimensional perspectives distinguish positive functioning across emotional, psychological, and social domains [3]. In organizational settings, these dimensions interact with physical health, interpersonal relationships, working conditions, meaning, autonomy, and institutional support.

This broader understanding is particularly relevant to higher education institutions. Universities and colleges depend heavily on human interaction, intellectual labor, service responsibilities, and complex professional relationships. Employees frequently navigate teaching, administrative duties, institutional accountability, technological change, and competing role expectations. Research on workplace mental health therefore increasingly recognizes that well-being is shaped simultaneously by individual, organizational, and broader contextual resources rather than by isolated wellness interventions [5]–[7]. Social support, job control, organizational climate, meaningful relationships, and opportunities for recovery can be as consequential as formal health-related programs [8]–[12].

Formal employee wellness initiatives remain important. Organizations may provide medical examinations, exercise activities, psychological support, mindfulness interventions, health education, or social activities. Evidence suggests that appropriately designed interventions can improve physical and psychological outcomes [17]–[22]. However, the

presence of a formal program should not automatically be equated with employee well-being. Programs may exist without being accessible, may be offered at times incompatible with employees' workloads, or may concentrate on one well-being dimension while overlooking others. Studies of academic workplaces similarly suggest that organizational rhetoric concerning staff welfare does not always translate into comprehensive or sustained institutional support [19], [25].

A second issue concerns resources that exist outside formal wellness structures. Social well-being, for example, may arise through everyday collegiality, mutual assistance, interpersonal trust, and supportive behaviors that are not formally organized as "wellness programs." Research among educators has shown that social support can buffer job demands and contribute positively to psychological well-being [9], while qualitative evidence indicates that giving and receiving support among colleagues may itself generate well-being and strengthen professional relationships [10]. Workplace isolation research likewise shows that supportive colleague behavior is more important for well-being than simply creating opportunities for interaction [11]. Thus, formal social events and genuine relational support are conceptually distinct.

Spiritual well-being raises a similar issue. In organizational scholarship, spirituality is generally understood more broadly than formal religious practice. It can involve meaning, purpose, connectedness, value congruence, and a sense that one's work matters [13]–[16]. Workplace spirituality has been associated with employee well-being, commitment, and intention to remain in an organization [13]–[16]. Nevertheless, spiritual well-being need not originate exclusively within the workplace. Employees may derive meaning and spiritual resources from personal reflection, faith communities, family life, or other environments beyond organizational boundaries. Consequently, limited workplace spirituality programs do not necessarily imply low employee spiritual well-being.

These distinctions produce an important analytical question: to what extent does employees' experienced well-being correspond to the structure of formal institutional wellness provision? This question emerged strongly from the present study at Camarines Sur Polytechnic Colleges (CSPC), a higher education institution in the Philippines. Initial quantitative findings produced an apparently counterintuitive pattern. Employees reported high social and spiritual well-being but only moderate physical and emotional well-being. Yet formal institutional activities were described as comparatively more visible in the physical domain, while emotional, social, and spiritual initiatives appeared less structured. The qualitative findings added another layer: collegial support remained strong even when organized social initiatives were limited, and employees reported obtaining spiritual solace outside the institution.

Rather than treating these findings as inconsistent, this study interprets their divergence as an empirically meaningful well-being paradox. The paradox has two sides. First, the dimensions receiving relatively limited formal institutional programming—social and spiritual well-being—were those with the highest employee ratings. Second, a highly visible domain of institutional support—physical well-being—did not correspond to the highest employee well-being score. The pattern suggests that formal program provision and experienced well-being may operate through partially different mechanisms.

Accordingly, this study addresses three questions:

1. What is the multidimensional well-being profile of employees in the participating higher education institution?
2. How do employees perceive the purpose, frequency, participation, and resources associated with institutional well-being activities?
3. How do qualitative accounts explain the apparent divergence between formal well-being provision and employees' social and spiritual well-being?

By addressing these questions, the study shifts attention from a program-centered perspective toward a resource-centered understanding of employee well-being. It does not argue that formal wellness programs are unnecessary. Instead, it examines how institutional interventions coexist with informal collegial relationships, personal meaning, and extra-institutional resources. This distinction is particularly important for higher education institutions seeking sustainable approaches to employee well-being without assuming that all relevant resources must be formally created or institutionally administered.

Methods

A. Research Design and Setting

The study employed an explanatory sequential mixed-methods design, in which quantitative data were collected and analyzed first and qualitative evidence was subsequently used to clarify and contextualize the quantitative pattern. This design is particularly appropriate when statistical findings contain contrasts or relationships that require further explanation through participants' experiences [26], [28].

The study was conducted among employees of Camarines Sur Polytechnic Colleges in the Philippines. The analytical focus was employee well-being across four dimensions: physical, emotional, social, and spiritual well-being. The study also examined employees' perceptions of institutional well-being activities in relation to their purpose, frequency or duration, participation, and resources.

B. Quantitative Phase

The quantitative phase involved 215 regular employees, including teaching and non-teaching personnel. Participants completed a survey questionnaire adapted from an established employee well-being instrument and subjected to validation and reliability assessment in the original study. A pilot test was conducted before full data collection.

Responses were collected using a five-point Likert-type scale. Employee well-being was measured across four dimensions: physical, emotional, social, and spiritual well-being. Descriptive statistics, specifically means and standard deviations, were used to characterize the well-being profile.

Institutional activities were examined according to four indicators: purpose, duration/frequency, employee participation, and availability of resources. Because the study did not employ an experimental or longitudinal design, these measures were interpreted descriptively and were not used to establish causal effects of institutional programs on employee well-being.

C. Qualitative Phase

The qualitative phase involved 10 purposively selected employees who had participated in at least one institutional well-being activity. The original study also prioritized participants whose survey responses could provide additional insight into areas of lower well-being and included program-related perspectives.

Semi-structured interviews were conducted either online or face-to-face. Interviews were audio-recorded with participants' consent. Data were analyzed using thematic analysis following the general approach described by Braun and Clarke [27]. The analysis examined how employees valued institutional activities, what barriers influenced participation, and how they described support in domains that were less formally institutionalized.

Particular attention in the present reanalysis was given to evidence capable of explaining the quantitative–qualitative divergence. This approach follows the principle that mixed-methods integration should identify not only convergence but also complementarity and apparent dissonance between data strands [26].

D. Integration and Interpretive Strategy

Quantitative and qualitative findings were compared through an integrated matrix. Rather than assuming that formal institutional programming should correspond directly to mean well-being scores, the analysis examined three possibilities: convergence, where formal provision and experienced well-being pointed in the same direction; divergence, where they moved in different directions; and qualitative explanation, where interview evidence clarified the apparent divergence.

The concept of "informal resources" is used cautiously. It refers only to resources supported by participants' accounts but not described as structured institutional wellness activities. In the social domain, these included peer and collegial support. In the spiritual domain, participants referred to spiritual solace found outside the institution. The study did not collect sufficient evidence to specify the exact external sources of such spiritual support, and no causal effect is claimed.

All participants were informed about the study objectives and procedures and their right to withdraw. Informed consent was obtained, and the original study states that institutional and relevant research ethics standards were followed.

Results

A. Multidimensional Employee Well-Being

Table I presents the employees' well-being profile.

Table I. Employee Well-Being Profile (N = 215)

Dimension	Mean	SD	Interpretation
Physical	3.06	0.65	Moderate
Emotional	3.20	0.70	Moderate
Social	**3.73**	0.58	**High**
Spiritual	**3.67**	0.61	**High**
Overall	**3.42**	0.64	**High**

Employees reported high overall well-being (M = 3.42, SD = 0.64), but this aggregate score masked substantial differences across dimensions. Social well-being obtained the highest mean (M = 3.73), followed closely by spiritual well-being (M = 3.67). Physical well-being produced the lowest score (M = 3.06), while emotional well-being was also moderate (M = 3.20).

The pattern is important because it does not correspond straightforwardly to the relative visibility of formal institutional activities. If formal provision were the principal determinant of the measured well-being profile, one might expect domains receiving greater organizational attention to be associated with the strongest well-being ratings. The subsequent findings did not demonstrate such a simple alignment.

B. Characteristics of Institutional Well-Being Activities

Employees evaluated institutional well-being activities positively in several respects, although frequency and participation showed a more differentiated picture.

Table 2. Perceived Characteristics Of Institutional Well-Being Activities

Indicator	Mean	Interpretation
Purpose of activities	3.42	Very satisfactory
Duration/frequency	3.14	Moderate frequency
Employee participation	3.75	Often
Resources	4.06	Adequate

Institutional activities were perceived as having satisfactory purposes, and available resources received the strongest evaluation (M = 4.06). However, overall frequency was only moderate (M = 3.14). Interview data further indicated that activities were unevenly distributed across well-being dimensions. Physical health activities were more visible and included preventive health measures, annual physical examinations, walking, and group exercise such as Zumba. Emotional, social, and spiritual initiatives were described as less structured or less consistently available.

This distribution becomes especially significant when compared with Table I: physical well-being was the lowest-rated dimension despite comparatively visible physical health activities, whereas social and spiritual well-being were the highest-rated dimensions despite limited formal programming in those areas.

C. The Formal Provision–Experienced Well-Being Paradox

Table 3 integrates the quantitative and qualitative findings.

Table 3. Mixed-Methods Integration Of Formal Provision And Experienced Well-Being

Dimension	Quantitative well-being	Formal institutional pattern	Qualitative explanation	Integrated interpretation
Physical	Moderate (3.06)	Relatively visible; preventive health and exercise activities	Employees valued activities, but schedules and work demands restricted participation	Formal visibility did not guarantee strong experienced physical well-being
Emotional	Moderate (3.20)	Limited/non-structured support	Employees reported insufficient structured support for stress management	Quantitative and qualitative strands converge on an unmet support need
Social	**High (3.73)**	Limited systematic social initiatives	Colleagues provided support to one another and maintained positive interpersonal relationships	**Informal relational resources may help explain high social well-being despite limited formal programming**
Spiritual	**High (3.67)**	Limited institutional emphasis	Employees described finding spiritual solace outside the institution	**Extra-institutional resources may help explain high spiritual well-being despite limited formal programming**

Two patterns deserve particular attention. First, employees' social well-being remained high despite the reported absence of systematic social well-being initiatives. Interview findings indicated that employees nevertheless experienced good interpersonal relationships because colleagues supported one another. This suggests that social well-being was not dependent solely on formal team-building or organized wellness activities. Everyday collegial relations

represented an important resource operating within the workplace but outside a formally designated wellness program. Second, spiritual well-being remained high although spiritual development received comparatively little institutional emphasis. Interview participants indicated that they found spiritual solace outside the institution. The available evidence does not identify precisely where or how these resources were obtained. Nevertheless, the finding demonstrates that organizational provision and employee spiritual experience were not coextensive. Together, these observations constitute the study's central paradox: the strongest dimensions of reported well-being were not necessarily those with the strongest formal institutional programming.

D. Informal Social Resources

The qualitative theme concerning social well-being identified a perceived absence of systematic social initiatives. However, this did not translate into poor interpersonal functioning. Participants described colleagues supporting colleagues, enabling positive interpersonal relationships even without dedicated institutional activities.

This distinction separates organized social activity from relational social support. Formal events may create opportunities for interaction, but they are not equivalent to trust, mutual assistance, or everyday collegiality. The quantitative social well-being score appears compatible with the latter.

The result also explains why interpreting the absence of formal programming as evidence of deficient social well-being would have been misleading. Employees appeared to possess a relational resource embedded in their ordinary working environment. The resource was informal in the sense that participants did not describe it as a structured wellness intervention.

E. Spiritual Well-Being Beyond Institutional Provision

A comparable pattern occurred in the spiritual dimension. Participants perceived institutional attention to spiritual development as limited and described only occasional related activities. Nevertheless, spiritual well-being was high. Interview evidence indicated that some employees obtained spiritual solace outside the institution. Therefore, the high quantitative spiritual score cannot reasonably be attributed only to organizational programming. Spiritual well-being appeared capable of crossing organizational boundaries: employees brought resources derived elsewhere into their experience of working life.

The data do not permit stronger claims regarding whether these resources originated in religious practice, family life, community involvement, personal reflection, or other sources. What can be concluded is narrower but important: formal institutional provision did not account for the entirety of employees' spiritual well-being.

F. Participation as a Constraint on Formal Program Effects

A further pattern concerned accessibility. Employees valued activities such as physical examinations and exercise, yet interview findings indicated that scheduling and work responsibilities constrained participation. Thus, the presence of a wellness activity did not automatically imply that employees could engage with it consistently. This observation provides an additional explanation for the comparatively moderate physical well-being score. Physical activities could be institutionally visible and positively valued while remaining difficult to access under ordinary work demands. The study therefore differentiates program availability, program participation, and experienced well-being as related but non-equivalent constructs.

Discussion

The most important contribution of this study lies not in the finding that employees generally reported high well-being, but in the mismatch between the institutional architecture of wellness activities and the distribution of experienced well-being across dimensions. Social and spiritual well-being were the strongest dimensions even though formal programs in these areas were comparatively limited. Physical well-being, by contrast, remained moderate despite the greater visibility of physical wellness activities. This double paradox challenges a program-centered interpretation of organizational well-being.

Employee well-being research increasingly treats well-being as a multilevel phenomenon emerging through individual, interpersonal, organizational, and contextual conditions [5]–[7]. From this perspective, formal wellness interventions constitute only one category of resource. Their importance should not be minimized, but neither should institutional activities be assumed to explain the entirety of employees' positive functioning.

A. Social Well-Being as a Relational Rather Than Programmatic Resource

The clearest explanation of the social paradox comes from the qualitative evidence. Employees described a lack of systematic social well-being initiatives while simultaneously describing supportive relationships among colleagues. The distinction is consistent with broader evidence concerning social support at work. Ibrahim *et al.* [9] found social support to be an important component of teachers' psychological well-being under demanding work conditions. Turner *et al.* [10] similarly demonstrated that teachers' supportive behavior toward colleagues can strengthen friendship, professional relationships, and their own well-being. Research on workplace isolation further indicates that simply increasing opportunities for interaction is insufficient; supportive colleague behavior itself is particularly important [11].

These findings provide a useful interpretation of the present case. Social well-being may be generated through relational infrastructure that is not captured by an inventory of formal

programs. Colleagues who assist one another, maintain constructive relationships, and provide day-to-day support may produce social resources continuously, whereas institutional social events occur intermittently.

This interpretation should not be extended into a causal claim. The survey did not statistically test whether colleague support caused high social well-being. Nevertheless, the convergence between the high social well-being score and interview accounts of peer support makes informal relational resources a credible explanatory mechanism.

The finding also carries an important managerial implication. Institutions should be cautious about assuming that formalizing all sources of well-being will necessarily improve them. Informal peer support can depend on trust, reciprocity, autonomy, and naturally developed relationships. Management can create conditions supportive of these relationships—reasonable workloads, psychological safety, shared spaces, collaborative norms, and supportive leadership—without attempting to bureaucratize collegiality.

B. Spiritual Well-Being Across Organizational Boundaries

The spiritual paradox is equally significant. Employees reported high spiritual well-being even though institutional spiritual initiatives were described as limited. Qualitative evidence indicated that spiritual solace was obtained outside the institution. This finding supports a distinction between workplace spirituality and employee spiritual well-being. Workplace spirituality scholarship often emphasizes meaningful work, value congruence, connectedness, and purpose [13]–[16]. Studies have associated these dimensions with employee well-being, commitment, and intention to stay [13]–[15]. A recent systematic review likewise indicates that workplace spirituality can be associated positively with employee well-being, while emphasizing the importance of inclusive approaches [16].

However, the present findings suggest that organizations do not have exclusive ownership over employees' spiritual resources. Employees can bring purpose, values, reflective practices, or spiritual orientations developed elsewhere into their working lives. This boundary-spanning quality helps explain why low institutional provision and high spiritual well-being can coexist.

The implication is not that institutions should ignore spiritual well-being. Rather, any institutional response should recognize pluralism. Employees may differ substantially in religion, belief, worldview, or preferred sources of meaning. Formal spiritual programming that is too prescriptive may therefore be less appropriate than creating inclusive conditions in which employees can pursue meaning and reflection without coercion. Evidence from systematic reviews of spiritual workplace interventions suggests potential benefits [17], but institutional implementation should remain voluntary, inclusive, and sensitive to diversity.

C. Why Visible Physical Programs Did Not Produce the Highest Well-Being

The opposite side of the paradox concerns physical well-being. Physical health received comparatively visible institutional attention through preventive care and exercise activities, yet physical well-being was only moderate. The qualitative findings provide a plausible explanation: availability was not equivalent to accessibility. Employees valued physical activities, but work schedules and competing responsibilities sometimes restricted participation.

This observation aligns with research showing that physical activity can benefit employee health and work outcomes [18], [21]. Yet an intervention cannot generate substantial benefits when employees lack the time or practical opportunity to participate. Work demands may themselves interfere with behaviors that support recovery and health. Consequently, a highly visible program may produce limited population-level effects if its implementation is episodic or poorly integrated with employees' work schedules.

This distinction is particularly relevant in higher education, where workloads can fluctuate and responsibilities often extend beyond fixed classroom or office hours. Management-led reviews of academic staff mental health have noted that universities may publicly emphasize staff welfare while giving insufficient attention to organizational stressors and implementation conditions [25].

The appropriate response is therefore not simply to add more activities. Institutions should examine whether employees can realistically use the support already available. Scheduling flexibility, protected participation time, workload coordination, and sustained rather than event-based provision may be more important than expanding the number of wellness events.

D. Emotional Well-Being as the Least Paradoxical Finding

The emotional dimension showed the clearest convergence between quantitative and qualitative evidence. Emotional well-being was moderate, and participants reported limited or insufficiently structured emotional support, particularly for stress management. Unlike the social and spiritual domains, there was little indication that informal resources fully compensated for this organizational gap. This suggests that emotional well-being may require more deliberate institutional attention.

Workplace mental health guidance increasingly recommends organizational interventions rather than placing the responsibility exclusively on workers to become more resilient [1], [2]. Higher education institutions may therefore need systems that normalize access to psychological support, improve manager capability, address psychosocial risks, and reduce avoidable work-related stress. Individual-level interventions such as mindfulness or resilience

training can be useful, but they should complement rather than replace organizational improvements [20], [23], [25].

E. From Program-Centered to Resource-Centered Employee Well-Being

Taken together, the findings suggest a shift from asking: "What wellness programs does the institution provide?" toward asking: "What resources actually sustain employee well-being, where do they originate, and what conditions allow employees to access them?" This resource-centered perspective produces a more nuanced organizational dianosis.

Formal institutional resources include health examinations, physical activities, organized interventions, facilities, funding, policies, and structured support. Informal workplace resources include peer relationships and everyday collegial support. Extra-institutional resources may include sources of spiritual solace and personal meaning developed outside the workplace.

These resources can coexist rather than compete. Informal support should not be used as a justification for institutional inaction. A workplace cannot reasonably rely on colleagues to compensate indefinitely for structural deficiencies, excessive workload, or inadequate psychological support. Conversely, institutions should not assume that every dimension of well-being must be converted into a centrally administered program.

A more sustainable model would recognize the complementarity of formal and informal resources. Formal systems should address areas where employees cannot reasonably compensate individually—occupational health, psychosocial risk, workload management, access to professional support, safe working conditions, and equitable policies. Simultaneously, institutions should protect the social environments, autonomy, relationships, and space for meaning that allow informal resources to flourish.

Limitations

Several limitations constrain interpretation. First, the quantitative analysis was descriptive and cross-sectional. Relationships among institutional activities, informal support, and well-being were not tested using regression, mediation, longitudinal modeling, or experimental designs. Causal statements are therefore inappropriate. Second, the study involved employees from a single Philippine higher education institution. Organizational culture and local context may shape the findings, limiting statistical generalizability. Third, only 10 employees participated in the qualitative phase. Their accounts were valuable for explaining the quantitative pattern but cannot be assumed to represent every employee. Fourth, the original data did not systematically measure informal social support or extra-institutional spiritual resources as independent constructs. Their explanatory role emerged from qualitative integration. Future research should therefore operationalize these resources

directly and examine whether they predict well-being after controlling for formal organizational provision.

Finally, the spiritual findings require particular caution. Participants indicated that spiritual solace was obtained outside the institution, but the data do not identify specific sources. Future qualitative work could examine how employees distinguish workplace meaning, personal spirituality, religious participation, community support, and other sources of purpose without presuming that these constructs are interchangeable.

Despite these limitations, the divergence between quantitative and qualitative strands represents a strength rather than a methodological problem. Mixed-methods analysis made it possible to identify a pattern that would have been obscured by reporting only the overall well-being mean or only employees' satisfaction with institutional programs.

Conclusion

Employee well-being in higher education extends beyond the formal programs an institution provides. In this Philippine higher education institution, employees reported high overall well-being, with social and spiritual well-being emerging as the strongest dimensions. Paradoxically, these were also areas in which formal institutional initiatives were perceived as comparatively limited. Meanwhile, physical wellness activities were more visible, yet physical well-being remained moderate.

Qualitative findings helped explain this divergence. Employees described collegial support that sustained positive interpersonal relationships without relying on systematic social programs, while spiritual solace could be obtained outside formal institutional arrangements. At the same time, workloads and scheduling constraints reduced employees' ability to participate consistently in visible physical wellness activities.

The findings therefore distinguish formal program provision from the resources through which well-being is actually sustained. Institutional wellness activities remain important, particularly for physical health, emotional support, psychosocial risk, and access to professional assistance. However, organizations should also recognize informal collegial relationships and personally meaningful resources that operate beyond formal programming. For higher education institutions, the practical objective should not be to institutionalize every dimension of employees' lives. It should be to create working conditions in which formal support, informal social relationships, and diverse sources of meaning can complement one another. Employee well-being is consequently better understood not as the product of a wellness program alone, but as an outcome of a broader ecosystem of institutional, relational, and personal resources.

Conflict of Interest

The authors declare no conflict of interest.

References

[1] World Health Organization, *WHO Guidelines on Mental Health at Work*. Geneva, Switzerland: WHO, 2022.

[2] World Health Organization and International Labour Organization, *Mental Health at Work: Policy Brief*. Geneva, Switzerland: WHO, 2022.

[3] C. L. M. Keyes, "The mental health continuum: From languishing to flourishing in life," *J. Health Soc. Behav.*, vol. 43, no. 2, pp. 207–222, 2002, doi: 10.2307/3090197.

[4] R. M. Ryan and E. L. Deci, "Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being," *Am. Psychol.*, vol. 55, no. 1, pp. 68–78, 2000, doi: 10.1037/0003-066X.55.1.68.

[5] A. Khalid and J. Syed, "Mental health and well-being at work: A systematic review of literature and directions for future research," *Hum. Resour. Manag. Rev.*, vol. 34, no. 1, Art. no. 100998, 2024, doi: 10.1016/j.hrmr.2023.100998.

[6] M. Bhoir and V. Sinha, "Employee well-being human resource practices: A systematic literature review and directions for future research," *Future Bus. J.*, vol. 10, Art. no. 95, 2024, doi: 10.1186/s43093-024-00382-w.

[7] S. M. Madero-Gómez, Y. L. Rubio Leal, M. Olivas-Luján, and M. Y. Yusliza, "Companies could benefit when they focus on employee wellbeing and the environment: A systematic review of sustainable human resource management," *Sustainability*, vol. 15, no. 6, Art. no. 5435, 2023, doi: 10.3390/su15065435.

[8] P. Boreham, J. Povey, and W. Tomaszewski, "Work and social well-being: The impact of employment conditions on quality of life," *Int. J. Hum. Resour. Manag.*, vol. 27, no. 6, pp. 593–611, 2016, doi: 10.1080/09585192.2015.1027250.

[9] R. Z. A. R. Ibrahim *et al.*, "Psychosocial work environment and teachers' psychological well-being: The moderating role of job control and social support," *Int. J. Environ. Res. Public Health*, vol. 18, no. 14, Art. no. 7308, 2021, doi: 10.3390/ijerph18147308.

[10] K. Turner, M. Thielking, and N. Prochazka, "Teacher wellbeing and social support: A phenomenological study," *Educ. Res.*, vol. 64, no. 1, pp. 77–94, 2022, doi: 10.1080/00131881.2021.2013126.

[11] T. C. D'Oliveira and L. Persico, "Workplace isolation, loneliness and wellbeing at work: The mediating role of task interdependence and supportive behaviours," *Appl. Ergon.*, vol. 106, Art. no. 103894, 2023, doi: 10.1016/j.apergo.2022.103894.

[12] I. Urbanaviciute, K. Massoudi, C. Toscanelli, and H. De Witte, "On the dynamics of the psychosocial work environment and employee well-being: A latent transition approach," *Int. J. Environ. Res. Public Health*, vol. 18, no. 9, Art. no. 4744, 2021, doi: 10.3390/ijerph18094744.

[13] N. Aboobaker, M. Edward, and Z. K. A., "Workplace spirituality, employee wellbeing and intention to stay: A multi-group analysis of teachers' career choice," *Int. J. Educ. Manag.*, vol. 33, no. 1, pp. 28–44, 2019, doi: 10.1108/IJEM-02-2018-0049.

[14] M. Asutay, G. K. Buana, and A. Avdukic, "The impact of Islamic spirituality on job satisfaction and organisational commitment: Exploring mediation and moderation impact," *J. Bus. Ethics*, vol. 181, pp. 913–932, 2022, doi: 10.1007/s10551-021-04940-y.

[15] M. Ramaswamy, R. Viswanathan, B. K. Kaniyarkuzhi, and S. Neeliyadath, "The moderating role of resonant leadership and workplace spirituality on the relationship between psychological distress and organizational commitment," *Int. J. Hum. Resour. Manag.*, vol. 34, no. 4, pp. 855–877, 2023, doi: 10.1080/09585192.2022.2143273.

[16] A. N. A. Syahir, M. S. Z. Abidin, C. Z. Sa'ari, and M. Z. A. Rahman, "Workplace spirituality and its impact on employee well-being: A systematic literature review of global evidence," *J. Relig. Health*, vol. 64, pp. 3313–3345, 2025, doi: 10.1007/s10943-025-02350-2.

[17] R. de Diego-Cordero, M. P. Z. Pérez, A. M. Vargas-Martínez, G. Lucchetti, and J. Vega-Escaño, "The effectiveness of spiritual interventions in the workplace for work-related health outcomes: A systematic review and meta-analysis," *J. Nurs. Manag.*, vol. 29, no. 6, pp. 1703–1712, 2021, doi: 10.1111/jonm.13315.

[18] M. Marin-Farrona *et al.*, "Effectiveness of worksite wellness programs based on physical activity to improve workers' health and productivity: A systematic review," *Syst. Rev.*, vol. 12, Art. no. 87, 2023, doi: 10.1186/s13643-023-02258-6.
[19] B. Dreer and N. Gouasé, "Interventions fostering well-being of schoolteachers: A review of research," *Oxford Rev. Educ.*, vol. 48, no. 5, pp. 587–605, 2022, doi: 10.1080/03054985.2021.2002290.
[20] K. A. Leger, S. Lee, K. D. Chandler, and D. M. Almeida, "Effects of a workplace intervention on daily stressor reactivity," *J. Occup. Health Psychol.*, vol. 27, no. 1, pp. 152–163, 2022, doi: 10.1037/ocp0000297.
[21] Y. N. Li, J. N. Y. Zhu, Q. Su, and Q. Xu, "A daily exercise prescription when work gets tough: The moderating effect of work demands on the relationship between daily physical exercise and next-day well-being and job performance," *J. Occup. Health Psychol.*, vol. 29, no. 5, pp. 342–358, 2024, doi: 10.1037/ocp0000385.
[22] S. Cho and S. Kim, "Does a healthy lifestyle matter? A daily diary study of unhealthy eating at home and behavioral outcomes at work," *J. Appl. Psychol.*, vol. 107, no. 1, pp. 23–39, 2022, doi: 10.1037/apl0000890.
[23] K. Stark, N. Daulat, and S. King, "A vision for teachers' emotional well-being," *Phi Delta Kappan*, vol. 103, no. 5, pp. 24–30, 2022, doi: 10.1177/00317217221079975.
[24] Z. Zakaria, Y. Don, and M. F. M. Yaakob, "Teachers' well-being from the social psychological perspective," *Int. J. Eval. Res. Educ.*, vol. 10, no. 2, 2021, doi: 10.11591/ijere.v10i2.21115.
[25] O. Ohadomere and I. K. Ogamba, "Management-led interventions for workplace stress and mental health of academic staff in higher education: A systematic review," *J. Ment. Health Train. Educ. Pract.*, vol. 16, no. 1, pp. 67–82, 2021, doi: 10.1108/JMHTEP-07-2020-0048.
[26] M. D. Fetters, L. A. Curry, and J. W. Creswell, "Achieving integration in mixed methods designs—Principles and practices," *Health Serv. Res.*, vol. 48, no. 6 Pt. 2, pp. 2134–2156, 2013, doi: 10.1111/1475-6773.12117.
[27] V. Braun and V. Clarke, "Using thematic analysis in psychology," *Qual. Res. Psychol.*, vol. 3, no. 2, pp. 77–101, 2006, doi: 10.1191/1478088706qp063oa.
[28] J. W. Creswell and V. L. Plano Clark, *Designing and Conducting Mixed Methods Research*, 3rd ed. Thousand Oaks, CA, USA: SAGE, 2018.

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