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The Effect of Occupational Stress on the Psychological Well-Being of Healthcare Workers: Basis for Stress Management Interventions

A THESIS

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MASTER IN BUSINESS MANAGEMENT
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CERTIFICATE OF PANEL APPROVAL

This Thesis, attached hereto entitled, "THE EFFECT OF OCCUPATIONAL STRESS ON THE PSYCHOLOGICAL WELL-BEING OF HEALTHCARE WORKERS: BASIS FOR STRESS MANAGEMENT INTERVENTIONS," prepared and submitted by LOVELY V. ECHALAR, in partial fulfillment of the requirements for the degree MASTER IN BUSINESS MANAGEMENT major in Human Resource Management has been examined and is hereby recommended for APPROVAL.

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ABSTRACT

Stress is a popular topic these days. In the workplace, stress is something that almost every worker experiences. It is not simply the notion of physical labor but also the wear and tear of work on a person's mental health. Long-term and extreme occupational stress can be a severe threat to the psychological well-being of an employee. The growing stress among healthcare workers prompted the researcher to become engaged, sensitive, and concerned about the topic's significance. Hence, the researcher made a competent effort to determine the effect of occupational stress on the psychological well-being of healthcare workers in General Santos City. The respondents were chosen from the Tertiary Hospitals of General Santos using convenience sampling given that the healthcare workers work in a hectic and demanding environment. Data were gathered through a survey questionnaire disseminated using a link to a Google form. Results revealed that healthcare workers have average levels of occupational stress and moderate levels of psychological well-being. The level of occupational stress of healthcare workers significantly influences their psychological well-being. Conclusively, the findings revealed a significant relationship between occupational stress and psychological well-being. A moderate positive correlation between these variables suggests that as occupational stress increases, the adverse effect on psychological well-being among healthcare workers of General Santos City tends to increase as well. Since the relationship is moderate, it means that while there is a positive relationship between occupational stress and psychological well-being by 35.8%, other factors by 64.2% may also influence the psychological well-being of healthcare workers. Based on the findings, a 'primary-organizational' and 'secondary-organizational' level of stress management intervention has been crafted for the healthcare workers of General Santos City.

Keywords:- *Occupational Stress, Psychological Well-Being, Healthcare Worker, Health Care Provider, Stress Management Intervention, General Santos City*.

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DEDICATION

This research paper is profoundly dedicated to the ever-supportive husband of the researcher, Mr. Roylan L. Echalar, who at all times stretched his full support financially, emotionally, morally, and most especially spiritually for the inspiration that cannot be fathomed and the flourishing encouragement he has shown to her throughout this academic journey. And above all, to the Almighty God, for making all things possible, for the assurance that there are actually no limits to what this woman can accomplish and that nothing beautiful in the end comes without pain and frustrations in the beginning.

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ACRONYMS

DOLE	-	DEPARTMENT OF LABOR AND EMPLOYMENT
HR	-	HUMAN RESOURCE
ILO	-	INTERNATIONAL LABOUR ORGANIZATION
RA	-	REPUBLIC ACT
SMI	-	STRESS MANAGEMENT INTERVENTION
WHO	-	WORLD HEALTH ORGANIZATION

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CHAPTER ONE
THE PROBLEM AND ITS SETTING

A. Background of the Study

Stress is a popular topic these days. A week rarely passes, in fact, without hearing or reading the word stress which seems like a common language of our daily lives. In the workplace, stress is an issue that is given less attention until someone breaks. Like diseases, taking preventive steps to avoid extreme stress is wiser than dealing with it when the last straw breaks. Thus, it is not simply the notion of physical labor but also the wear and tear of work on a person's mental health. Occupational stress is something that almost every worker experiences (American Institute for Preventive Medicine, 2019). Yes, every worker does. The workplace is a possible primary source of stress because people spend so much time in that setting. It is becoming an epidemic in the workplace, impacting many facets of organizational production (Yozgat et al., 2013). Finney et al. (2013) postulate that occupational stress influences 19% to 30% of the total working population, regardless of the kind of job or work sector. Despite occupational stress being a global health problem that affects employees of the 21st century in various workplaces, the burden is too high among healthcare providers (Girma et al., 2021). Its magnitude among healthcare workers ranges from 27%-87.4%. The burden of stress among healthcare workers is not limited to an individual level but also affects the organization's productivity and the quality of care at large (Girma et al., 2021).

Occupational stress is defined by the World Health Organization (2020) as the reaction individuals may have when faced with job expectations and pressures that do not match their knowledge and abilities and test their capacity to manage. That means the mismatch between the individual and the job environment has resulted in occupational stress, where workplace expectations often exceed the person's capabilities (Ahmad et al., 2021). Furthermore, according to WHO (2021), the Philippines has 1,412,187 frontline healthcare personnel as of June 2021. This working group may be vulnerable to psychological constraints due to work-related stress, whose adverse effects on the health and well-being of healthcare professionals are less prominently recognized (Siegrist, 2015). Instead of focusing simply on conventional conceptions of job satisfaction and performance, healthcare workers' psychological well-being and occupational stress must be dealt with concurrently. Thus, such concerns must be addressed to reduce the weight of job stress and organizational losses (Siegrist, 2015; Yao et al.,2015).

Conversely, psychological well-being is a vital sign of a healthy life, a positive mental state, happiness, and satisfaction. If an employee is mentally ill, it will result in poor behavior at an organizational and personal level. Following the increasing awareness of this concern, on February 11, 2020, the Philippines' Department of Labor and Employment (DOLE) emphasized the necessity of boosting employees' mental wellness through its mandate to create and implement mental health policies and workplace programs. Department Order No. 208, issued by Labor Secretary Silvestre Bello III, provides companies and employees with recommendations for properly integrating mental health programs and policies following RA11036, or the Mental Health Act of 2017 (Department of Labor and Employment, 2020). According to Bello, the order aims to increase mental health awareness and avoid stigma and prejudice among Filipino employees. Furthermore, it is intended to assist employees with mental health concerns in gaining access to medical health care. This Act has raised awareness of the significance of well-being, making it an essential component of companies' Occupational Safety and Health (OSH) programs and policies.

Long-term and extreme occupational stress can be a severe threat to the psychological well-being of an employee. However, despite the growing awareness of the impact of stress on corporate performance, many organizations could still not resolve this issue in the best possible ways (Shazia, 2016). The present research exemplifies an increasing awareness that stress is multidimensional and multifaceted (Beheshtifar, 2013). The growing stress among healthcare workers prompted the researcher to become engaged, sensitive, and concerned about the topic's significance. The study was centered on the sixth (6th) most populous city in the Philippines, General Santos since it has become a prime sector for the Health care industry. The Tertiary Health care providers situated in the city were inherently a large portion of the target population, which best represents the healthcare workers. Therefore, to accomplish the target of this study, the researcher made a competent effort to identify occupational stress and its effects on the psychological well-being of healthcare workers. Hence, their relationship is adopted to shape a conceptual design to assess which subscales of occupational stress dominantly affect the psychological well-being of healthcare workers in General Santos City.

B. Statement of the Problem

The primary purpose of this study is to investigate which subscales of occupational stress have a substantial effect on the psychological well-being of healthcare workers in General Santos City. The following questions consequently fueled the research;

➢ *What are the Socio-Demographic Characteristics of the Healthcare Workers in General Santos City in Terms of the Following?*

- Age
- Gender
- Level of Position/Designation
- Length of Service

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- *What is the Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by the following Subscales?*

- Work Overload
- Work Underload
- Time Pressure
- Pressure on the job
- Job-Related Health Concerns
- Job Barrier Stress
- Job Description Conflict
- Boredom-Induced Stress
- The Problem of Job Security
- Communication and Comfort with Superiors
- Disagreement and Indecision

- *What is the Level of Psychological Well-Being of Healthcare Workers in General Santos City According to the Following Subscales?*

- Autonomy
- Personal Growth
- Self-Acceptance
- Purpose in Life
- Positive Relationships with Others
- Environmental Mastery

- *Is there a Significant Relationship between Occupational Stress and the Psychological Well-Being of Healthcare Workers in General Santos City?*
- *Is there a Significant Difference between Occupational Stress and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City?*
- *Is there a Significant difference between Psychological Well-Being and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City?*
- *How can Stress Management Intervention be Designed to Reduce Occupational Stress?*

C. Significance of the Study

The research could be of great significance in raising awareness regarding the utilization of preventive measures against stress in the workplace and promoting positive psychological well-being. The study is, therefore, crucial in crafting stress management interventions for the healthcare workers of General Santos City. The findings of this study could also have a significant contribution to the following;

Healthcare Workers. The study could benefit Healthcare workers in identifying occupational stressors which affect their psychological well-being. It can help improve their productivity and morale. Healthcare workers could also promote positive social change by increasing awareness of work-related stressors, thus reducing the negative effect on their psychological well-being, affecting their work performance.

Health Care Providers. This study could be beneficial to Health care providers in identifying and developing practical stress management recommendations that effectively improve employees' psychological well-being in relevant situations. Understanding how stress affects healthcare workers is critical to enable management to make educated choices about employee well-being (Obidiegwu, 2020).

Human Resource Practitioners. This research could help HR practitioners ensure that employees can cope with the demands of their job and maintain a robust and healthy workplace culture conducive to creativity and productivity. HR practitioners would also benefit from this study in planning stress management interventions and structuring policies to improve employees' psychological well-being and work-life balance by promoting the best stress management practices in the new-normal workspace.

Department of Labor and Employment (DOLE). The result of this study could support DOLE in emphasizing the importance of promoting workers' mental health. This study could raise awareness, prevent stigma and discrimination among Filipino workers regarding mental health conditions, and support workers with mental health issues to gain access to medical health services.

Researchers, Students, and Academicians. The research is helpful for future researchers, students, and academicians. As the study contributes to the present literature, it gives a starting point for other researchers to absorb its results as a reference when performing research on comparable or related topics. This study's findings contribute to the current body of information and help bridge

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the gap between policy and practice (Obidiegwu, 2020). Therefore, the research reduces the literature gap in occupational stress on psychological well-being, particularly among healthcare workers in General Santos City.

D. Hypotheses

➢ *The Study Investigates the Following Null Hypothesis;*

- **H_{o1}:** There is no significant relationship between occupational stress and the psychological well-being of healthcare workers in General Santos City.
- **H_{o2}:** There is no significant difference between occupational stress and the socio-demographic characteristics of healthcare workers in General Santos City.
- **H_{o3}:** There is no significant difference between psychological well-being and the socio-demographic characteristics of healthcare workers in General Santos City.

E. Scope and Delimitation

This study aimed to investigate the effect occupational stress has on the psychological well-being of healthcare workers employed in General Santos City. The study transpired in four (4) Tertiary hospitals in General Santos City, registered members of the Private Hospitals Association of the Philippines, Inc. These private tertiary hospitals are; 1. Socsargen County Hospital, 2. General Santos Doctor's Hospital Inc., 3. St. Elizabeth Hospital Inc., and 4. Mindanao Medical Center Inc. The timeframe also runs from March 2023 to May 2023. Thus, the data collected by this study are only from the city's healthcare workers identified as Nurses, Medical Doctors (Generalists and Specialists), and Allied Health workers (Dietitians, Therapists, Medical Assistants, Medical Technicians, and Medical Technologists).

The research only focused on occupational stress as the independent variable limited to eleven (11) subscales identified by the American Institute for Preventive Medicine (2019) and Cooper and Marshall (1976); 1. Work Overload, 2. Work Underload, 3. Time Pressure, 4. Pressure on the Job, 5. Job-Related Health Concerns, 6. Job Barrier Stress, 7. Job Description Conflict, 8. Boredom-Induced Stress, 9. The Problem of Job Security, 10. Communication and Comfort with Superiors, and 11. Disagreement and Indecision; The research also focused on how occupational stress affects psychological well-being as the dependent variable limited to six (6) subscales identified by Ryff's Scales of Psychological Well-being (1995);: 1. autonomy, 2. Personal Growth, 3. Self-Acceptance, 4. Purpose in Life, 5. Positive Relationships with Others, and 6. Environmental Mastery.

Quantitative data collection was used in this study but delimited to a closed-ended questionnaire and did not involve data collection tools to measure the overall healthcare workers' population. Convenience sampling of the target population was also employed, given that the respondents work in a hectic and demanding environment. Hence, this study's limited sample size would make it difficult to extrapolate the results to other similar organizations.

F. Definition of Terms

For clarity, the following terms were defined conceptually and operationally as used in the study.

- **Occupational Stress –** is the response individuals may have when they are put under work demands beyond their control (World Health Organization, 2020). Operationally, occupational stress is the unexpected responsibilities and pressures that mismatch with the worker's knowledge, skills, or expectations, limiting one's ability to cope, which is quantifiable through eleven (11) subscales; 1. Work Overload, 2. Work Underload, 3. Time Pressure, 4. Pressure on the Job, 5. Job-Related Health Concerns, 6. Job Barrier Stress, 7. Job Description Conflict, 8. Boredom-Induced Stress, 9. The Problem of Job Security, 10. Communication and Comfort with Superiors, and 11. Disagreement and Indecision.
- **Psychological Well-Being –** is a central aspect of mental health and may be characterized as eudaimonic (meaning, fulfillment) and hedonic (enjoyment, pleasure) happiness, along with resilience (coping, healthy problem-solving, emotion regulation) (Tang et al., 2019). Operationally, psychological well-being refers to positive mental health quantifiable through six (6) subscales: 1. Autonomy, 2. Personal Growth, 3. Self-Acceptance, 4. Purpose in Life, 5. Positive Relationships with Others, and 6. Environmental Mastery.
- **Stress Management Intervention –** is defined as psychological techniques or programs an organization employs to support employees in minimizing emotional or physiological reactions caused by stressful situations (Reynard, 2014). Operationally, it refers to a set of measures companies implement to boost employee well-being and minimize stress by treating its root causes and reducing its burden on the worker's psychological well-being.
- **Healthcare Worker** – is someone who provides care and services to the sick and ailing, either directly as nurses and physicians or indirectly as assistants, aides, laboratory technicians, or even medical waste handlers (Joseph & Joseph, 2016). Operationally, they are; Nurses, Medical Doctors (Generalists and Specialists), and Allied Health Workers (Dietitians, Therapists, Medical Assistants, Medical Technicians, and Medical Technologists).

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- **Health Care Provider –** is a licensed person or organization that provides healthcare services (Health Markets, 2022). Operationally, Health care providers are the following; 1. Socsargen County Hospital, 2. General Santos Doctor's Hospital Inc., 3. St. Elizabeth Hospital Inc., and 4. Mindanao Medical Center Inc.

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CHAPTER TWO
REVIEW OF RELATED LITERATURE

This chapter reviewed the empirical and theoretical literature on the study's key variables: occupational stress and psychological well-being. The chapter highlights the theories and models, the definitions and conceptual approaches to understanding occupational stress, and its effects on healthcare workers' psychological well-being. Finally, a conceptual framework illustrating how the study variables are interrelated is also presented at the end of the chapter.

A. Theory and Review of Related Literature

Stress is a multidimensional concept defined from linguistic and organizational perspectives (Chepkwony, 2017). Language-wise, it originated from the Latin word "stringere," meaning "to pull tight," and is used to depict trials and sorrow (Cartwright & Cooper, 1997). The term "stress" is used in so many contexts that it is highly complicated to explain. The interpretation of the term "stress" is highly dependent on the field, with possible meanings including "reaction" in Physiology, environmental factors affecting the cell or organ, or body in Biology, or "negatively perceived factor or situation" in Psychology. Some of these definitions refer to external circumstances, while others refer to the body's response, resulting in misunderstanding and a knowledge gap between biomedicine and humanities. In clinical medicine, "stress" is often used to explain diseases with poorly understood pathophysiology or as a combination of risk factors for illnesses with a mental component (Bienertova-Vasku et al., 2020). The word "stress" was also said to be borrowed from the domain of physics by one of the fathers and pioneers of stress research Hans Selye.

Selye (1979) first coined the concept of stress from a personal encounter underlying the non-specific symptoms and signs of illness. Selye (1979) proposes that stress is the body's non-specific reaction to any stimulus. Although Selye established the area of stress study and offered compelling evidence that stress influenced health, not everyone agreed with his psychological perspective of stress as a non-specific occurrence. Since then, advances in the philosophy of stress have resulted in various stress dimensions. The following shows some significant stress definitions according to different authors.

According to Lazarus & Folkman (1984), stress is the exclusive interaction between a person and his environment, which he feels is burdensome or beyond his coping capabilities and poses a danger to his health.

According to McEwen (1998; 1999), stress is similar to allostasis. Allostasis is the capacity to achieve equilibrium during a change. When the body's stress response mechanisms are activated in response to prolonged or extreme stress, allostasis breaks down, and the individual becomes more vulnerable to harm.

According to Shalev, Yehuda, & McFarlane (2000), stress is a common psychophysiological reaction to situations that induce a feeling of danger, dysphoria, unhappiness, and imbalance in humans.

According to Sarafino (2002), stress results from interactions between individuals and their surrounding environment; hence, stress characterizes a discord between biopsychosocial resources and situational demands.

According to Behnoudi (2005), stress occurs when a person feels compelled to act and cannot cope with the resulting mental stress. In other words, stress refers to an individual's adaptation to new settings and surroundings. Every time a significant life transition occurs, an individual experiences stress.

According to McEwen (2007), Stress in biology and medicine refers to any psychological, physical, and emotional component that creates psychological and physical strain.

Silverman et al. (2010) state that stress is the body's natural reaction to a change that necessitates a response, management, and emotional, psychological, and physical adjustment. Stress may result from any scenario, thinking, or mood that causes annoyance, anger, worry, or uneasiness.

According to Shahsavarani et al. (2013), stress is any consequence of a shift in a person's environment that affects their homeostasis (internal equilibrium).

According to American Psychiatric Association (2014), stress is overwhelming, worrisome, harmful, emotionally draining, tiring, and unproductive. Consequently, stress may affect individuals of any age, gender, color, or position, resulting in physical and psychological health issues.

According to World Health Organization (2021), stress may be caused by anything that alters one's status quo and causes one to feel uneasy. When the body senses it has to pay attention to something or take some action, it experiences stress. To some extent, everyone experiences stress; however, how a person reacts to stress significantly influences his general well-being.

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Based on these notions, stress is people's negative response to excessive pressures or other obligations imposed on them. It is a highly imprecise term that its three associated concepts can explain: anxiety, conflict, and frustration (Chepkwony, 2017).

There are two significant types of stress according to their impact on individuals, eustress or positive stress and distress or bad stress (Sullivan & Bhagat, 1992). Eustress refers to those who have suffered moderate to low-stress levels, while distress refers to those who have encountered severe stress. Individuals undergoing eustress will be able to meet workplace expectations, which may enable them to increase their work life (e.g., positive moral values and satisfaction). Distressed individuals, on the other hand, will be unable to meet job demands, which may drive them to reduce the quality of their work life (e.g., negative moral values and dissatisfaction) (Chepkwony, 2017). Other classifications of stress are physiological stress and psychological stress (based on the nature of the stressor) (Keil, 2004; Daly, Walsh, & Moran, 2012) and short-term or acute stress and long-term or chronic stress (based on the duration of exposure to the stressor) (Davidson, Mostofsky, & Whang, 2010).

- *The Concept of Occupational Stress*

In an organizational context, job or work stress is another term for occupational stress. These terms are often used interchangeably in professional business industries, but the meaning is the same. The following are the definitions of occupational stress according to different prominent institutions;

According to the National Institute of Safety and Health (2013), occupational stress is the detrimental emotional and physical reactions that occur when the work demand does not meet the worker's capabilities, needs, or resources. Occupational stress may harm one's health and cause damage (NIOSH, 2013).

According to International Labour Organization (2016), work design, work organization, and labor relations determine occupational stress. It occurs when the job demands do not match or go beyond the worker's skills, needs, or resources or when an individual, worker, or group's ability or knowledge to deal with the situation does not match the organizational culture of what an enterprise expects.

Similarly, World Health Organization (2020) defined occupational stress as the response people may have when confronted with work demands and pressures that do not match their skills and knowledge and challenge their ability to cope. According to WHO (2020), occupational stress may arise in various job settings. It typically worsens when workers believe they need more support from colleagues and supervisors and more influence over work procedures.

Generally, occupational stress is a condition triggered by people's interactions with their work, and it is defined by internal changes that cause individuals to depart from their normal functioning. Occupational stress is not an illness, but persistent or excessive stress may lead to physical and mental health issues. Although employees face pressure in the workplace, this is not equal to stress since a certain level of pressure is stimulating and gives satisfaction. However, problems arise when the pressure is excessive, lasts too long, or comes from too many directions at once. This occurrence makes people feel they are losing control, leading to stress. It's generally accepted that individuals who suffer occupational stress over an extended period are more susceptible to acquiring physical and psychological health issues.

- *Sources of Occupational Stress*

Since 1983, the American Institute for Preventive Medicine has been internationally recognized for its ability to present health information and programs in ways that increase engagement, motivation, and behavior change. Their expertise in reducing healthcare costs and absenteeism while increasing productivity has helped over 13,000 organizations. AIPM is among the first five companies to receive URAC Accreditation for Comprehensive Wellness. Achievement of this status demonstrates that this company has met or exceeded industry-recognized wellness program standards. This accredited company showed the excellent use of evidence-based tools and interventions. Hence, the study utilized the sources of occupational stress identified by this reliable wellness company.

For this study, the researcher extracted eleven (11) significant occupational stress subscales (American Institute for Preventive Medicine, 2019) from Cooper and Marshall's (1976) five (5) major causes of occupational stress. These are **Roles in the organization** (1. Work overload, 2. Work Underload, 3. Time Pressure, 4. Pressure on the Job, 5. Job-Related Health Concerns), **Factors Unique to the Job** (6. Job Barrier Stress, 7. Job Description Conflict), **Career Development** (8. Boredom-Induced Stress, 9. The Problem of Job Security), **Relationships at work (interpersonal)** (10. Communication and Comfort with Supervisors), and **Organizational Structure/Climate** (11. Disagreement and Indecision).

Cooper and Marshall (1978) stated that the role in the organization was early stress researchers' first and crucial focus. Every job description includes factors that will result in stress for certain people at some point. This focus pertains to the notion that stress can be due to work overload, work underload, time pressure, pressure on the job, and job-related health concerns, which have attracted the most attention from researchers in this field.

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- *Work Overload*

Work overload, or role overload, is a more substantial form of stress. It is a situation of quantitative and qualitative overload. Quantitative overload involves having too many tasks, while qualitative overload refers to functions that are too challenging for the incumbent to complete. Work overload may cause emotional and physical fatigue, resulting in complications such as stomach problems, headaches, and sleeping difficulties. Work overload is seen when individuals become rigid, impatient, and deny they have a problem. If they are allowed to fester, they become cynical and disconnected, and their mental health suffers. All of these are symptoms of burnout. According to American Preventive Medicine (2019), work overload stress is evident in the following scenarios; a. Cannot consult with others on projects, b. Often take work home to complete, c. Coworkers are inefficient, d. Shortage of help at work, e. Responsible for too many people/projects.

- *Work Underload*

Work underload is the polar opposite of burnout, yet its consequences may be just as severe. A tedious, repetitive, unrewarding work with no prospects may soon lead to boredom. If left uncontrolled, apathy sets in, and production declines. Because there is no outlet other than whining, such professions may be very stressful. In the worst-case situation, employees may turn to little sabotage that may harm others. According to American Preventive Medicine (2019), work underload stress is evident in the following scenarios; a. Too little responsibility at work, b. They are feeling unstimulated, c. Little chance for growth exists, d. Overqualified for the job, e. They are trying to look busy on the job.

- *Time Pressure*

Time pressure is a psychological stress that happens when a person perceives that they have less time than is required to finish a work or accomplish a goal. This may happen whether the individual is short on time or only thinks they are. When a worker feels time pressure, they narrow their focus. According to American Preventive Medicine (2019), time pressure is evident in the following scenarios; a. The work pace is too fast, b. The monotonous pace of work, c. Starting and ending times are rigid, d. Constant reminders that 'time is money.', e. Not enough breaks or mealtime.

- *Pressure on the Job*

Pressure on the job is an employee's desire to finish work-related duties within a particular time frame at suitable and acceptable levels. It is the stress or urgency of problems that need to be addressed, the load of bodily or mental suffering, and the limitation of circumstances. According to American Preventive Medicine (2019), pressure on the job is evident in the following scenarios; a. Pressed for time or under pressure to do things quickly, b. They are overloaded and unable to complete tasks during an average day, c. Private life is affected by job requirements, d. Too much red tape, e. Too much supervision.

- *Job-Related Health Concerns*

Job-related health concerns include our work-related health projections and the burden of injury. The influence of employment on people's health is called job-related health. According to American Preventive Medicine (2019), job-related health concerns are evident in the following scenarios; a. Work conditions are unhealthy, b. Sick days are discouraged c. They have heavy physical tasks to complete, d. Physical dangers exist in the workplace, e. They have hostile threats from coworkers.

According to Cooper and Marshall (1978), factors unique to the job are the second substantial stress source. This field focuses on two main themes: job barrier stress and job description conflict.

- *Job Barrier Stress*

Job barrier stress is any work-related conditions that may make employment difficult. According to American Preventive Medicine (2019), job barrier stress is evident in the following scenarios: not suited to the job, hope for advancement or raise is limited, work has no personal meaning, sex/age discrimination exists at the job, and work goes unrecognized.

- *Job Description Conflict*

Job description conflict arises when workers are given simultaneous assignments to distinct occupations incompatible with them or when their position overlaps with another individual or workgroup. The greater the degree of role conflict, the greater the potential for stress in the workplace. According to American Preventive Medicine (2019), job description conflict is evident in the following scenarios: authority is insufficient to do the job properly, uncertainty about exact job responsibilities, discomfort in handling unethical assignments, too much teamwork, and poor information flow makes it harder to complete a task.

Cooper and Marshall (1978) also recognized two significant areas of potential career development stressors, the problem of job security and boredom-induced stress.

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- *The Problem of Job Security*

Job security is a high level of assurance or confidence for employees to believe they can maintain their existing jobs in the foreseeable future. It provides a sense of protection against possible inherent or external risks that might affect or change the employment status of employees. According to American Preventive Medicine (2019), the problem of job security is evident in the following scenarios: need 'pull' to get ahead, they are concerned about low wages, they have a fear of being laid off or fired, could be fired without cause, and worry about a poor pension.

- *Boredom-Induced Stress*

Boredom has been referred to as a stressor because of the accompanying frustration, which can accumulate over time. According to American Preventive Medicine (2019), boredom-induced stress is evident in the following scenarios: daydreaming frequently, repetitive or highly specialized routine, unable to see the outcome of efforts, they are not learning anything new, and the job is too easy.

- *Communication and Comfort with Superiors*

According to Cooper and Marshall (1978), one of the critical factors of occupational stress is the type of working interactions (with the individual's superiors, subordinates, and coworkers). Individual and organizational health depends on good interactions among members of a workgroup or organization. According to American Preventive Medicine (2019), stress from communication and the feeling of lack of comfort with Superiors is evident in the following scenarios: unable to predict the supervisor's reactions, ideas not the same as those of superiors, the boss being overly critical of a person's work, they have trouble talking to the boss, and the boss gives little feedback about a person's work.

- *Disagreement and Indecision*

Simply being in an organization is a source of stress. A toxic organizational structure and climate may cause disagreement and indecision. Hence, individual independence, autonomy, and identity may be lost, resulting in difficulties such as a lack of involvement in decision-making processes, a loss of belonging, a lack of proper consultation, poor communication, behavioral limitations, and office politics. According to American Preventive Medicine (2019), disagreement and indecision are evident in the following scenarios: trouble refusing overtime, unsure of coworkers' expectations, job responsibilities going against a person's better judgment, unfriendly attitude toward coworkers, and cannot satisfy conflicting demands from superiors.

➢ *Impacts of Occupational Stress*

Stress impacts workers in an organization due to the causes mentioned earlier. Menon and Akhilesh (1994) proposed that stress influences an individual's adjustment, which affects their performance and output. Stress significantly adds to an individual's health and performance issues in corporate contexts, such as severe events and organizational costs. As a result, several studies split occupational stress into two (2) categories: individual and organizational levels (M.K.Loo et al., 2015). Impacts at the individual level include **Psychological diseases** (such as anxiety, boredom, depression, psychological anguish, job, and life dissatisfaction, loss of focus, self-confidence, self-esteem, impulsive sentiments and social standards, emotional exhaustion, and disconnection from reality), **Physiological diseases** (such as tiredness, insomnia, migraines, heart disease, increased vital signs and blood pressure, high cholesterol, high blood sugar, skin issues, infections, and a weakened immune system), and **Unwanted feelings and behaviors** (such as low motivation, isolation, intentions to quit the job, absenteeism, turnover, burnout, job discontent, less organizational commitment, lower quality of working life, reduced productivity of work quantity and quality, inability to make appropriate choices, smoking, and increased alcohol consumption). Impacts at the organizational level, on the other hand, include **Organizational symptoms** (like loss of valuable workers, high labor turnover, increased sick leave, loss of productivity, negative publicity, lost customers, degradation of reputation and image, operation interruption, high error, and accident rates) and **Organizational costs** (like reduced productivity and performance, sick pay, health care expenditures, increased disability payments, high replacement costs (labor turnover), and increased equipment damage, complaints, and compensation costs).

➢ *Occupational Stress on the Individual Level*

A person's personality comprises distinct actions, emotions, and ideas. Certain conditions or stressful events might cause personality changes. Occupational stress does not affect personality; people's responses to work-related stresses cause personality change. Researchers have focused on the stress and strain relationships in their studies (Mazzola et al., 2011), where stress is an external stressor and strain is a human response to a particularly stressful event (Beehr, 2014). People should balance stress and strain to handle job stresses, competitive burdens, and workplace complexity. The famous quote of Hans Selye, known as the Father of Stress, defines this relationship:

"It is not stress that kills us. It is our reaction to it."

Mazzola et al. (2011) classified strain responses as psychological, physical, and behavioral. Psychological strains, according to Ford et al. (2014), are harmful affective (emotional) and cognitive (conscious processes) situations, while physical strains are psychosomatic alterations such as headaches, gastrointestinal disturbance, fever, cold, and so on. At the same time, behavioral strains are linked to habitual behaviors such as bad eating habits, smoking, and alcohol drinking. Nonetheless, assimilating psychological, physical, or behavioral changes into their personality takes time.

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Occupational stress has a variable impact on each individual's personality, based on their personality features. Based on attributes, there are five significant kinds of personality: openness, conscientiousness, extraversion, agreeableness, and neuroticism (Zhang, 2012). Psychological stress is related to neuroticism and conscientiousness. As a result, persons who exhibit these characteristics often experience work stress (Zhang, 2012). Extraversion and openness are also related to occupational stress, whereas agreeableness does not play a significant role (Zhang, 2012).

- *Occupational Stress on the Organizational Level*

Understanding work-related stress requires first recognizing indications of stress in the workplace. The most prevalent occupational stress symptoms include: feelings of inferiority toward coworkers, frequent thoughts of overall anxiety, disorder, confusion, missing deadlines, observable changes in eating habits, insomnia, irritability, sentiments of extreme burnout, lacking the drive to accomplish essential work assignments, excessive perspiration and heart palpitations, anxiety, abnormally high blood pressure, incapability to function or communicate effectively, and unwanted thoughts of despair, helplessness, hopelessness, pessimism, and failure.

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In reaction to stress, the brain releases a warning signal that prepares the body for protective action. Hormones secreted by the nervous system heighten the senses, quicken the heart rate, increase the depth of breathing, and tense the muscles. This reaction, also known as the fight-or-flight response, is critical because it protects people in dangerous circumstances. This kind of reaction is programmed genetically on a biological level. Everyone responds similarly to stressful events, whether at work or home (Goetzel et al., 1998).

Stress attacks that are short or sporadic offer minimal danger. Nonetheless, the body is continually activated when stressful events continue unresolved, causing biological systems to break easily. Finally, depletion or damage occurs, and the body's capacity to repair and protect itself may be severely reduced, increasing the risk of injury or sickness—generally, employees who are stressed at work display indicators of a stress reaction. Three phases of the stress response may be used to determine whether a person is suffering from occupational stress.

- **Stage 1: Alarm.** The alarm response, or the body's physical fight-or-flight reflex, is triggered by physical, mental, or emotional stress. It wakes the body's physical and mental functions, causing an adrenaline surge. This period is generally brief in terms of general life stress. With occupational stress, however, this period may be prolonged, resulting in the start of stage two.
- **Stage 2: Resistance.** Following a sustained increase in adrenaline levels, the body attempts to reestablish equilibrium by increasing brain hormones, such as melatonin, that relax the alarm system. However, when we are under stress for an extended period, the first stage of alarm takes precedence over the stage of resistance, creating a toxic cycle that may lead to a lack of sleep, exhaustion, irritability, and concentration deficits.
- **Stage 3: Exhaustion.** After passing through phases one and two, the body finally gives in to long-term stress effects and stops functioning. When the body's mental and physical immune system is weakened, it leaves the host vulnerable to illness and infection.

Many people with long periods of untreated occupational stress have various health issues, including bacterial and viral infections, excessive internal damage, elevated hormone levels, and severe skin disorders, making occupational stress treatment even more critical. (Goetzel and colleagues, 1998).

➢ *The Concept of Psychological Well-being*

Positive mental health is what is meant by psychological well-being. Studies indicate that psychological well-being is a multifaceted concept that evolves through emotional control, personality attributes, individuality, and life experience (Ryff, 1989). Psychological well-being can improve with age, education, openness to experience, and awareness, while it declines with neuroticism (Keyes et al., 2002). Research also shows no substantial differences between women and men in psychological well-being measurements (Rothman, Kirsten & Wissing, 2003). Furthermore, the perception of spirituality and physical health might modulate the interaction between environment and psychological well-being.

Extensive empirical research and theoretical evaluation have been conducted on psychological well-being. However, no unified conceptualization of psychological well-being is currently accepted. The contrast between negative and positive affect was initially brought to light by Bradburn (1969) in his first formulation of psychological well-being. Earlier research focused on negative and positive affect experiences, subjective well-being, and life fulfillment centered on the Greek word 'eudemonia,' which translates as 'happiness' (Ryff, 1989). Happiness is the balance of positive and negative affect. Numerous early scales, such as the Satisfaction with Life Scale developed by Diener et al. (1985), were based on this initial subjective definition of well-being (Diener et al., 1985). Individuals must respond to the Satisfaction with Life Scale with a cognitive rather than an emotional response to their overall level of life satisfaction.

The Fortitude Scale (Pretorius, 1998), Antonovsky's (1993) Sense of Coherence Scale with adaptations by Frenz et al. (1993), Beck's Depression Inventory, and the Social Readjustment Scale (Holmes & Rahe, 1967) are some other assessment tools. The Fortitude Scale assesses self- and family appraisals and provides feedback on them. The Sense of Coherence Scale measures comprehension, meaning, and manageability. The Social Readjustment Scale, on the other hand, assesses current stress levels about significant life events. The Beck Depression Inventory assesses emotional distress caused by depression. Despite extensive research and analysis, experts have concluded that psychological well-being is a complex, multidimensional concept with unknown specific components. Ryff, on the other hand, has conducted extensive research on the objective measurement of psychological well-being.

➢ *Ryff's Psychological Well-Being Conception*

Waterman's (1984) and Ryff's (1989) research reveals that 'eudemonia' was perhaps mistranslated as happiness. Carol Ryff's (1989) study altered the focus of psychological well-being from a subjective to an objective understanding. Her research is recognized to be theoretically and conceptually anchored on the following studies; Jung's (1933) formulation of identity, Buhler's (1935) basic life fulfillment tendencies, Jahoda's (1958) six criteria for positive mental health, Erikson's (1959) psychosocial stage model, Allport's (1961) conception of maturity, Roger's (1961) view of the fully functioning person, Maslow's (1968) conception of self-actualization, and Neugarten's (1973) descriptions of personality change in adulthood and old age. Furthermore, a more critical interpretation of the term 'eudemonia,' such as realizing one's potential amid adversity, bolstered Ryff's work. The study of Ryff (1989) resulted in creating a new objective psychological well-being assessment that includes the following attributes:

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autonomy, personal development, self-acceptance, life purpose, good connections with others, and environmental mastery. This measure is the most crucial objective metric of good mental health.

➢ *Psychological Well-Being Subscales*

The following discussion and elaboration will be provided for each facet Ryff identifies comprising objective psychological well-being.

- *Autonomy*

Autonomy is the ability to make decisions without depending on or waiting for the approval of others. It is the capacity to judge oneself based on one's views rather than the opinions of others. An internal locus of control regulates behavior in an autonomous system (Ryff & Keyes, 1995; Ryff, 1989). People who are entirely developed have a healthy dose of self-evaluation, measuring their worth against their goals and accomplishments rather than against the expectations of others around them. They care more about their thoughts and feelings and less about what other people think (Ryff, 1989). A low level of autonomy indicates self-consciousness, while a high level of autonomy indicates independence. Employees often need autonomy, personal insight, and objectivity to retain their self-confidence and conviction, which is why the internal locus of control is such an essential component of motivation.

- *Personal Growth*

Personal growth is the ability to expand and develop oneself to become a fully functional individual, realize one's potential, and achieve one's goals (Ryff, 1989; Ryff & Keyes, 1995). Individuals must continue progressing in all aspects of their lives to achieve optimal psychological functioning (Ryff, 1989). It necessitates constant evolution, problem-solving, and expanding one's abilities and talents. A high level of personal growth indicates continued development, whereas a low level indicates stagnation. Hence, workers with a growth mindset understand that hard work pays off. An openness to new and diverse experiences is required for a growth mindset. Humble and confident employees constantly strive for holistic development and personal growth; they use negative and positive performance and goals to enhance personal development. Personal development may be the component of psychological well-being most closely related to eudemonia (Ryff, 1989).

- *Self-Acceptance*

Self-acceptance is an essential element of psychological well-being. It is a component of optimal functioning and a pillar of mental health. Self-acceptance is the capacity to have a realistic view of oneself, including good and bad features, yet still accept oneself. A positive attitude and increased life satisfaction result from healthy levels of self-acceptance. Moderate confidence levels are related to more success and acceptability, with good opinions from others essential for retaining self-assurance and conviction. Acceptance of oneself is a prerequisite for reaching one's full potential, which is vital for better psychological functioning and overall advancement. It requires accepting the past and present while focusing on the future (Ryff, 1989).

- *Purpose in Life*

Purpose in life refers to the perceived value of one's existence, which comprises establishing and achieving goals that contribute to one's enjoyment of life (Ryff, 1989). The understanding that one's life has a more significant aim and purpose is part of mental wellness (Ryff, 1989). A sense of purpose in life helps to reduce depression. Similarly, setting goals is an integral part of achieving success. Maturity requires a clear sense of purpose (Ryff, 1989). Workers who maintain concentration, attention, and focus, set realistic goals, and strive to be more holistic serve a higher purpose for themselves and frequently help others. Goal setting and achievement can be inspiring and motivating.

- *Positive Relationships with Others*

Positive interactions with others are essential for forming trusted and long-lasting ties and being a member of a network of support and communication (Ryff, 1989). A calm and easygoing demeanor demonstrates maturity and enhances relationships and regard for others. While strong connections lead to more excellent knowledge of others, bad ones may confuse (Ryff, 1989). The capacity to sustain positive interpersonal interactions is a defining quality of mental health, while sickness is generally accompanied by reduced social competence (American Psychiatric Association, 2000). Team interactions need effective communication. Positive interactions with people in group/team contexts often enhance knowledge, empowerment, and better job performance.

- *Environmental Mastery*

Environmental mastery is the physical and mental selection and administration of actual and imagined surroundings (Ryff, 1989). A higher degree of environmental mastery demonstrates control over one's surroundings, while a lower level suggests an incapacity to govern one's surroundings properly (Ryff, 1989). A mature person can generally relate, interact with different people in different situations, and adapt to varying contexts on demand. Controlling physiological and cognitive arousal may improve employees' ability to regulate and comprehend their surroundings and interactions. Imagery improves self-awareness and comprehension of the environment. Environmental mastery entails controlling complex environmental and life situations and seizing potential opportunities (Ryff, 1989). When pursuing optimal working performance, stepping outside one's comfort zone is frequently necessary.

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- *Stress Management Interventions*

There is an increasing volume of research examining the effectiveness of stress management interventions. The stress management literature often categorizes interventions based on the 'level' at which the stress management occurs and the 'focus' of the intervention (DeFrank & Cooper, 1987). Stress management treatments are grouped as primary, secondary, or tertiary. Primary therapies aim to avoid stress by removing its causes and improving its antecedents. Secondary treatments focus on lessening the recurrence or duration of stress after it has manifested and keeping the stress level from reaching too high. Tertiary therapies aim to restore and improve the competence of those presently experiencing or struggling with their psychological health.

In terms of intervention level, individual and organizational levels make a frequent and noticeable difference. Individual-level interventions aid workers in building the capability to deal with, manage and decrease stress. In contrast, organizational-level interventions have a more systematic impact on organizational operations and might target all or a specific set of workers. Individual-organizational level treatments are used in several classes. Peer support groups are an example of an intervention that focuses on changing the individual's connection with the organization. However, the line between organizational and individual actions is not always evident. We use the most basic categorization of the individual- and organizational-level interventions that may be grouped as primary, secondary, or tertiary depending on their emphasis on Stress Management Interventions (SMI).

Primary intervention at the individual level includes selection, assessment, and pre-employment medical examination.

Secondary intervention at the individual level includes health promotion, meditation, mindfulness training, resilience training, personal and interpersonal skill training, coping skills training, relaxation, psychosocial intervention training, cognitive behavioral therapy, and acceptance and commitment therapy.

Tertiary intervention at the individual level includes employee assistance programs, disability management, posttraumatic stress assistance, and counseling.

Primary intervention at the organizational level includes management training, schedules and working time, and job redesign.

Secondary intervention at the organizational level includes improving decision-making and communication, coaching and career planning, conflict management, and peer-support groups.

Tertiary intervention at the organizational level includes outplacement and vocational rehabilitation.

Finally, the Human Resources (HR) department / division may play a role in reducing occupational stress by fostering an optimistic and proactive workplace. Promoting an open-door policy where individuals feel comfortable and safe reporting bullying, discrimination, and harassing behaviors is essential. Activities, programs, and practices used by HR to maintain worker motivation and comfort have the potential to reduce occupational stress significantly.

➢ *Occupational Stress and Psychological Well-being*

There is substantial evidence that occupational stress is pervasive and can significantly contribute to occupational illness. Prevalence statistics on psychosocial risks and work-related stress differ among nations and regions; however, the quality varies greatly. The most substantial research on this subject is found in Europe and North America, in general in developed nations, but to a lesser degree in Asia-Pacific and Latin America, and only a modest level in Africa and the Arab States (ILO, 2016).

European Union (EU) agencies primarily gather and analyze regional statistics throughout Europe. According to the 4th European Working Conditions Survey (EWCS, 2007), work-related stress affects an estimated 40 million individuals in the EU. Work-related stress accounted for between 50% and 60% of all missed working days in Europe, according to the European Risk Observatory Report issued in 2009 (EU-OSHA, 2009). The survey also found that 22% of the European workforce felt stressed on average, with levels much higher in newer member countries (30%) than in older member countries (20%). Stress was prominent in the health and education sectors, as well as fishing, hunting, agriculture, and forestry (28.5%). Workers in health and education (12.7%), public administration and defense (11.1%), and fishing, hunting, agriculture, and forestry (9.4%) were the most stressed at work (ILO, 2016).

According to the First Central American Survey on Working Conditions and Health (2012) (OISS & INSHT, 2012), more than one in ten respondents in the Americas reported constantly feeling sad or depressed (9-13%), stressed or strained (12%-16%), or losing sleep (13-19%) due to concerns about working conditions. According to Argentina's First National Survey on Employment, Job Conditions, Labour Environment, and Health (2009), 26.7% of employees experienced mental burdens and considered their work excessive (Cornelio, 2013). In Brazil, a study of sickness absences due to accidents and work-related diseases found that 14% of yearly health benefits were attributable to mental illness (9% for men and 16.7% for women) (Santana & Santana, 2011). According to the Canadian Third National Study of Work-Life Balance (2011), 57% of respondents reported high felt stress, up from 54% in 2001 and 44% in 1991, as recorded in prior research. According to the 7th National Survey of Working Conditions (2011) in Chile, 27.9% of employees and 13.8% of employers reported stress and depression. However, only 8.9% of employers and 7% of workers said that these issues had been addressed through prevention initiatives in the previous months (Dirección del

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Trabajo, 2012). Furthermore, according to the Chilean Safety Association (ACHS), 21% of the 4,059 occupational diseases reported to the ACHS in 2012 were mental health diseases (ACHS, 2013). According to Colombia's first National Survey on Working Conditions and Health on the General System of Occupational Risks (2007), 24.7% of male workers and 28.4% of female workers rated their level of stress as 7 to 10 on a 10-point scale (where 1 is "little or no stress" and 10 is "a great deal of stress"). According to the Stress in America™ poll (2015), respondents in the United States (US) assessed their stress levels at 4.9 on a 10-point scale. Personal health issues (46%), family duties (47%), the economy (49%), job (60%), and Money (64%) (APA, 2015).

According to the 2014 Australian Stress and Wellbeing Survey, over half of the respondents in the Asia-Pacific region mentioned job expectations (48%) as hurdles to maintaining a healthy lifestyle. Consistent with prior years' results, over seven out of ten Australians (72%) said stress influences physical health. Almost one-fifth (17%) said stress negatively influenced their physical health (APS, 2014). According to the Japanese Survey on the Prevention of Industrial Accidents, 32.4% of employees reported experiencing significant anxiety, worry, and stress the preceding year (MHLW, 2014). Work-related stress impacted 18.4% of male and 15.1% of female employees in the Republic of Korea's inaugural Korean Working Conditions Survey (2006). It was strongly associated with working hours and job demands (Choi & Ha, 2009). Overall weariness grew from 17.8% in 2006 to 26.7% in the second Korean Working Conditions Survey (2010) (ILO, 2016).

There were few findings on the incidence or prevalence of psychosocial risks and work-related stress in Africa and the Arab States. Only two African national studies focus on community mental disease. The South African Stress and Health research examined a sample's 12-month and lifetime prevalence of common mental illnesses. In contrast, a nationally representative survey in Ghana (2009-2010) examined the national incidence of poor mental health among women (Herman, 2009). However, neither study incorporated an occupational viewpoint. The only occupational research discovered that employed a large-scale representative sample of instructors from South African public schools (Petzer et al., 2009). This study aimed to examine the association between job satisfaction and self-reported work stress, as well as the prevalence of stress-related diseases and risk factors among teachers. The research discovered that instructors are very stressed. Most stress-related disorders were linked to a lack of job satisfaction and work-related stress (mental distress, heart disease, hypertension, asthma, stomach ulcers, and tobacco and alcohol misuse) (ILO, 2016).

Considering the international prevalence of occupational stress and psychological well-being, it appears to have a limited share of research in Asia. In the Philippines, a substantial study was conducted with 122 companies participating in the Wellbeing Diagnostic Survey between October and November 2020. The survey aimed to understand organizations' workplace well-being approaches better. According to a new study from the world's top provider of consulting, broking, and solutions, Willis Towers Watson (NASDAQ: WLTW), most employers in the Philippines intend to use well-being programs as a competitive advantage in the competitive market. The study also found that most companies (83%) identified increased stress as the leading issue for the well-being of their workforce. Even though stress has always been a problem, it is worse now (at 73%) than it was five years ago. Now, the senior leadership of companies is genuinely interested in the health and well-being of their workforce. Over five years ago, more than half of Filipino employers stated that, while they provided various programs, they did not have a professionally established well-being strategy. Today, many businesses have a strategy in place, and 85% intend to use it as a differentiator in the next three years to compete for talent.

Furthermore, the Philippines' Department of Labor and Employment (DOLE) has recently emphasized fostering employees' mental health through its duty to establish and implement mental health policies and workplace programs. Department Order No. 208, issued by Labor Secretary Silvestre Bello III on February 11, 2020, provides companies and employees with recommendations for the proper integration of mental health programs and policies following RA11036, or the Mental Health Act of 2017 (Department of Labor and Employment, 2020). According to Bello, the order aims to increase mental health awareness and avoid stigma and prejudice among Filipino employees. Additionally, it is intended to assist employees with mental health concerns in gaining access to medical health care. This Act has increased awareness of the significance of well-being, making it an essential component of businesses' Occupational Safety and Health (OSH) programs and policies. It also stressed the features of a mental health program, which must include information, advocacy, training, and education, as well as encouraging and improving the well-being of employees. Nondiscriminatory rules and procedures, information confidentiality, disclosure of physical or mental conditions, work accommodations and arrangements, rehabilitation, treatment, referral system, compensation, and benefits are also components (DOLE, 2020).

Stress happens when workers cannot fulfill deadlines or when much work and time are restricted to finish the task, while psychological well-being is in charge of mental well-being. These two aid in the establishment of a work-life balance. When people are contented and pleased with their work, they are dedicated to it and find it easier to balance their personal and professional life. The most often investigated workplace stress sources include a lack of organizational support, excessive work, and nonstandard working hours, particularly long ones. The outcomes of the study by Shagvaliyeva and Yazdanifard (2014) indicate that employees' mental, physical, and emotional well-being impacts employee performance and productivity.

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Psychological well-being is an essential determinant of a healthy existence. If an employee has a mental illness, they will exhibit poor work and personal conduct. Employees suffering from anxiety and depression due to work- or other-related stress have mediocre performance. Long-term and extreme stress can seriously threaten a worker's wellness. Severe stress leads to breakdown and, consequently, to individual and organizational liabilities. Stress can result in sudden cardiac death, tuberculosis, diabetes, psychological problems like depression and anxiety, and behavioral implications like poor intellectual and occupational performance.

Finally, a plethora of evidence demonstrates that occupational stress adversely affects employee health and psychological well-being. Even though, as stipulated, numerous studies showed the associations between stress and well-being in different contexts, unresolved occupational stress and psychological issues are still alarming. They must be dealt with immediately, as they will affect employees and the organization. If disregarded, occupational stress results in low job satisfaction, psychological anguish, poor mental and physical well-being, high absenteeism, intention to quit and turnover rate, accidents, errors, and employee burnout. Consequently, these influence the organization's overall functioning and profitability. Therefore, this concern must be remedied promptly by implementing various interventions to guarantee that the general well-being of employees fulfills the benchmarks for improved workplace performance.

B. Theoretical Framework

This section references literature on the theoretical models used in this research. According to Nilsen (2015), a model systematically simplifies phenomena or a single feature of a phenomenon. According to Frankfort-Nachmias and Nachmias (1996), models are more descriptive than theories because they have a more clearly defined area of explanation. Past data is used to better understand the subject under consideration. Researchers have emphasized the need for an accurate model representation (Cairney, 2012). The theoretical models applied in this research are the Two-factor theory of motivation by Herzberg and the Transactional model of stress and coping by Lazarus and Folkman.

According to Folkman and Lazarus (1984), transactional stress model is a specific interaction between an individual and his surroundings that the individual views as depleting or beyond his resources and damaging his well-being. The approach concentrates on stress management techniques. Folkman et al. (1986) strongly emphasize the relevance of moderators as a link between the immediate and long-term impacts of a stressed individual's environment. The research used a conceptual framework based on Lazarus and Folkman's Transactional stress model from 1984. According to Matthieu and Ivanoff (2006), the framework blends stress, evaluation, and coping theories describing people's responses to stressful psychological states and settings (See Figure 1).

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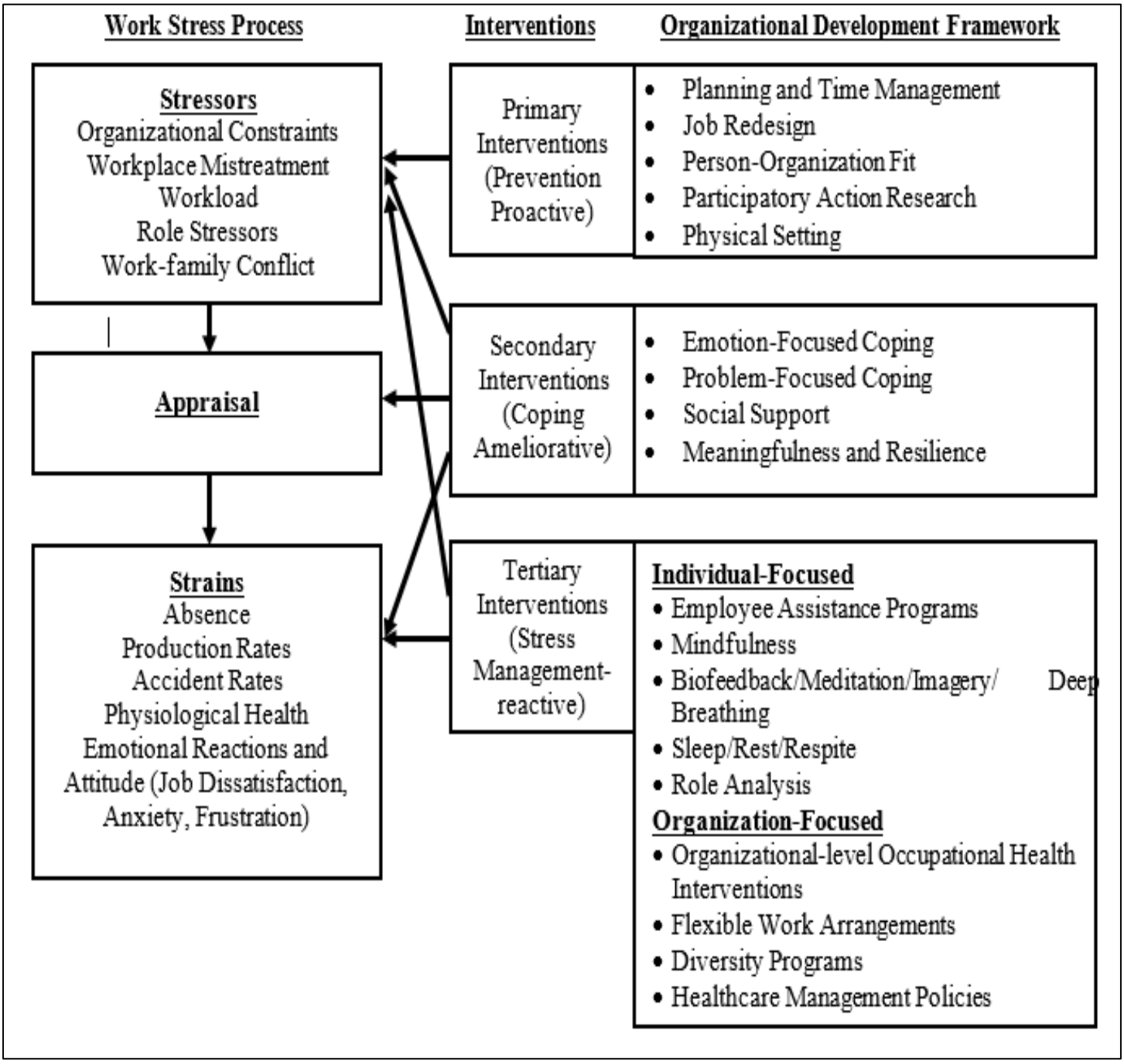

Fig 1: Transactional Model of Stress and Coping

In light of this, the researchers looked at stress from two different angles: the environmental and the psychological, which they consider connected. A stressor may be thought of as an input from an external event, and it refers to anything that takes place inside an individual's surroundings that causes them to feel stressed. It connects with the individual's state of mind and translates into feeling overwhelmed by the event, which in this instance, is stress related to psychological factors. Occasionally, the stimuli from the surrounding environment may result in a condition of action that will cause a person to be triggered into experiencing the sense of being overwhelmed, which can either result in an incapacity to cope with the present scenario or psychological stress (Lazarus & Folkman, 1984). Figure 2 diagrammatically represents these components.

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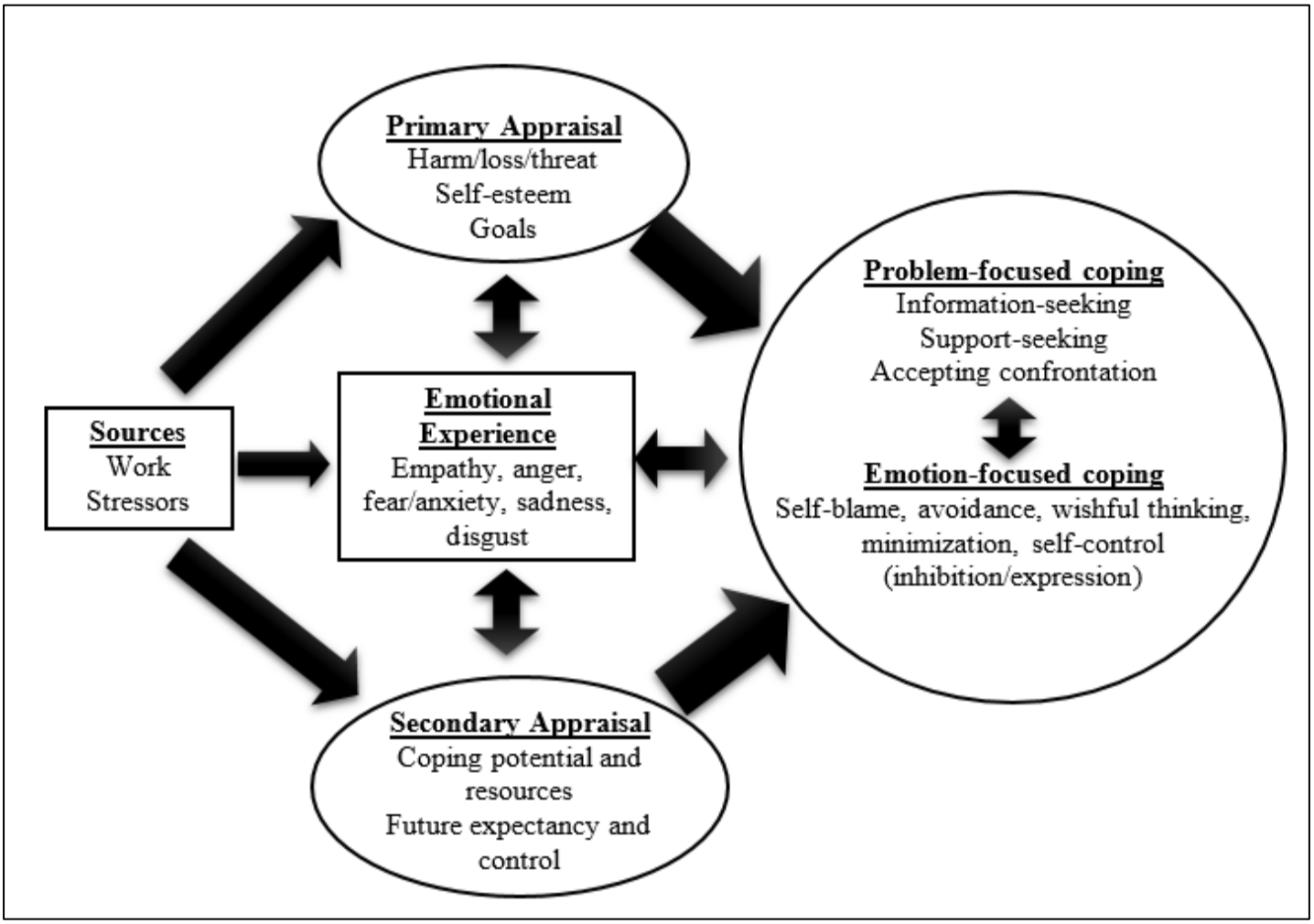

Fig 2: Lazarus and Folkman's Transactional Model of Stress

The Primary appraisal stage is shown in Figure 2. This stage focuses on the individual's assessment of the stressful condition, which reflects the situation's intensity, coping abilities, and expected harm. At this step, the stress rating is reflected, and it may be positive, it may be unimportant, or it may not be hazardous. The secondary appraisal step considers the effects caused by the original assessment, which may be the reaction to stress, the experience of stress, or both. According to Florida (2011), during the secondary appraisal stage, people evaluate the availability of resources such as support, self-will, emotional control, self-efficacy, and inner strength.

Additionally, individuals may consider whether or not they have assistance from others. When insufficient support is unavailable, the situation may become stressful, leading to the development of coping mechanisms in both the person and the work environment. The consequence demonstrates that the transition of human survival from stress might be difficult due to the continuously shifting environment (Florida, 2011).

- *Herzberg's Two-Factor Theory of Motivation*

Herzberg et al. (1959) say that Maslow's hierarchy of needs was the source of the two-factor or dual-factor theory, also called the motivation-hygiene theory. Hollway (1991) states that the Two-Factor Theory found things that affect how individuals think about their work and how happy or unhappy they are with their jobs. Herzberg put these factors into two groups: factors that motivate and factors that dissatisfies. Most of the time, the things that make people happy are motivators or satisfiers. Motivators come from within and have to do with the job itself (Herzberg et al., 1959). Alshmemri et al. (2017) say that the desire for self-growth and self-actualization is a motivating factor that leads to work satisfaction. Some of these factors are recognition, success, personal growth, advancement, responsibility, and the importance of the job (Hollway, 1991).

In the same way, hygiene factors or dissatisfiers are things that relate to the need to avoid unpleasantness or dissatisfaction (Alshmemri et al. (2017). Hygiene factors include a good workplace, better supervision, pay, job security, relationships with other employees and peers, and policies consistently followed by management. As such, these elements replicate the context of the job.

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Thus, the Herzberg dual-factor theory tries to determine what motivates people and makes them happy at work. This theory relates to occupational stress in many ways, such as job dissatisfaction, uncooperative coworkers and colleagues, and too much work (Mate Siakwa, 2014). In the context of hygiene factors, dissatisfaction is what gets people moving. Factors that could lead to dissatisfaction if not handled correctly include salaries, benefits, organizational policies and structures, employee support programs, working conditions, job security, and relationships with other people. As such, a lack of hygiene factors in an employee's workplace could lead to stress in the long run because personal goals for achievement and growth are not being met.

Fig 3: Herzberg's Two Factor Principles

C. Conceptual Framework

The research uses a conceptual framework to examine the influence of occupational stress on their cohorts and the effect on employees' psychological well-being. The eleven (11) Occupational Stress Subscales by the American Institute for Preventive Medicine (2019) and Cooper and Marshall (1976) are the basis for categorizing the study's independent variable. Hence the dependent variable in this study, psychological well-being, was adopted from Ryff's Scales of Psychological Well-Being (1995).

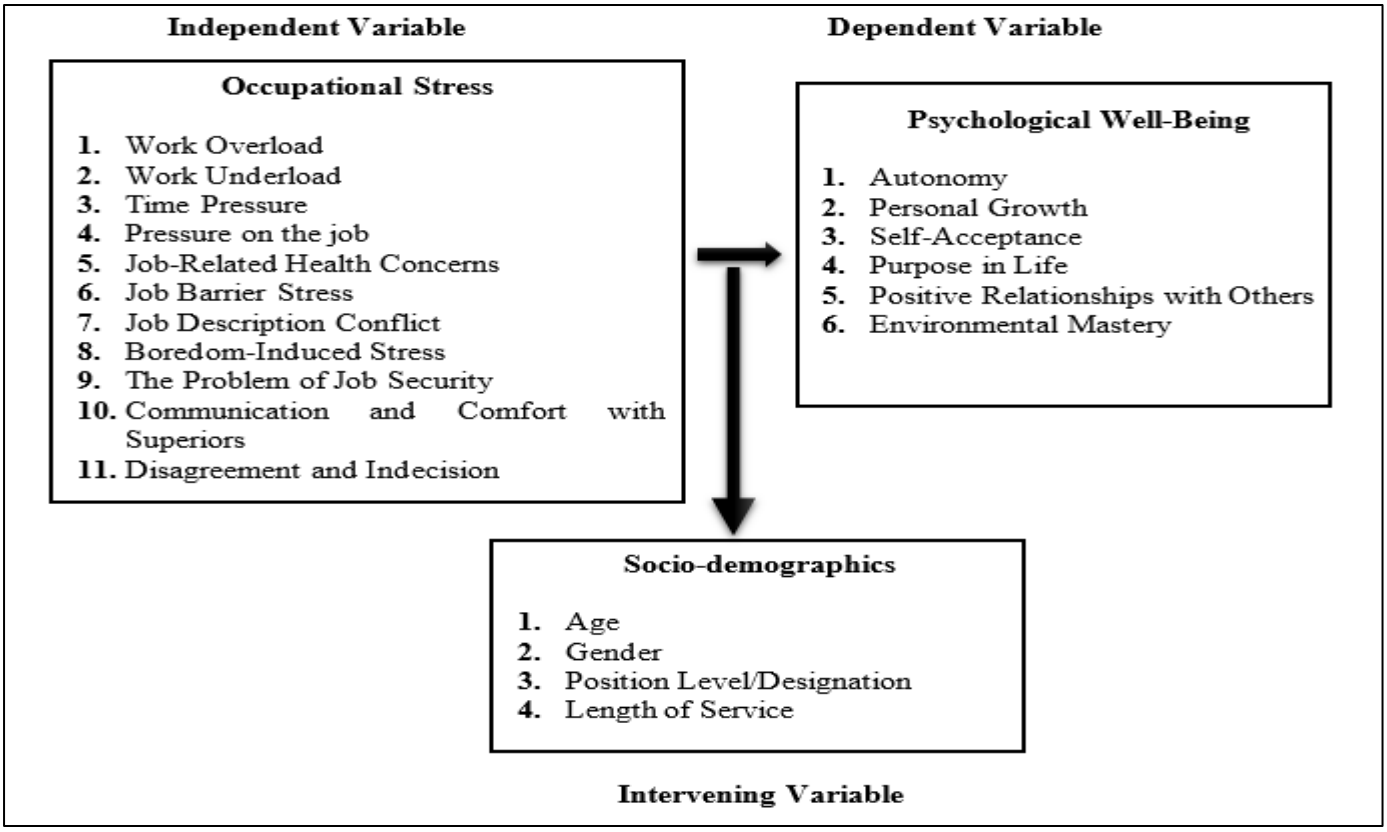

Fig 4: Conceptual Framework

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CHAPTER THREE
METHODOLOGY

This chapter discussed the research design and methodology used in the study. It described the approaches adopted in collecting, analyzing, interpreting, and presenting the information.

A. Research Design

A research design, according to Sekaran and Bougie (2016), is an integral part of a research study because it acts as the blueprint for data collection, measurement, and analysis relevant to the research question being examined by the study. According to Sekaran and Bougie (2016), research design is the all-encompassing plan for the study that defines the hypothesis, the final analysis of the data, and the operational implication. Hence, producing good research and answering research issues is advantageous. Boru (2018) asserts the same thing, saying that research design is an integrative strategy for linking conceptual research issues with relevant ones.

A descriptive-correlational research approach drawn out from the quantitative research design was used in this study. Descriptive research presents statistics to answer questions concerning the relationship between measured variables and develop generalizations contributing to a theory. A descriptive research approach will generate numerical data, which was then be analyzed and converted into statistics. In addition to this, it is formalized and controlled, and it has a more specific range. Quantifying attitudes, options, behaviours, and defining variables is one of its purposes. Because it gives more structured findings than the qualitative approach, it is best suited to collect the result from a more extensive sample group. This research is also correlational since it sought to determine the extent to which variables are connected using different statistical approaches.

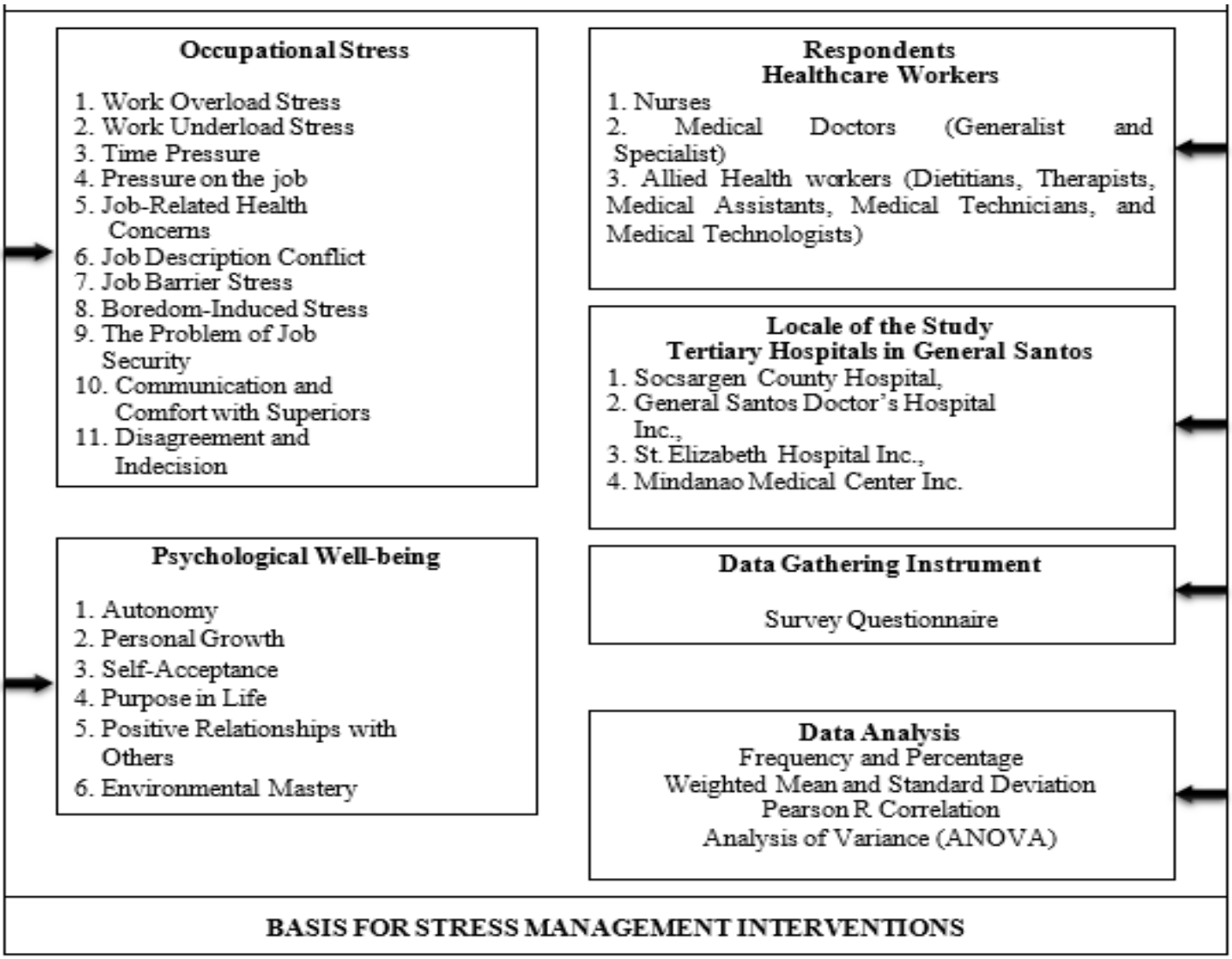

Fig 5: Research Design

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Therefore, a descriptive-correlational approach is the most appropriate for this research since it explores occupational stress and how it affects workers' psychological well-being. The researcher used this approach to permit the analysis in a statistical and deductive manner. Generally, the research was conducted using a quantitative research approach with a structured descriptive survey questionnaire grounded on the research questions to gather healthcare workers' data from General Santos City's private hospitals. Accordingly, the data collected was analyzed using Frequency and Percentage, Weighted Mean and Standard Deviation, Pearson Product Moment Correlation, and Analysis of Variance (ANOVA).

B. Research Locale

The study transpired in General Santos, the first class highly urbanized city in the SOCCSKSARGEN region of Southern Mindanao, Philippines. General Santos, formerly known as Dadiangas, is popularly linked with South Cotabato province but is now officially declared the "Lone Legislative District of General Santos" (City Government of General Santos, n.d.). Moreover, General Santos comprises twenty-six (26) Barangays with a population of 697,315, as determined by the Philippine Statistics Authority (2020). Based on these figures, the calculated population density is 3,664 inhabitants per square mile. Thus, this sixth (6^{th}) most populous city becomes a prime sector for the Health Care industry, much to benefit its constituents and neighboring communities. The four Tertiary health care providers situated in the city were inherently a large portion of the target population, which best represents the healthcare workers. These are 1. Socsargen County Hospital, 2. General Santos Doctor's Hospital Inc., 3. St. Elizabeth Hospital Inc., and 4. Mindanao Medical Center Inc.

Fig 6: Map of General Santos City

C. Research Respondents

The research respondents were the Nurses, Medical Doctors (Generalist and Specialist), and Allied Health workers (Dietitians, Therapists, Medical Assistants, Medical Technicians, and Medical Technologists) from the four tertiary hospitals of General Santos City.

The researcher chose convenience sampling to select the respondents of the study. Thus, from the target population of 1,001 workers, a sample size would not be necessary. Respondents were selected for inclusion in the sample because they are the easiest for the researcher to access. This is applicable and widely used for clinical research due to healthcare workers' hectic and demanding environment (Stratton, 2021).

Table 1. Target Population

Health Care Providers	Number of Healthcare Workers
Socsargen County Hospital	317
General Santos Doctor's Hospital Inc.	267
St. Elizabeth Hospital Inc.	285
Mindanao Medical Center Inc.	132
Total	1,001

Source: Private Hospitals Association of the Philippines, Inc

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In every type of research, it would be superlative to use the whole population. In most cases, covering every subject is usually not feasible because the population is finite. That is why strategies like convenience sampling exist for data gathering. Also referred to as accidental or haphazard sampling, Convenience sampling is a nonprobability or nonrandom sampling method in which individuals from the target respondents fulfill specific functional requirements, like the availability at a particular time, ease of access, geographical proximity, and willingness to participate. Therefore, convenience sampling is the most precise method to fulfill the objectives of this study.

D. Research Instrument

The instrument's primary purpose is to measure the independent and dependent variables of interest. The questionnaire satisfies the study goals and responds to the research questions. Therefore, it is a vital aspect of the research procedure since it directly influences the data quality. The research instrument used to conduct the survey is a self-completion questionnaire. Self-completion questionnaires are cost-effective and time-efficient for data collection. It could reach people quicker and remove the possibility of adverse features, such as interviewer bias or response bias owing to negative impressions of the interviewer.

- *Survey Questionnaires*

Comprehensive literature research served as the basis for the construction of the questionnaire. According to de Vaus (2001), it is feasible for researchers to evaluate previously produced measures that are already accessible. Utilization and enhancement of prior measures used in comparable studies might expedite accumulating cumulative knowledge, reducing the number of researchers conducting individual studies with idiosyncratic criteria (de Vaus, 2001). The questionnaire shown in Appendix 1 comprises the following three sections: Section 1 covered questions concerning the socio-demographic characteristics of the respondents; Section 2 dealt with items on Occupational stress, while Section 3 contained items on psychological well-being.

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CHAPTER FOUR
RESULTS AND DISCUSSIONS

This chapter presents the results, analyses, and interpretations of the responses on the effect of occupational stress on the psychological well-being of healthcare workers. The results were analyzed using descriptive statistics, namely, frequency, percentages, means, and standard deviations in a table format, and inferential statistics to test the hypotheses, namely Pearson's Correlation and Analysis of Variance (ANOVA). The results are presented below.

A. Results

The researcher used convenience sampling due to the hectic and demanding schedule of the respondents. Thus, from the target population of 1,001 healthcare workers, the receipt of 278 responses via Google Forms was completed and submitted from March 30, 2023, to May 2, 2023. A response rate of this number is already adequate for data analysis and reporting. Sekaran (2003) postulated that, as a rule of thumb, sample sizes larger than 30 and less than 500 are appropriate for most research. Most statisticians also agree that the minimum sample size to get any meaningful result is 100 (Piroska, 2022).

In addition, during the 34 days of data gathering via an online survey, the researcher experienced sampling issues such as response errors, multiple responses, and skipping of unwanted questions. The researcher also experienced limitations, such as the difficulty in interpreting the sentiments behind the answers and justifying the identity of the respondents. Capturing what the respondents feel about the problems mentioned in the survey is much more difficult. There was no way to notice the participants' facial expressions or body language; all the researcher had was the responses to decode what the respondents felt. Being entirely online also posed a threat of identity fraud, especially to respondents not using their institutional mail.

Nevertheless, carefully evaluating the completed online survey's benefits outweighed all the disadvantages. The completed online survey was still promising as it felt less overwhelming to participants, returning a higher completion rate than traditional surveys. It helped the researcher maintain the respondent's anonymity, save time and effort, cut costs, and finish more in less time.

B. Socio-Demographic Characteristics of the Healthcare Workers in General Santos City

The socio-demographic characteristics of the healthcare workers in General Santos City are described using the variables age, gender, designation, and the number of years in service.

Table 4: Age of the Healthcare Workers in General Santos City

Age	Frequency	Percentage
21 – 25 years old	14	6.1
26 – 30 years old	83	36.4
31 – 35 years old	41	18.0
36 – 40 years old	64	28.1
41 – 45 years old	16	7.0
45 – 50 years old	4	1.8
51 years old and above	6	2.6
Total	228	100.0

Table 4 illustrates that a slight majority of the employees were 26 – 30 years old at 36.4% and 36 – 40 years old at 28.1%. The figure also portrays that 18% were between the ages 31 – 35 years, and 7.0%, 6.1%, 2.6%, and 1.8% of the employees formed the age range of 41 – 45, 21 – 25, 51 years old above, and 45 – 50 years, respectively. The said healthcare workers have most employees within the youthful and active employment zone. This is consistent with WHO (2020) on their evidence synthesis that over the last decades, the health sector has become the biggest employer of young people, and employment rates have risen faster for young people in this sector than any other age strata.

Table 5: Gender of the Healthcare Workers in General Santos City

Gender	Frequency	Percentage
Female	145	63.6
Male	83	36.4
Total	228	100.0

Table 5 shows that as to the **gender** of the healthcare workers, 63.6% are female, and 36.4% are male. The female respondents outnumbered the male by more than 27%. This means that more women's workforce is in healthcare. The predominance of women in the healthcare workforce can be attributed to a combination of historical, societal, and personal factors (Habib et al., 2020). Historically, caregiving roles, including nursing and midwifery, were considered suitable for women due to societal expectations

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and traditional gender roles (Sharma, Chakrabarti, & Grover 2016). As healthcare professions evolved, these early roles became a foundation for women's participation in the sector. Healthcare professions also exemplify many of the natural qualities of women. Many females flock to this profession because of their inherent capacity to care for another human being. Females are often seen as caring, compassionate, patient, and understanding. Moreover, nursing thrives on a woman's instinct to nurture. The predominance of women was also supported by WHO (2020) in their "Value Gender and Equity in the global health workforce," as they also accounted for women for 67% of the global health and social care workforce. Women are estimated to provide essential health services for around 5 billion people worldwide WHO (2020).

Table 6: Designation of the Healthcare Workers in General Santos City

Designation	Frequency	Percentage
Allied Health Worker (Dietitian, Therapist, Medical Assistant, Medical Technician and Medical Technologist)	102	44.7
Medical Doctor (Generalist and Specialist)	31	13.6
Nurse	95	41.7
Total	228	100.0

Table 6 illustrates that as to the designation, 44.7% are working as allied healthcare workers, which include dietitians, therapists, medical assistants, medical technicians, and medical technologists, and 41.7% are nurses. The remaining 13.6% are medical doctors who work as generalists or specialists. Nurses and allied healthcare workers dominate because they are part of a diversified group of clinicians that provide high-quality care to patients and clients throughout a wide range of care routes and locations (Greiner & Knebel, 2003).

Table 7: Number of Years in Service of the Healthcare Workers

Number of Years in Service	Frequency	Percentage
5 and below	61	26.8
6 - 10 years	104	45.6
11 - 15 years	52	22.8
16 - 20 years	5	2.2
21 - 25 years	4	1.8
26 and above	2	.9
Total	228	100.0

In the case of the **number of years in service** in Table 7, more than 72% of the healthcare workers have worked in healthcare services for 10 years and below and 25% between 11-20 years, and about 3% have worked for more than 20 years. International Labour Organization (2006) attributed this shorter tenure of healthcare workers in the Philippines to a “brain drain.” This is a phenomenon of well-educated professionals permanently migrating to developing countries. The common reason for migration given by healthcare workers is that the low and variable wage rates do not allow them to earn “decent living wages.”

C. Level of Occupational Stress of Healthcare Workers in General Santos City

Table 8-18 describes the level of occupational stress of healthcare workers in General Santos City as measured by work overload, work underload, time pressure, pressure on the job, job-related health concerns, job barrier stress, job description conflict, boredom-induced stress, the problem of job security, communication and comfort with superiors, and disagreement and indecision. Occupational stress among healthcare workers is a significant concern due to their profession’s unique demands and challenges. Healthcare workers, including doctors, nurses, and other healthcare professionals, often face high-stress levels in their daily work environments.

Table 8: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Work Overload Stress

(1) WORK OVERLOAD STRESS	Weighted Mean	SD	Description	Interpretation
1.1 Cannot consult with others on projects	3.71	1.24	Often	High
1.2 Coworkers are inefficient	3.74	1.28	Often	High
1.3 Often take work home to complete	3.67	1.31	Often	High
1.4 Responsible for too many people/projects	3.85	1.17	Often	High
1.5 Shortage of help at work	3.86	1.21	Often	High
MEAN	**3.76**	**1.06**	**Often**	**High**

Table 8 shows that due to **work overload stress**, healthcare workers often have a shortage of help at work ($M = 3.86$) and are responsible for too many people/projects ($M = 3.85$). It was also noted that their coworkers are inefficient ($M = 3.74$). This obtains a mean of 3.76 and a standard deviation of 1.06, described as often. This indicates that healthcare workers have a high level

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of occupational stress in terms of work overload. This is consistent with a similar study conducted by ILO (2006) that healthcare workers frequently experience heavy workloads, long working hours, and unpredictable schedules. They often deal with high patient volumes and complex cases, leading to time pressures and difficulty maintaining a work-life balance.

In the case of **work underload stress** in Table 9, the healthcare workers sometimes have rare chance for growth exists ($M = 2.87$), and they are overqualified for the job ($M = 2.74$). Healthcare workers also tried to look busy on the job ($M = 2.71$). This got a mean of 2.71 and a standard deviation of 1.17, described as sometimes. This reveals that healthcare workers have moderate levels of occupational stress in terms of work underload stress. It further indicates that they experience a significant amount of time or periods where their workload is lower than they would typically expect or desire.

Table 9: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Work Underload Stress

(2) WORK UNDERLOAD STRESS	Weighted Mean	SD	Description	Interpretation
2.1 Too little responsibility at work.	2.63	1.30	Sometimes	Moderate
2.2 Overqualified for the job.	2.74	1.33	Sometimes	Moderate
2.3 Little chance for growth exists.	2.87	1.41	Sometimes	Moderate
2.4 Trying to look busy on the job.	2.71	1.37	Sometimes	Moderate
2.5 Feeling unstimulated	2.61	1.30	Sometimes	Moderate
MEAN	2.71	1.17	Sometimes	Moderate

Moderate underload work can lead to feelings of boredom and lack of engagement among healthcare workers. When there is not enough work to keep them occupied, they may experience a sense of disinterest or frustration, which can impact their motivation and job satisfaction. It may also mean that healthcare workers cannot fully utilize their skills and expertise. This can lead to feelings of underutilization and dissatisfaction, as they may feel their potential is not being maximized. When there is a moderate underload of work, healthcare workers may have fewer opportunities for learning and professional development. Lack of challenging tasks or new experiences can hinder their growth and career advancement. Nonetheless, findings of similar studies showed that most healthcare workers experience heavy workloads than work underload (Portoghese et al., 2014).

Table 10: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Time Pressure

(3) TIME PRESSURE	Weighted Mean	SD	Description	Interpretation
3.1 Constant reminders that time is money.	3.71	1.24	Often	High
3.2 Starting and ending times are rigid.	3.82	1.17	Often	High
3.3 Monotonous pace of work.	3.79	1.13	Often	High
3.4 Not enough breaks or mealtime.	3.60	1.28	Often	High
3.5 Work pace is too fast.	3.82	1.11	Often	High
MEAN	3.75	0.99	Often	High

Table 10 illustrates that on **time pressure**, healthcare workers often find starting and ending times are rigid ($M = 3.82$), and the work pace is too fast ($M = 3.82$). It was also noted that healthcare workers experienced a monotonous pace of work ($M = 3.79$). The mean of 3.75 and a standard deviation of 0.99 are described as often. This means that healthcare workers have a high level of occupational stress regarding time pressure. Based on the findings of related studies, when occupational stress related to time pressure is high among healthcare workers, it indicates that they consistently face tight deadlines and struggle to complete their tasks within the available time frames (Wong, 2019). High time pressure can lead to a decreased quality of care as healthcare workers may not have sufficient time to provide thorough assessments, consultations, or treatments (Wong, 2019). Rushed decision-making or inadequate attention to detail can compromise patient safety and outcomes.

Table 11: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Pressure on the Job

(4) PRESSURE ON THE JOB	Weighted Mean	SD	Description	Interpretation
4.1 Overloaded, unable to complete tasks during an average day.	3.64	1.16	Often	High
4.2 Too much supervision.	3.88	1.19	Often	High
4.3 Private life is affected by job requirements.	3.75	1.18	Often	High
4.4 Rushed to complete work or short on time.	3.74	1.12	Often	High
4.5 Too much red tape.	3.57	1.26	Often	High
MEAN	3.71	0.98	Often	High

On the other hand, on **pressure on the job** in Table 11, healthcare workers often find pressure on too much supervision ($M = 3.88$), and private life is affected by job requirements ($M = 3.75$). They also often rushed to complete work or were short on time ($M = 3.75$). This obtains a mean of 3.71 and a standard deviation of 0.98, described as often. This suggests that healthcare workers have a high level of occupational stress in terms of pressure on the job. Similar studies further indicated that they face significant or high demands and expectations in their roles, often leading to intense stress (Wong, 2019). High job pressure can contribute to mental and emotional strain

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among healthcare workers. The constant demands, too much supervision, tight deadlines, and high expectations can lead to feelings of overwhelm, anxiety, and frustration. High job pressure can impair decision-making abilities. When healthcare workers are under intense pressure, they may struggle to think critically, weigh options, and make sound judgments, to impact patient care and safety (Wong, 2019).

Table 12: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Job Description Conflict

(5) JOB DESCRIPTION CONFLICT	Weighted Mean	SD	Description	Interpretation
5.1 Uncertainty about exact job responsibilities.	2.71	1.23	Sometimes	Moderate
5.2 Too much teamwork.	3.01	1.30	Sometimes	Moderate
5.3 Poor information flow makes it harder to complete a task.	3.00	1.34	Sometimes	Moderate
5.4 Authority is not enough to properly do the job.	2.83	1.29	Sometimes	Moderate
5.5 Discomfort in handling unethical assignments	2.85	1.32	Sometimes	Moderate
MEAN	2.88	1.13	Sometimes	Moderate

Moreover, Table 12 illustrates that in **job description conflict**, the healthcare workers sometimes have too much teamwork ($M = 3.01$), and poor information flow makes it harder to complete a task ($M = 3.00$). In addition, healthcare workers sometimes feel uncomfortable handling unethical assignments ($M = 2.85$). The mean of 2.88 and a standard deviation of 1.13 is described as sometimes. This means that healthcare workers have a moderate level of occupational stress in terms of job description conflict. Results of related studies indicated discrepancies or conflicts between the assigned job responsibilities and the tasks they perform at a moderate level (Alblihed &Alzghaibi, 2022). Moderate job description conflict can result in role ambiguity, where healthcare workers are unsure about their responsibilities and expectations. This might lead to stress and frustration, as they may feel uncertain about prioritizing tasks or meeting job requirements (Alblihed &Alzghaibi, 2022).

Table 13: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Job-Related Health Concerns

(6) JOB-RELATED HEALTH CONCERNS	Weighted Mean	SD	Description	Interpretation
6.1 Work conditions are unhealthy.	3.56	1.31	Often	High
6.2 Physical dangers exist in the workplace.	3.61	1.28	Often	High
6.3 Heavy physical tasks to complete.	3.41	1.22	Often	High
6.4 Hostile threats from coworkers.	2.82	1.40	Sometimes	Moderate
6.5 Sick days are discouraged.	3.37	1.28	Sometimes	Moderate
MEAN	3.35	0.98	Sometimes	Moderate

Table 13 shows that on **job-related health concerns**, healthcare workers often have physical dangers that exist in the workplace ($M = 3.61$) and have unhealthy work conditions ($M = 3.56$). On the contrary, they sometimes have hostile threats from coworkers ($M = 2.82$). The mean of 3.35 and a standard deviation of 0.98 is described as sometimes. This means that healthcare workers have a moderate level of occupational stress in terms of job-related health concerns. Findings of related studies further suggested that if healthcare workers experience a moderate level of job-related health concerns, they have some health issues or challenges directly related to their work environment and job responsibilities (Koinis et al., 2015).

Table 14. Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Job Barrier Stress

(7) JOB BARRIER STRESS	Weighted Mean	SD	Description	Interpretation
7.1 Hope for advancement or raise is limited.	2.86	1.27	Sometimes	Moderate
7.2 Sex/age discrimination exists at the job.	2.78	1.39	Sometimes	Moderate
7.3 Not suited to the job.	2.71	1.37	Sometimes	Moderate
7.4 Work has no personal meaning.	2.77	1.37	Sometimes	Moderate
7.5 Work goes unrecognized.	2.81	1.29	Sometimes	Moderate
MEAN	2.78	1.18	Sometimes	Moderate

Relative to **job barrier stress** in Table 14, healthcare workers sometimes feel that hope for advancement or a raise is limited ($M = 2.86$) and work goes unrecognized ($M = 2.81$). It is also noted that sometimes sex and age discrimination exists at the job ($M = 2.78$). This has a mean of 2.78 and a standard deviation of 1.18, described as sometimes. This means that healthcare workers have a moderate level of occupational stress regarding job barrier stress. Research postulated that the thought that advancement and raise were limited could lead to stress at a moderate level (Bhui et al., 2016). The same feeling also causes stress when one is not valued for the job he performed. These factors indicate causing moderate stress and challenges in the workplace. Job-related barriers can lead to stress and feeling undervalued or less competent in the workplace. Older healthcare workers may need help with technological advancements, adapting to new practices, or perceiving less capable compared to younger colleagues. This can affect job satisfaction and career progression. Barriers such as gender-related can result in moderate stress and feelings of inequality or discrimination. Women in healthcare may face challenges such as gender biases, limited opportunities for leadership roles, or pay disparities. These factors can negatively impact job satisfaction and overall well-being (Bhui et al., 2016).

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Table 15: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Boredom-Induced Stress

(8) BOREDOM-INDUCED STRESS	Weighted Mean	SD	Description	Interpretation
8.1 Repetitive or highly specialized routine.	2.86	1.28	Sometimes	Moderate
8.2 Not learning anything new.	2.79	1.29	Sometimes	Moderate
8.3 Unable to see the outcome of efforts.	2.90	1.34	Sometimes	Moderate
8.4 Job is too easy.	2.76	1.29	Sometimes	Moderate
8.5 Daydreaming frequently.	2.69	1.32	Sometimes	Moderate
MEAN	2.80	1.11	Sometimes	Moderate

Table 15 illustrates that on **boredom-induced stress**, healthcare workers sometimes do repetitive or highly specialized routines ($M = 2.86$) and are not learning anything new ($M = 2.79$). They were also sometimes unable to see the outcome of their efforts ($M = 2.90$). The mean of 2.80 and a standard deviation of 1.11 is described as sometimes. This means that healthcare workers have moderate levels of occupational stress in terms of boredom-induced stress. Similar to work underload stress, studies showed that most healthcare workers experience heavy workloads than being stressed due to boredom (Portoghese et al., 2014).

Table 16: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by The Problem of Job Security

(9) THE PROBLEM OF JOB SECURITY	Weighted Mean	SD	Description	Interpretation
9.1 Fear of being laid off or fired.	2.64	1.28	Sometimes	Moderate
9.2 Worry about poor pension	3.27	1.29	Sometimes	Moderate
9.3 Concerned about low wages.	3.36	1.28	Sometimes	Moderate
9.4 Need a pull to get ahead.	3.19	1.24	Sometimes	Moderate
9.5 Could be fired without cause.	2.63	1.33	Sometimes	Moderate
MEAN	3.02	1.01	Sometimes	Moderate

Relative to **the problem of job security** in Table 16, healthcare workers sometimes are concerned about low wages ($M = 3.36$) and worry about poor pensions ($M = 3.27$). Additionally, they sometimes need a pull to get ahead ($M = 3.19$). The mean of 3.02 and a standard deviation of 1.01 is described as sometimes. This means that healthcare workers have moderate levels of occupational stress in terms of the problem of job security. On the contrary, International Labour Organization (2006) postulated that the problem of job security was extremely high among healthcare workers. Studies conducted by ILO (2006) showed that most Filipino healthcare workers were migrating due to low and variable wage rates, which do not allow them to earn "decent living wages." It has also been noted by ILO (2006) that Filipino healthcare workers are leaving to work abroad, particularly in the United States and Europe, due to unsafe working conditions, limited social benefits, constrained access to educational and career opportunities, absence of safe and secure conditions, lack of additional benefits and sometimes even delayed in their payout.

Table 17: Level of Occupational Stress of Healthcare Workers in General Santos City by Measured by Communication and Comfort With Superiors

(10) COMMUNICATION AND COMFORT WITH SUPERIORS	Weighted Mean	SD	Description	Interpretation
10.1 Ideas are not the same as those of superiors.	2.82	1.28	Sometimes	Moderate
10.2 Trouble talking to the boss	2.94	1.36	Sometimes	Moderate
10.3 Unable to predict supervisors' reactions.	2.89	1.28	Sometimes	Moderate
10.4 Boss gives little feedback about your work.	2.93	1.31	Sometimes	Moderate
10.5 Boss is overly critical of your work.	2.92	1.32	Sometimes	Moderate
MEAN	2.90	1.15	Sometimes	Moderate

Table 17 shows that in **communication and comfort with superiors**, the healthcare workers sometimes have trouble talking to the boss ($M = 2.94$), and the boss gives rare feedback about their work ($M = 2.93$). In addition, their boss is overly critical of their work ($M = 2.92$). This obtains a mean of 2.90 and a standard deviation of 1.15, described as sometimes. This means that healthcare workers have moderate levels of occupational stress in terms of communication and comfort with superiors.

On the contrary, study shows that healthcare workers today acknowledge that poor communication is perhaps one of the most prevalent problems in medicine (Tiwary et al., 2019). Several researchers have looked into the causes and outcomes of poor communication in medical facilities, and it appeared from these studies that the problem was pressing enough to warrant the attention of healthcare workers and the general public. Other research discovered that poor communication was a top reason for unnecessary hospital mortality (Vermeir et al., 2015).

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Table 18: Level of Occupational Stress of Healthcare Workers in General Santos City as Measured by Disagreement and Indecision

(11) DISAGREEMENT AND INDECISION	Weighted Mean	SD	Description	Interpretation
11.1 Unsure of coworkers' expectations.	2.75	1.24	Sometimes	Moderate
11.2 Unfriendly attitude among coworkers.	2.71	1.32	Sometimes	Moderate
11.3 Job responsibilities go against your better judgment.	2.81	1.32	Sometimes	Moderate
11.4 Cannot satisfy conflicting demands from superiors.	2.86	1.33	Sometimes	Moderate
11.5 Trouble refusing overtime.	2.78	1.29	Sometimes	Moderate
MEAN	2.78	1.12	Sometimes	Moderate

Table 18 illustrates that in **disagreement and indecision**, the healthcare workers sometimes cannot satisfy conflicting demands from superiors ($M = 2.86$), and job responsibilities go against their better judgment($M = 2.81$). In addition, they sometimes have trouble refusing overtime. The mean of 2.78 and a standard deviation of 1.12 is described as sometimes. This means that healthcare workers have moderate levels of occupational stress regarding disagreement and indecision. Consistent with similar studies, conflicts may sometimes exist between physicians, physicians, staff, or the health care team, and the patient or patient's family (Van Keer et al., 2015). The disputes may sometimes range from disagreements to major arguments, leading to litigation or violence. Conflicts harm morale, productivity, and patient care. They may sometimes result in high employee turnover, limit staff contributions, and impede efficiency (Van Keer et al., 2015).

Table 19 shows that as to the **overall level of occupational stress**, the mean of 3.13 and a standard deviation of 0.82 is described as sometimes and implies that the manifestation of the items concerning occupational stress was moderate. This means that healthcare workers have only high levels of occupational stress in terms of work overload stress, time pressure, and pressure on the job. An organizational stress management intervention was crafted for these three subscales with a high level of occupational stress. On the other hand, healthcare workers have generally moderate levels of occupational stress in terms of job-related health concerns, the problem of job security, communication and comfort with superiors, job description conflict, boredom-induced stress, job barrier stress, disagreement and indecision, and work underload stress. Accordingly, these subscales with moderate levels of occupational stress may be treated with interventions at an individual level to exterminate, if not prevent and lessen its effect on healthcare workers.

Table 19: Level of Occupational Stress of Healthcare Workers in General Santos City

Occupational Stress	Weighted Mean	SD	Description	Interpretation
Work Overload Stress	3.76	1.06	Often	High
Time Pressure	3.75	0.99	Often	High
Pressure on the Job	3.71	0.98	Often	High
Job-Related Health Concerns	3.35	0.98	Sometimes	Moderate
Problems of Job Security	3.02	1.01	Sometimes	Moderate
Communication and Comfort with Superiors	2.90	1.15	Sometimes	Moderate
Job Description Conflict	2.88	1.13	Sometimes	Moderate
Boredom-Induced Stressed	2.80	1.11	Sometimes	Moderate
Job Barrier Stress	2.78	1.18	Sometimes	Moderate
Disagreement and Indecision	2.78	1.12	Sometimes	Moderate
Work Underload Stress	2.71	1.17	Sometimes	Moderate
OVERALL MEAN	3.13	0.82	Sometimes	Moderate

D. Level of Psychological Well-Being of Healthcare Workers in General Santos City

The level of psychological well-being of healthcare workers in General Santos City is described in terms of autonomy, personal growth, self-acceptance, purpose in life, positive relationships with others, and environmental mastery.

Table 20: Level of Psychological Well-Being of Healthcare Workers in General Santos City According to Autonomy

(1) AUTONOMY	Weighted Mean	SD	Description	Interpretation
1.1 I tend to be influenced by people with strong opinions.	5.56	1.53	Somewhat Agree	Usually Manifested
1.2 I am hesitant with my own opinions, especially if they differ from the way most other people think.	5.46	1.58	Somewhat Agree	Usually Manifested
1.3 I judge myself by the values of what others think is important, not by what I think is important	4.98	1.69	A little Agree	Frequently Manifested
MEAN	5.33	1.40	Somewhat Agree	Usually Manifested

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Table 20 illustrates that in terms of autonomy, the healthcare workers rarely agree that they judge themselves by the values of what others think is important, not by what they think is essential ($M = 4.98$). They somewhat agree that they tend to be influenced by people with strong opinions ($M = 5.56$). This has a mean of 5.33 and a standard deviation of 1.40, described as somewhat agree. This implies that the items concerning autonomy are usually manifested. Based on the findings of related studies, autonomy is positively associated with psychological well-being (Clausen et al., 2022). Low autonomy was expected to significantly harm workers' psychological well-being (Clausen et al., 2022).

Table 21: Level of Psychological Well-Being of Healthcare Workers in General Santos City According to Personal Growth

(2) PERSONAL GROWTH	Weighted Mean	SD	Description	Interpretation
2.1 In my opinion, life has not been a continuous process of learning, changing, and growth.	4.48	1.93	A Little Agree	Frequently Manifested
2.2 I think it is not important to have new experiences that challenge how I think about myself and the world.	4.43	1.87	Neither Agree or Disagree	Neutrally Manifested
2.3 I gave up trying to make big improvements or changes in my life a long time ago.	4.47	1.84	A Little Agree	Frequently Manifested
MEAN	4.46	1.70	A Little Agree	Frequently Manifested

Table 21 shows that as to **personal growth**, the healthcare workers rarely agree that, in their opinion, life has not been a continuous process of learning, changing, and growth ($M = 4.48$). They neither agree nor disagree that they think it is not essential to have new experiences that challenge how they think about themselves and the world ($M = 4.43$). This has a mean of 4.46 and a standard deviation of 1.70, described as rarely agree. This implies that the items concerning personal growth are frequently manifested. Consistently, the findings of related studies propagated the positive and significant relationship between personal growth and psychological well-being (Morales-Rodriguez et al., 2020). In addition, personal growth emerged as a critical predictor of psychological well-being.

Table 22: Level of Psychological Well-Being of Healthcare Workers in General Santos City According to Self-Acceptance

(3) SELF-ACCEPTANCE	Weighted Mean	SD	Description	Interpretation
3.1 I do not like most parts of my personality.	4.43	1.74	Neither Agree or Disagree	Neutrally Manifested
3.2 When I look at the story of my life, I am disappointed with how things have turned out so far.	4.47	1.79	A Little Agree	Frequently Manifested
3.3 In many ways, I feel disappointed about my achievements in life.	4.44	1.83	A Little Agree	Frequently Manifested
MEAN	4.45	1.61	A little Agree	Frequently Manifested

Relative to self-acceptance in Table 22, the healthcare workers rarely agree that when they look at the story of their life, they are disappointed with how things have turned out so far ($M = 4.47$) and in many ways, they feel disappointed about their achievements in life ($M = 4.44$). This gets a mean of 4.45 and a standard deviation of 1.61, described as a rarely agree. This implies that the items concerning autonomy are frequently manifested. Consistently, related studies showed that self-acceptance is associated with psychological well-being (Morales-Rodriguez et al., 2020). Morales- Rodriguez et al. (2020) showed that a lack of self-acceptance leads to self-depreciation, which harms workers' psychological well-being. The review of related literature also showed that self-acceptance is an essential element of psychological well-being, a component of optimal functioning, and a pillar of mental health (Ryff, 1989). Acceptance of oneself is a prerequisite for reaching one's full potential, which is vital for better psychological functioning and overall advancement (Ryff, 1989). According to Ryff (1989), it requires accepting the past and present while focusing on the future.

Table 23: Level of Psychological Well-Being of Healthcare Workers in General Santos City According to Purpose in Life

(4) PURPOSE IN LIFE	Weighted Mean	SD	Description	Interpretation
4.1 I am one of those who wander through life aimlessly.	4.26	1.62	Neither Agree or Disagree	Neutrally Manifested
4.2 I live life one day at a time and do not think about the future.	4.39	1.77	Neither Agree or Disagree	Neutrally Manifested
4.3 I sometimes feel as if I have done all there is to do in life.	4.56	1.69	A little Agree	Frequently Manifested
MEAN	4.40	1.54	Neither Agree or Disagree	Neutrally Manifested

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On the other hand, Table 23 illustrates that as to **purpose in life**, healthcare workers rarely agree that they sometimes feel as if they have done all there is to do in life ($M = 4.56$). Nonetheless, they neither agree nor disagree that they wander through life aimlessly ($M = 4.26$), and they live life one day at a time and do not think about the future ($M = 4.39$). The mean of 4.40 and a standard deviation of 1.54 is neither agree nor disagree. This implies that the items concerning purpose in life are neutrally manifested. On the contrary, findings of related studies showed a significant relationship between purpose in life and psychological well-being (Morales-Rodriguez et al., 2020). In addition to this, just like personal growth, purpose in life also emerged as a highly critical predictor of psychological well-being (Morales-Rodriguez et al., 2020). Ryff (1989) also postulated that understanding one's life has a more significant aim and purpose as part of mental wellness (Ryff, 1989). A sense of purpose in life helps to reduce depression. Workers who maintain concentration, attention, and focus, set realistic goals, and strive to be more holistic serve a higher purpose for themselves and frequently help others.

Table 24: Level of Psychological Well-Being of Healthcare Workers in General Santos City According to Positive Relationships with Others

(5) POSITIVE RELATIONSHIPS WITH OTHERS	Weighted Mean	SD	Description	Interpretation
5.1 Maintaining close relationships has been difficult and frustrating for me.	4.63	1.83	A little Agree	Frequently Manifested
5.2 People would describe me as selfish, unwilling to share my time with others	4.31	1.91	Neither Agree or Disagree	Neutrally Manifested
5.3 I have not experienced many warm and trusting relationships with others.	4.43	1.85	Neither Agree or Disagree	Neutrally Manifested
MEAN	4.45	1.70	A Little Agree	Frequently Manifested

Moreover, regarding **positive relationships with others** in Table 24, the healthcare workers rarely agree that maintaining close relationships has been challenging and frustrating for them ($M = 4.63$). On the contrary, they neither agree nor disagree that people would describe them as selfish and unwilling to share their time with others ($M = 4.31$). A mean of 4.45 and a standard deviation of 1.70 is described as a rarely agreement. This implies that the items concerning positive relationships with others are frequently manifested. Positive relationships with others were consistently associated with healthcare workers' psychological well-being, especially during the pandemic (Cabarkapa et al., 2020). Numerous research suggests that strong social bonds are linked to a longer life (Cabarkapa et al., 2020). Also, social isolation and loneliness are linked to depression, poorer health, and an increased risk of early death (Xia, 2018). Studies have found that having various social relationships may help reduce stress and heart-related risks (Xia, 2018).

Table 25: Level of Psychological Well-Being of Healthcare Workers in General Santos City According to Environmental Mastery

(6) ENVIRONMENTAL MASTERY	Weighted Mean	SD	Description	Interpretation
6.1 The demands of everyday life often get me down.	4.57	1.80	A little Agree	Frequently Manifested
6.2 In general, I do not feel I am in charge of the situation in which I live.	4.59	1.74	A little Agree	Frequently Manifested
6.3 I am struggling with managing the responsibilities of daily life.	4.58	1.74	A little Agree	Frequently Manifested
MEAN	4.58	1.59	A little Agree	Frequently Manifested

Table 25 shows that as to **environmental mastery**, the healthcare workers a agree that, in general, they do not feel that they are in charge of the situation in which they live ($M = 4.59$). They are struggling with managing the responsibilities of daily life ($M = 4.58$). This obtains a mean of 4.58 and a standard deviation of 1.59, described as a rarely agreement. This implies that the items concerning environmental mastery are frequently manifested. The result is consistent with similar studies which showed that environmental mastery significantly affects healthcare workers' psychological well-being (Fernández-Abascal & Martín-Díaz, 2021). Ryff (1989) also postulated that a higher degree of environmental mastery demonstrates control over one's surroundings, while a lower level suggests an incapacity to govern one's surroundings properly. Hence, a mature person with high environmental mastery can generally relate and interact with different people in different situations and adapt to varying contexts on demand. Environmental mastery entails controlling complex environmental and life situations and seizing potential opportunities (Ryff, 1989).

Finally, Table 26 illustrates that as to the **overall level of psychological well-being**, the mean of 4.61 and a standard deviation of 1.41 is described as a rarely agree and implies that items concerning psychological well-being were frequently manifested. This means that the healthcare workers have a moderate level of psychological well-being. They have slightly high levels of psychological well-being concerning autonomy and moderate levels concerning environmental mastery, personal growth, positive relationships with others, and self-acceptance. An organizational level of stress management intervention was crafted for the subscales of

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psychological well-being that were usually and frequently manifested. However, for a purpose in life that was neutrally manifested, an individual level of intervention is recommended to eradicate its effect on the psychological well-being of healthcare workers.

Table 26: Level of Psychological Well-Being of Healthcare Workers in General Santos City

Psychological Well-Being	Weighted Mean	SD	Description	Interpretation
Autonomy	5.33	1.40	Somewhat Agree	Usually Manifested
Environmental Mastery	4.58	1.59	A little Agree	Frequently Manifested
Personal Growth	4.46	1.70	A Little Agree	Frequently Manifested
Positive Relationships with Others	4.45	1.70	A Little Agree	Frequently Manifested
Self-Acceptance	4.45	1.61	A little Agree	Frequently Manifested
Purpose in Life	4.40	1.54	Neither Agree or Disagree	Neutrally Manifested
Overall Mean	4.61	1.41	A little Agree	Frequently Manifested

E. Relationship Between Occupational Stress and the Psychological Well-Being of Healthcare Workers in General Santos City

In Table 27, Pearson Product Moment Correlation was computed to assess the relationship between occupational stress and the psychological well-being of healthcare workers in General Santos City.

It is noted in the overall result that there is a significant relationship between occupational stress and the psychological well-being of healthcare workers, r(278)=.598,p=.000< .05. A p-value of less than .05 indicates a significant relationship between the said variables. An r-value of 0.598 indicates a moderate positive correlation between occupational stress and the psychological well-being of healthcare workers. Hence, the null hypothesis, "There is no significant relationship between occupational stress and the psychological well-being of healthcare workers in General Santos City," was rejected.

Table 27: Pearson's Product-Moment Correlation Analysis Between Occupational Stress and the Psychological Well-Being of Healthcare Workers in General Santos City

Correlations		Occupational Stress	Psychological Well-Being
Occupational Stress	Pearson's Correlation	1	.589
	Sig. (2-tailed)		.000
	N	278	278
Psychological Well-Being	Pearson's Correlation	.598	
	Sig. (2-tailed)	.000	
	N	278	278

The direction and degree of the association between two variables are measured by the correlation coefficient (r). The variables being evaluated in this instance are psychological health and work stress. In this case, a positive correlation suggests that psychological well-being also tends to increase as occupational stress increases. Therefore, healthcare workers who experience higher levels of occupational stress may generally exhibit higher adverse effects on their psychological well-being.

It is also noted that the extent of the relationship is moderate. This means that while there is a positive relationship between occupational stress and psychological well-being, other factors may also influence psychological well-being among healthcare workers. With r=.598, the coefficient of determination r^2=.358, means that 35.8% of the variations in the psychological well-being of healthcare workers can be attributed to their occupational stress. The other 64.2% are due to other variables. Further investigation and analysis would be necessary to explore additional factors contributing to psychological well-being and determine the causality or directionality of the relationship between occupational stress and psychological well-being in healthcare workers.

Similarly, occupational stress in terms of work overload, work underload, time pressure, pressure on the job, job-related health concerns, job barrier stress, job description conflict, boredom-induced stress, the problem of job security, communication and comfort with superiors, and disagreement and indecision of healthcare workers significantly influence their psychological well-being.

Finally, findings of related studies presented similar evidence demonstrating the significant relationship between occupational stress and psychological well-being (Koinis et al., 2015). The positive correlation shows that as occupational stress increases, the adverse effect on the psychological well-being of healthcare workers also increases (Koinis et al., 2015).

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F. Difference Between Occupational Stress and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City

Table 28 shows that when the healthcare workers are grouped according to age, the overall result of occupational stress shows a significant difference (F=4.77,p=.000). This is also true for occupational stress when the healthcare workers are grouped according to gender (F=-5.938,p=.000), level of position/designation (F=20.093,p=.000) and length of service (F=34.26,p=.000).

The negative values on Gender suggest that females have higher levels of occupational stress. The overall indicators of occupational stress show significant differences at 0.01 level across all socio-demographic characteristics of healthcare workers. Hence, the null hypothesis, "There is no significant difference between occupational stress and the socio-demographic characteristics of healthcare workers in General Santos City," was rejected. Similar studies' findings also showed a significant demographic difference in the factors that cause occupational stress among healthcare workers (Tsegaw & Tegegne, 2022).

Table 28: Analysis of Variance (ANOVA) between Occupational Stress and the Socio-Demographic Characteristics of Healthcare Workers in General Santos

ANOVA	**Socio-Demographic Characteristics**							
	Age		**Gender**		**Level of Position/ Designation**		**Length of Service**	
Occupational Stress	F	p-value	F	p-value	F	p-value	F	p-value
	4.777	.000	-5.938	.000	20.093	.000	34.26	.000

Note: Significant at 0.01

G. Difference Between Psychological Well-Being and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City

The mean difference between psychological well-being and the socio-demographic characteristics of healthcare workers in General Santos City is displayed in Table 29.

Overall results show that when the healthcare workers are according to age (F=3.708,p=.002), gender (F=-2.707,p=.008), level of position/designation (F=10.047,p=.0000), and length of service (F=9.560,p=.000), significant differences on the psychological well-being are obtained at 0.01 level. Hence, the null hypothesis, "There is no significant difference between psychological well-being and the socio-demographic characteristic of healthcare workers in General Santos City," was rejected. Similar studies also showed a significant difference between healthcare workers' psychological well-being and demographic characteristics (Peng et al., 2022). It showed that concerning psychological well-being, age, and marital status were significantly associated with life satisfaction; respondents of advanced age and married reported increased levels of life satisfaction than their counterparts. Age and marital status were also significantly related to happiness (Peng et al., 2022).

Table 29: Analysis of Variance (ANOVA) between Psychological Well-Being and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City

ANOVA	**Socio-Demographic Characteristics**							
	Age		**Gender**		**Level of Position/ Designation**		**Length of Service**	
Psychological Well-Being	F	p-value	F	p-value	F	p-value	F	p-value
	3.708	.002	-2.707	.008	10.047	.000	9.560	.000

Note: Significant at 0.01

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CHAPTER FIVE
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter provides a summary of the significant findings of the research. It concludes and makes corresponding recommendations on the Effect of Occupational Stress on the Psychological Well-Being of Healthcare Workers in General Santos City: Basis for Stress Management Interventions.

A. Summary

The study's findings reveal that 36.4% of the healthcare workers in General Santos City were within the youthful and active employment zone (26-30 years old). As to the gender of the healthcare workers, 63.6% are female, and 36.4% are male. The female respondents outnumbered the male by more than 27%. This means that more women's workforce is in healthcare. As to the designation, 44.7% work as allied healthcare workers, including dietitians, therapists, medical assistants, medical technicians, and medical technologists, and 41.7% are nurses. In the case of the number of years in service, more than 72% of the healthcare workers have worked in healthcare services for ten years and below and 25% between 11-20 years, and about 3% have worked for more than 20 years. Moreover, the healthcare workers of General Santos City often experienced work overload stress (M=3.76), pressure on the job (M=3.71), and time pressure (3.75). On the other hand, they sometimes experienced job-related health concerns (3.35), the problem of job security (M=3.02), communication and comfort with superiors (M=2.90), job description conflict (M=2.88), boredom-induced stress (M=2.80), job barrier stress (M=2.78), disagreement and indecision (2.78), and work underload stress (M=2.71). Overall, the healthcare workers of General Santos City sometimes experience occupational stress (M=3.13). As to psychological well-being, the healthcare workers usually manifested the problem concerning autonomy (M=5.33) and frequently manifested issues relating to environmental mastery (M=4.58), personal growth (M=4.46), positive relationships with others (M=4.45), and self-acceptance (M=4.45). On the other hand, healthcare workers neutrally manifested the problem concerning purpose in life (M=4.40). Overall, the healthcare workers frequently experienced issues relating to psychological well-being (M=4.61).

It is also noted in the overall result that there is a significant relationship between occupational stress and the psychological well-being of healthcare workers, r(278)=.598,p=.000< .05. A p-value of less than .05 indicates a significant relationship between the said variables. An r-value of 0.598 indicates a moderate positive correlation between occupational stress and the psychological well-being of healthcare workers. In addition, the findings show that when the healthcare workers are grouped according to age, the overall result of occupational stress shows a significant difference (F=4.77,p=.000). This is also true for occupational stress when the healthcare workers are grouped according to gender (F=-5.938,p=.000), level of position/designation (F=20.093,p=.000) and length of service (F=34.26,p=.000). The overall indicators of occupational stress show significant differences at 0.01 level, across all socio-demographic characteristics of healthcare workers. Lastly, overall results show that when the healthcare workers are grouped according to age (F=3.708,p=.002), gender (F=-2.707,p=.008), level of position/designation (F=10.047,p=.0000), and length of service (F=9.560,p=.000), significant differences on the psychological well-being are obtained at 0.01 level.

B. Conclusion

➢ *Based on the Findings, the Following Conclusions were Drawn:*

- The healthcare workers are young (26-30 years old), female, working as nurses or allied health workers, and the majority are working for ten (10) years and below.
- Healthcare workers have high levels of occupational stress in terms of work overload stress, time pressure, and pressure on the job. Nevertheless, they have moderate levels of job-related health concerns, problems with job security, communication and comfort with superiors, job description conflict, boredom-induced stress, job barrier stress, disagreement, indecision, and work underload stress. Overall, healthcare workers have average levels of occupational stress.
- Healthcare workers have a moderate level of psychological well-being. They have a slightly high level of psychological well-being in terms of autonomy and a moderate level in terms of environmental mastery, personal growth, positive relationships with others, and self-acceptance. Healthcare workers also have a neutral level of psychological well-being regarding purpose in life.
- Conclusively, the findings revealed a significant relationship between occupational stress and psychological well-being. A moderate positive correlation between these variables suggests that as occupational stress increases, an adverse effect on psychological well-being among General Santos City healthcare workers also tends to increase. Since the relationship is moderate, it means that while there is a positive relationship between occupational stress and psychological well-being by 35.8%, other factors by 64.2% may also influence the psychological well-being of healthcare workers.
- The level of occupational stress of healthcare workers is significantly different when grouped according to age, gender, designation, and length of service. The various indicators of occupational stress also show significant differences except for work overload, time pressure, and pressure on the job across gender. The differences in work overload, time pressure, and pressure on the job are not significantly different, meaning that both males and females have the same level of occupational stress. The negative values suggest that females have higher levels of occupational stress.

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- In addition, the level of psychological well-being of the healthcare workers is also significantly different when grouped according to age, gender, designation, and length of service.
- Based on the findings, the researcher crafted a primary-organizational level and secondary-organizational level of stress management interventions (Appendix G) to reduce occupational stress among healthcare workers in General Santos City.

C. Recommendations

➢ *In light of the Findings from the Data, the Researcher would like to Recommend the Following:*

- Concerning **occupational stress,** high-level subscales such as work overload stress, time pressure, and pressure on the job may be reduced through an organizational stress management intervention to deplete its effect on healthcare workers. On the other hand, moderate-level subscales such as job-related health concerns, the problem of job security, communication and comfort with superiors, job description conflict, boredom-induced stress, job barrier stress, disagreement and indecision, and work underload stress, may be treated with interventions at an individual level to exterminate, if not, prevent and lessen its effect to healthcare workers.
- Concerning **psychological well-being**, slightly high-level subscales, such as autonomy, and moderate-level subscales, such as environmental mastery, personal growth, positive relationships with others, and self-acceptance, may be reduced through an organizational level of stress management intervention to de-escalate its effect on the healthcare workers. On the other hand, concerning purpose in life that was neutrally manifested, an individual level of intervention is recommended to eradicate its effect on the psychological well-being of healthcare workers.
- **Healthcare Workers** may promote positive social change by increasing awareness of work-related stressors such as work overload, time pressure, and pressure on the job. Now that healthcare workers can identify and track the sources of their occupational stress, they may create or maintain a routine to avoid and reduce these stressors. Healthcare workers may take good care of their psychological well-being by working on factors like autonomy, personal growth, self-acceptance, positive relationships with others, and environmental mastery. Improving these factors requires intrinsic motivation. It requires healthcare workers to focus on self-awareness, locus of control, self-efficacy, and social support. It also requires healthcare workers to identify the kind of energy in their surroundings to help them decide if it is the right environment for them and whether they need to stay permanently, temporarily, or leave altogether to protect their mental health.
- **Healthcare Providers** may play a role in reducing occupational stress by fostering an optimistic and proactive workplace. Healthcare providers may opt to proactively support activities, programs, and practices used by Human Resources to maintain worker motivation and comfort. Healthcare institutions may elaborate and implement a robust and effective stress management mechanism that was found to be lacking to help employees perform much better. Likewise, the researcher recommends that Healthcare providers introduce an Employee Assistance Program. This proactive measure identifies and intervenes in problems before they affect the employee production level. Praise and recognition are known to be positive influencers. The management may encourage praising and recognizing employees for their exceptional performance through awards, merit systems, and other benefits or bonuses. Clearly defined growth opportunities can also help bolster employees' motivation and performance. The lack of growth opportunities de-motivates employees and consequently affects their performance. Healthcare providers may also consider increasing the number of personnel's working in each branch. Increasing the number from when this research was conducted may ease the workload and the number of hours at work. However, employees should not be encouraged to spend excessive overtime; instead, they should be allowed to go home reasonably to maintain a healthy psychological well-being.
- **Human Resource Practitioners.** Since stress management literature often categorizes interventions based on the 'level' (primary, secondary, or tertiary) at which the stress management occurs and the 'focus' of the intervention (individual or organizational), the researcher would like to recommend a primary-organizational level and secondary-organizational level of stress management interventions (Appendix G). Primary therapies aim to avoid stress by removing its causes and improving its antecedents. The Human Resources division may implement primary intervention at the organizational level, including management training, schedules and working time, and job redesign. HR may design programs for the health and wellness of healthcare workers. The healthcare workers may be given time to rest to renew their strength for long working hours. These interventions can be further broken down into two sub-groups. First is Sociotechnical interventions which are concerned with changes to aspects of work design that can create stress, such as staffing levels, work schedules, and work patterns. Next is Psychosocial interventions which are concerned with adjusting employees' perceptions of the work environment. Typical responses of HR may include health and well-being communications and promotions.

The researcher also recommends a secondary level of intervention. It focuses on lessening the recurrence or duration of stress after it has manifested and keeping the stress level from reaching too high. Secondary intervention at the organizational level includes improving decision-making and communication, coaching and career planning, conflict management, and peer-support groups. Based on the results, healthcare workers may be provided with job descriptions to make sure everything is clear. This intervention aims to target the reactive stages of stress in individuals. It may help healthcare workers better identify and manage stressors and associated symptoms as they occur. Also, these intervention types can be both active and passive. The Human Resources department or division may do active interventions that encourage employees to identify negative thoughts and replace them with positive ones or give them the tools to reduce their exposure to them. The Human Resource division may

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also opt to do passive interventions focused on minimizing the consequences of reactions by reducing tension and anxiety through stress management techniques.

- **Department of Labor and Employment (DOLE)** may consider adopting and implementing mental health policies and programs in workplaces more vigorously. Workplaces may be mobilized by a well-built awareness of the Department Order No. 208 series of 2020, which provides guidelines to employers and workers to effectively implement mental health policies and programs per the Republic Act 11036 or the Mental Health Act. The popularity of this mandate may be harnessed more effectively as DOLE already made this an integral part of the company's Occupational Safety and Health (OSH) policies and programs and may be included as part of the Collective Bargaining Agreement (CBA).
- DOLE's stress management interventions may also be personalized for the labor force in the different working sectors through the help of their attached agency, the Regional Tripartite Wages and Productivity Board (RTWPB). As this agency is concerned not only with the implementation of wages across regions, they are also known to promote productivity and welfare among workers. Hence, RTWPB may attach Personalized/Regionalized Stress Management Interventions to their productivity toolbox or their ladderized training modules for companies interested in productivity improvement programs within their jurisdiction.
- **Researchers, Students, and Academicians** may use the findings of this research as a reference when performing research on similar or related topics. This would eliminate redundancy and produce up-to-date and more quality research. Corroborating with this study would also rapidly bridge the gap between policy and practice, as this study's findings already contributed to the current body of knowledge.
- **Future research** may explore other factors that influence psychological well-being besides occupational stress. This study's findings showed that while there is a positive relationship between occupational stress and psychological well-being by 35.8%, other factors by 64.2% may also influence the psychological well-being of healthcare workers. Further investigation and analysis may be necessary to explore additional factors that contribute to psychological well-being and to determine the causality or directionality of the relationship between occupational stress and the psychological well-being of healthcare workers.

The researcher also recommends that future research consider adding more respondents to reduce the risk of biased sampling. The larger the sample size, the more accurate the average values will be. A stratified sampling may also provide a smaller margin of error as one can obtain reasonably precise estimates for all the population subgroups since they are well represented in the strata.

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APPENDICES
APPENDIX A

Level of Occupational Stress of Healthcare Workers in General Santos C

Indicator	Frequency of Responses					WM	SD	Description
	5	4	3	2	1			
(1) WORK OVERLOAD STRESS								
1.1 Cannot consult with others on projects	73	74	41	21	19	3.71	1.24	Often
1.2 Coworkers are inefficient	88	53	42	29	16	3.74	1.28	Often
1.3 Often take work home to complete	80	64	29	38	17	3.67	1.31	Often
1.4 Responsible for too many people/projects	84	69	44	18	13	3.85	1.17	Often
1.5 Shortage of help at work	87	72	33	22	14	3.86	1.21	Often
MEAN						3.76	1.06	Often
(2) WORK UNDERLOAD STRESS								
2.1 Too little responsibility at work.	25	35	55	57	56	2.63	1.30	Sometimes
2.2 Overqualified for the job.	33	34	48	66	47	2.74	1.33	Sometimes
2.3 Little chance for growth exists.	44	36	41	61	46	2.87	1.41	Sometimes
2.4 Trying to look busy on the job.	33	36	45	60	54	2.71	1.37	Sometimes
2.5 Feeling unstimulated	27	29	53	65	54	2.61	1.30	Sometimes
MEAN						2.71	1.17	Sometimes
(3) TIME PRESSURE								
3.1 Constant reminders that time is money.	81	57	44	34	12	3.71	1.24	Often
3.2 Starting and ending times are rigid.	86	60	42	34	6	3.82	1.17	Often
3.3 Monotonous pace of work.	74	78	38	31	7	3.79	1.13	Often
3.4 Not enough breaks or mealtime.	71	62	46	30	19	3.60	1.28	Often
3.5 Work pace is too fast.	79	68	49	26	6	3.82	1.11	Often
MEAN						3.75	0.99	Often
(4) PRESSURE ON THE JOB								
4.1 Overloaded, unable to complete tasks during an average day.	67	65	50	39	7	3.64	1.16	Often
4.2 Too much supervision.	91	68	28	33	8	3.88	1.19	Often
4.3 Private life is affected by job requirements.	75	71	40	33	9	3.75	1.18	Often
4.4 Rushed to complete work or short on time.	71	71	45	37	4	3.74	1.12	Often
4.5 Too much red tape.	71	56	45	43	13	3.57	1.26	Often
MEAN						3.71	0.98	Often
(5) JOB DESCRIPTION CONFLICT								
5.1 Uncertainty about exact job responsibilities.	20	43	61	58	46	2.71	1.23	Sometimes
5.2 Too much teamwork.	33	58	50	52	35	3.01	1.30	Sometimes
5.3 Poor information flow makes it harder to complete a task.	42	42	51	59	34	3.00	1.34	Sometimes
5.4 Authority is not enough to properly do the job.	30	43	53	63	39	2.83	1.29	Sometimes
5.5 Discomfort in handling unethical assignments	31	48	46	62	41	2.85	1.32	Sometimes
MEAN						2.88	1.13	Sometimes
(6) JOB-RELATED HEALTH CONCERNS								
6.1 Work conditions are unhealthy.	74	55	42	39	18	3.56	1.31	Often
6.2 Physical dangers exist in the workplace.	71	67	36	37	17	3.61	1.28	Often
6.3 Heavy physical tasks to complete.	53	60	58	41	16	3.41	1.22	Often
6.4 Hostile threats from coworkers.	41	32	49	56	50	2.82	1.40	Sometimes
6.5 Sick days are discouraged.	53	60	57	34	24	3.37	1.28	Sometimes
MEAN						3.35	0.98	Sometimes
(7) JOB BARRIER STRESS								
7.1 Hope for advancement or raise is limited.	27	45	67	46	43	2.86	1.27	Sometimes
7.2 Sex/age discrimination exists at the job.	36	38	47	53	54	2.78	1.39	Sometimes
7.3 Not suited to the job.	34	33	48	59	54	2.71	1.37	Sometimes
7.4 Work has no personal meaning.	38	27	57	56	50	2.77	1.37	Sometimes
7.5 Work goes unrecognized.	28	41	63	51	45	2.81	1.29	Sometimes
MEAN						2.78	1.18	Sometimes
(8) BOREDOM-INDUCED STRESS								
8.1 Repetitive or highly specialized routine.	33	35	66	56	38	2.86	1.28	Sometimes
8.2 Not learning anything new.	29	39	60	56	44	2.79	1.29	Sometimes

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8.3 Unable to see the outcome of efforts.	36	42	55	53	42	2.90	1.34	Sometimes
8.4 Job is too easy.	28	36	64	53	47	2.76	1.29	Sometimes
8.5 Daydreaming frequently.	27	40	48	61	52	2.69	1.32	Sometimes
MEAN						2.80	1.11	Sometimes
(9) THE PROBLEM OF JOB SECURITY								
9.1 Fear of being laid off or fired.	22	39	55	58	54	2.64	1.28	Sometimes
9.2 Worry about poor pension	53	45	64	42	24	3.27	1.29	Sometimes
9.3 Concerned about low wages.	52	63	53	36	24	3.36	1.28	Sometimes
9.4 Need a pull to get ahead.	41	53	67	43	24	3.19	1.24	Sometimes
9.5 Could be fired without cause.	26	37	50	56	59	2.63	1.33	Sometimes
MEAN						3.02	1.01	Sometimes
(10) COMMUNICATION AND COMFORT WITH SUPERIORS								
10.1 Ideas are not the same as those of superiors.	32	31	71	52	42	2.82	1.28	Sometimes
10.2 Trouble talking to the boss	37	49	47	53	42	2.94	1.36	Sometimes
10.3 Unable to predict supervisors' reactions.	34	36	66	56	36	2.89	1.28	Sometimes
10.4 Boss gives little feedback about your work.	35	45	53	58	37	2.93	1.31	Sometimes
10.5 Boss is overly critical of your work.	36	45	48	62	37	2.92	1.32	Sometimes
MEAN						2.90	1.15	Sometimes
(11) DISAGREEMENT AND INDECISION								
11.1 Unsure of coworkers' expectations.	24	36	71	53	44	2.75	1.24	Sometimes
11.2 Unfriendly attitude among coworkers.	33	27	57	62	49	2.71	1.32	Sometimes
11.3 Job responsibilities go against your better judgment.	32	40	53	59	44	2.81	1.32	Sometimes
11.4 Cannot satisfy conflicting demands from superiors.	38	34	53	63	40	2.86	1.33	Sometimes
11.5 Trouble refusing overtime.	30	36	58	62	42	2.78	1.29	Sometimes
MEAN						2.78	1.12	Sometimes
OVER-ALL MEAN						3.13	0.82	Sometimes

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APPENDIX B

Level of Psychological Well-Being of Healthcare Workers in General Santos City

Indicator	Frequency of Responses							WM	SD	Description
	7	6	5	4	3	2	1			
(1) AUTONOMY										
1.1 I tend to be influenced by people with strong opinions.	65	86	39	14	6	10	8	5.56	1.53	Somewhat Agree
1.2 I am hesitant with my own opinions, especially if they differ from the way most other people think.	71	63	45	22	9	11	7	5.46	1.58	Somewhat Agree
1.3 I judge myself by the values of what others think is important, not by what I think is important	43	56	63	29	9	13	15	4.98	1.69	A little Agree
MEAN								5.33	1.40	Somewhat Agree
(2) PERSONAL GROWTH										
2.1 In my opinion, life has not been a continuous process of learning, changing, and growth.	44	33	47	38	18	26	22	4.48	1.93	A Little Agree
2.2 I think it is not important to have new experiences that challenge how I think about myself and the world.	37	37	45	43	21	23	22	4.43	1.87	Neither Agree or Disagree
2.3 I gave up trying to make big improvements or changes in my life a long time ago.	33	44	51	34	21	26	19	4.47	1.84	A Little Agree
MEAN								4.46	1.70	A Little Agree
(3) SELF-ACCEPTANCE										
3.1 I do not like most parts of my personality.	33	31	55	46	23	26	14	4.43	1.74	Neither Agree or Disagree
3.2 When I look at the story of my life, I am disappointed with how things have turned out so far.	30	40	61	35	18	26	18	4.47	1.79	A Little Agree
3.3 In many ways, I feel disappointed about my achievements in life.	34	37	53	43	13	29	19	4.44	1.83	A Little Agree
MEAN								4.45	1.61	A little Agree
(4) PURPOSE IN LIFE										
4.1 I am one of those who wander through life aimlessly.	15	28	81	45	15	25	19	4.26	1.62	Neither Agree or Disagree
4.2 I live life one day at a time and do not think about the future.	28	38	55	45	13	33	16	4.39	1.77	Neither Agree or Disagree
4.3 I sometimes feel as if I have done all there is to do in life.	32	38	58	45	20	23	12	4.56	1.69	A little Agree
MEAN								4.40	1.54	Neither Agree or Disagree
(5) POSITIVE RELATIONSHIPS WITH OTHERS										
5.1 Maintaining close relationships has been difficult and frustrating for me.	40	39	66	21	18	29	15	4.63	1.83	A little Agree
5.2 People would describe me as selfish, unwilling to share my time with others	36	30	52	37	23	24	26	4.31	1.91	Neither Agree or Disagree
5.3 I have not experienced many warm and trusting relationships with others.	35	36	54	35	20	30	18	4.43	1.85	Neither Agree or Disagree
MEAN								4.45	1.70	A Little Agree
(6) ENVIRONMENTAL MASTERY										
6.1 The demands of everyday life often get me down.	36	39	64	32	6	40	11	4.57	1.80	A little Agree
6.2 In general, I do not feel I am in charge of the situation in which I live.	34	41	61	31	24	24	13	4.59	1.74	A little Agree
6.3 I am struggling with managing the responsibilities of daily life.	35	38	62	33	21	28	11	4.58	1.74	A little Agree
MEAN								4.58	1.59	A little Agree
Over-all Mean								4.61	1.41	A little Agree

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APPENDIX C

Pearson's Product-Moment Correlation Analysis Between Occupational Stress and the Psychological Well-Being of Healthcare Workers in General Santos City

Occupational Stress	Psychological Well-Being						
	Autonomy	**Personal Growth**	**Self-Acceptance**	**Purpose in Life**	**Positive Relationships with Others**	**Environmental Mastery**	**Overall**
Work Overload	.468**	.506**	.504**	.535**	.581**	.533**	.592**
	.000	.000	.000	.000	.000	.000	.000
Work Underload	.217**	.402**	.389**	.409**	.453**	.435**	.440**
	.001	.000	.000	.000	.000	.000	.000
Time Pressure	.362**	.450**	.428**	.446**	.500**	.466**	.503**
	.000	.000	.000	.000	.000	.000	.000
Pressure on the Job	.423**	.512**	.516**	.510**	.572**	.508**	.576**
	.000	.000	.000	.000	.000	.000	.000
Job-Related Health Concerns	.129	.278**	.272**	.274**	.301**	.316**	.300**
	.052	.000	.000	.000	.000	.000	.000
Job Barrier Stress	.437**	.590**	.595**	.607**	.664**	.615**	.666**
	.000	.000	.000	.000	.000	.000	.000
Job Description Conflict	.263**	.365**	.382**	.390**	.430**	.429**	.429**
	.000	.000	.000	.000	.000	.000	.000
Boredom-Induced Stress	.186**	.377**	.331**	.363**	.413**	.394**	.394**
	.005	.000	.000	.000	.000	.000	.000
The Problem of Job Security	.269**	.392**	.353**	.393**	.383**	.401**	.416**
	.000	.000	.000	.000	.000	.000	.000
Communication and Comfort with Superiors	.186**	.318**	.304**	.323**	.322**	.351**	.343**
	.005	.000	.000	.000	.000	.000	.000
Disagreement and Indecision	.221**	.375**	.367**	.388**	.400**	.395**	.408**
	.001	.000	.000	.000	.000	.000	.000
Overall	.370**	.539**	.524**	.548**	.593**	.573**	.598**
	.000	.000	.000	.000	.000	.000	.000

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APPENDIX D

Analysis of Variance (ANOVA) between Occupational Stress and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City

Occupational Stress	Socio-demographic Characteristics			
	Age	**Gender**	**Level of Position/ Designation**	**Length of Service**
Work Overload	10.314**	-1.689	19.600**	3.694**
	.000	.093	.000	.003
Work Underload	7.065**	-5.754**	16.779**	28.403**
	.000	.000	.000	.000
Time Pressure	4.076**	-.617	7.419**	2.534*
	.001	.538	.001	.030
Pressure on the Job	5.459**	-.907	10.840**	2.837*
	.000	.336	.000	.017
Job-Related Health Concerns	6.324**	-6.353**	12.477**	27.404**
	.000	.000	.000	.000
Job Barrier Stress	3.953**	-2.838**	15.531**	9.401**
	.001	.006	.000	.000
Job Description Conflict	5.369**	-6.162**	18.703**	33.778**
	.000	.000	.000	.000
Boredom-Induced Stress	7.436**	-6.714**	22.532**	35.371**
	.000	.000	.000	.000
The Problem of Job Security	2.987**	-3.718**	12.724**	21.352**
	.008	.000	.000	.000
Communication and Comfort with Superiors	7.603**	-7.003**	13.043**	29.168**
	.000	.000	.000	.000
Disagreement and Indecision	7.632**	-6.492**	20.341**	37.403**
	.000	.000	.000	.000
Overall	4.777**	-5.938**	20.093**	34.26**
	.000	.000	.000	.000

Note * is significant at a .05 level of significance, and ** is significant at a .01 level of significance

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APPENDIX E

Analysis of Variance (ANOVA) between Psychological Well-Being and the Socio-Demographic Characteristics of Healthcare Workers in General Santos City

Psychological Well-Being	**Socio-demographic characteristics**			
	Age	**Gender**	**Level of Position/ Designation**	**Length of Service**
Autonomy	3.152**	.150	0.694	1.425
	.006	.881	.500	.216
Personal Growth	2.975**	-2.744**	9.596**	8.363**
	.008	.007	.000	.000
Self-Acceptance	4.075**	-2.552*	8.840**	11.191**
	.001	.012	.000	.000
Purpose In Life	4.278**	-2.981**	8.470**	9.417**
	.000	.003	.000	.000
Positive Relationships with Others	2.434*	-2.548*	14.273**	6.830**
	.027	.012	.000	.000
Environmental Mastery	3.398**	-3.322**	10.137**	12.293**
	.003	.001	.000	.000
Overall Mean	3.708**	-2.707**	10.047**	9.560**
	.002	.008	.000	.000

Note * is significant at a .05 level of significance, and ** is significant at a .01 level of significance.

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APPENDIX F

Proposed Program on Stressed Management Interventions for Healthcare Workers

AREAS OF CONCERN	OBJECTIVES	STRATEGIES	ACTIVITIES	TIME FRAME	PERSONS INVOLVED	PERFORMANCE INDICATORS	Budget
A. OCCUPATIONAL STRESS							
Work Overload Stress, Time Pressure, and Pressure on the Job	To develop and cultivate good habits and healthy routines to reduce and prevent work overload stress, time pressure, and pressure on the job To reframe stress through proactive interventions	Educate and motivate employees to practice time management, priority management, and strategized workloads. Help employees acquired passive and active coping skills to break large task to smaller ones and maintain a tidier working environment free from cramming and rushing.	Provide and implement time management and priority management training Provide a Multimodal program that consists of a combination of approaches such as relaxation, managing 'energy', and cognitive-behavioral skills.	Quarterly	Operations Manager Human Resource and Development Officer Department Heads Employees	Department Head's Work Evaluation Peer Evaluation Documented Performance Improvement Plan	₱20,000
AREAS OF CONCERN	OBJECTIVES	STRATEGIES	ACTIVITIES	TIME FRAME	PERSONS INVOLVED	PERFORMANCE INDICATORS	Budget
PSYCHOLOGICAL WELL-BEING							
Autonomy, Personal Growth and Self-Acceptance	To enhance self-reliance, resilience, and rationality among healthcare workers thru the culture of accountability. To encourage healthy competition in the workplace.	Allocating budget for the rewards of employee of the month covering all areas of work competencies which will provide performance transparency	Craft Employee of the month program policies and guidelines. Communicate the criteria and monitor progress. Provide feedback and improvement plan to poor performers.	Monthly	OperationsManager Human Resource and Development Officer Department Heads Employees	Awardee of the "Employee of month". Nomination and Recognition Actual posting in Bulletin boards and company magazines	₱2,000
Environmental Mastery, Positive Relationships with Others	To create better balance of employees personal and professional life	Implement a Work-life balance program, and Health and Wellness program	Craft specific employee program for 'work-life balance' and 'Health and wellness' Plan a systematic mental health break to give ample time for employees to rest	Yearly	Operations Manager Human Resource and Development Officer Department Heads Employees	Documented portfolio for work-life balance, and health and wellness events Flexible leave and time schedule policies	₱20,000

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APPENDIX G
LETTER OF REQUEST TO CONDUCT THE STUDY

Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

Head of Human Resource
St. Elizabeth Hospital, Inc.
National Highway, Cor. Santiago Blvd,
General Santos City

Ma'am/Sir,

Greetings of peace and goodwill!

This pertains to my master's thesis entitled **"The Effect of Occupational Stress on the Psychological Well-Being of Healthcare Workers: Basis for Stress Management Interventions"** as a partial requirement for the degree of Master in Business Management major in Human Resource Management at Mindanao State University – School of Graduate Studies, General Santos City.

With this, I would like to ask permission from your good office to allow me to conduct an online survey (https://forms.gle/NyUZCsVAnkx382tu5) among your nurses, doctors, and allied healthcare workers. Rest assured that all information provided will be treated with the utmost confidentiality and would be used for academic purposes only.

Should you have further queries, kindly contact me thru my mobile number 09362527855, or my email address lovely.echalar@msugensan.edu.ph.

I hope that this request will merit your favorable approval. Thank you and God bless!

Respectfully yours,

Lovely V. Echalar
Researcher

Noted by:

Kenneth L. Sapida, MMHRM, CHRP
Research Adviser/MBM Program Coordinator

9/14/2023 9:47 pm

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Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

Head of Human Resource
Socsargen County Hospital
Bula-Lagao Road Corner, L. Arradaza Street,
General Santos City

Ma'am/Sir,

Greetings of peace and goodwill!

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I hope that this request will merit your favorable approval. Thank you and God bless!

Respectfully yours,

Lovely V. Echalar
Researcher

Noted by:

Kenneth L. Sapida, DMHRM, CHRP
Research Adviser/MBM Program Coordinator

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APPENDIX H
SURVEY QUESTIONNAIRES

Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY
SCHOOL OF GRADUATE STUDIES

INFORMED CONSENT

Name of the Researcher: Lovely V. Echalar
Institution: Mindanao State University – School of Graduate Studies

Part I: Information Sheet
This is a written Consent Form must be signed at the beginning of the interview/survey.

- *INTRODUCTION*

You are invited to participate in a research study conducted by Lovely V. Echalar at the Mindanao State University, because you fit the inclusion criteria for informants of our study.

Your participation is completely voluntary. Please read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends.

If you decide to participate, you will be asked to sign this form. You will be given a copy of this form.

- *PURPOSE OF THE STUDY*

This study aims to investigate which subscales of occupational stress substantially affect the psychological well-being of healthcare workers in General Santos City. It also aims to develop a Stress Management Intervention to reduce and minimize occupational stress in its cohorts.

- *STUDY PROCEDURES*

If you volunteer to participate in this study, you will be asked to participate by answering the survey questionnaire which you can finish in less than 30 minutes.

- *POTENTIAL RISKS AND DISCOMFORTS*

You may feel discomfort during the course of the interview because of the sensitive nature of the topic being studied. You may opt not to answer questions which make you feel any psychological or emotional distress or you can withdraw as a participant of the study if you feel that you cannot discuss the information that is asked of you. The researchers value your participation and will place your welfare as their highest priority during the course of the study.

- *POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY*

This study can generate relevant information which can be useful to Healthcare workers and Health care providers. The results, discussions, and findings from this study can spark evidence-based information which can be used by Human Resource practitioners to ensure that employees can cope with the demands of their job and maintain a robust and healthy workplace culture conducive to creativity and productivity. HR practitioners would also benefit from this study in planning stress management interventions, preventive measures, and structuring policies to improve employees' psychological well-being and work-life balance by promoting the best stress management practices in the new-normal workspace.

Department of Labor and Employment (DOLE), The result of this study could support DOLE in emphasizing the importance of promoting workers' mental health. This study could help raise further awareness, prevent stigma and discrimination among Filipino workers regarding mental health conditions, and provide support to workers with mental health issues to gain access to medical health services.

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➢ *CONFIDENTIALITY*

We will keep your records for this study confidential as far as permitted by law. Any identifiable information obtained in connection with this study will remain confidential, except if necessary to protect your rights or welfare. This certificate means that the researcher can resist the release of information about your *participation to people who are not connected with the study. When the results of the research are published or discussed in conferences, no identifiable information will be used.*

➢ *PARTICIPATION AND WITHDRAWAL*

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

➢ *INVESTIGATOR'S CONTACT INFORMATION*

If you have any questions or concerns about the research, please feel free to contact the researcher at Mindanao State University – School of Graduate Studies through mobile phone #09362527855, or through email at lovely.echalar@msugensan.edu.ph, or if you need to see her, she can be located at Brgy. Moloy. Surallah, South Cotabato.

➢ *RIGHTS OF RESEARCH PARTICIPANT*

If you have questions, concerns, or complaints about your right as a research participant or the research in general and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact the Mr. Paolo M. Tagaloguin, M.S., Ethics Chairperson, through the institutional email, paolo.tagaloguin@msugensan.edu.ph

Part II: Certificate of Consent

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction. Thus:

- I have been given a copy of this form
- I fully understand the nature and purpose of this research/study.
- I give my voluntary consent to participate in this research/study.
- I give my consent to the researcher to record the related activities.
- I can stop participating in the study at any time, for any reason without penalty.
- If I have questions about the research in general or about my role in the study, I can freely ask the researcher about my concerns.

_____ _____

Signature above Printed Name of Participant **Date Signed**

Part III: To be accomplished by the Researcher Obtaining Consent:

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this document and freely consents to participate.

Lovely V. Echalar _____

Name of Person Obtaining Consent **Date Signed**

Part I. Socio-Demographics

Instructions: Please fill in the given spaces with your personal information. All responses are confidential. A name is not required.
Age: ___
Gender: Male ___ Female ___
Level of Position/Designation: ___
Length of Service: ___ year/s

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Part II. Occupational Stress Questionnaire

Instructions: Think about how often 'you' have encountered the following situations, then CHECK the appropriate frequency.

Rating Scale

LEVEL OF AGREEMENT	DESCRIPTION
1	Never
2	Rarely
3	Sometimes
4	Often
5	Always

Occupational Stress Scale					
1. Work Overload Stress	1	2	3	4	5
1.1 Cannot consult with others on projects					
1.2 Coworkers are inefficient					
1.3 Often take work home to complete					
1.4 Responsible for too many people/projects					
1.5 Shortage of help at work					
2. Work Underload Stress	1	2	3	4	5
2.1 Too little responsibility at work					
2.2 Overqualified for the job.					
2.3 Little chance for growth exists					
2.4 Trying to 'look' busy on the job					
2.5 Feeling unstimulated					
3. Time Pressure	1	2	3	4	5
3.1 Constant reminders that 'time is money.'					
3.2 Starting and ending times are rigid					
3.3 Monotonous pace of work					
3.4 Not enough breaks or mealtime					
3.5 Work pace is too fast					
4. Pressure on the Job	1	2	3	4	5
4.1 Overloaded, unable to complete tasks during an average day					
4.2 Too much supervision					
4.3 Private life is affected by job requirements					
4.4 Rushed to complete work or short on time					
4.5 Too much red tape					
5. Job Description Conflict	1	2	3	4	5
5.1 Uncertainty about exact job responsibilities					
5.2 Too much teamwork					
5.3 Poor information flow makes it harder to complete a task.					
5.4 Authority is not enough to properly do the job.					
5.5 Discomfort in handling unethical assignments					
6. Job-Related Health Concerns	1	2	3	4	5
6.1 Work conditions are unhealthy					
6.2 Physical dangers exist in the workplace					
6.3 Heavy physical tasks to complete					
6.4 Hostile threats from coworkers					
6.5 Sick days are discouraged					
7. Job Barrier Stress	1	2	3	4	5
7.1 Hope for advancement or raise is limited					
7.2 Sex/age discrimination exists at the job					

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7.3 Not suited to the job					
7.4 Work has no personal meaning					
7.5 Work goes unrecognized					
8. Boredom-Induced Stress	1	2	3	4	5
8.1 Repetitive or highly specialized routine					
8.2 Not learning anything new					
8.3 Unable to see the outcome of efforts					
8.4 Job is too easy					
8.5 Daydreaming frequently					
9. The Problem of Job Security	1	2	3	4	5
9.1 Fear of being laid off or fired					
9.2 Worry about poor pension					
9.3 Concerned about low wages					
9.4 Need 'pull' to get ahead					
9.5 Could be fired without cause					
10. Communication and Comfort with Superiors	1	2	3	4	5
10.1 Ideas are not the same as those of superiors.					
10.2 Trouble talking to the boss					
10.3 Unable to predict supervisor's reactions					
10.4 Boss gives little feedback about your work.					
10.5 Boss is overly critical of your work.					
11. Disagreement and Indecision	1	2	3	4	5
11.1 Unsure of coworkers' expectations					
11.2 Unfriendly attitude among coworkers					
11.3 Job responsibilities go against your better judgment.					
11.4 Cannot satisfy conflicting demands from superiors					
11.5 Trouble refusing overtime					

Part III. Psychological Well-Being Questionnaire

Instructions: Check one response below to indicate how much you agree or disagree with each statement.
Rating Scale

LEVEL OF AGREEMENT	DESCRIPTION
1	Strongly Disagree
2	Somewhat Disagree
3	A Little Disagree
4	Neither Agree or Disagree
5	A Little Agree
6	Somewhat Agree
7	Strongly Agree

Psychological Well-Being Scale							
1. Autonomy	**1**	**2**	**3**	**4**	**5**	**6**	**7**
1.1 "I tend to be influenced by people with strong opinions."							
1.2 "I am hesitant with my own opinions, especially if they differ from the way most other people think."							
1.3 "I judge myself by the values of what others think is important, not by what I think is important."							
2. Personal Growth	**1**	**2**	**3**	**4**	**5**	**6**	**7**
2.1 "In my opinion, life has not been a continuous process of learning, changing, and growth."							
2.2 "I think it is not important to have new experiences that challenge how I think about myself and the world."							
2.3 "I gave up trying to make big improvements or changes in my life a long time ago."							
3. Self-Acceptance	**1**	**2**	**3**	**4**	**5**	**6**	**7**
3.1 "I do not like most parts of my personality."							

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3.2 “When I look at the story of my life, I am disappointed with how things have turned out so far.”							
3.3 “In many ways, I feel disappointed about my achievements in life.”							
4. Purpose in Life	**1**	**2**	**3**	**4**	**5**	**6**	**7**
4.1 “I am one of those who wander through life aimlessly.”							
4.2 “I live life one day at a time and do not think about the future.”							
4.3 “I sometimes feel as if I have done all there is to do in life.”							
5. Positive Relationships with Others	**1**	**2**	**3**	**4**	**5**	**6**	**7**
5.1 “Maintaining close relationships has been difficult and frustrating for me.”							
5.2 “People would describe me as selfish, unwilling to share my time with others.”							
5.3 “I have not experienced many warm and trusting relationships with others.”							
6. Environmental Mastery	**1**	**2**	**3**	**4**	**5**	**6**	**7**
6.1 “The demands of everyday life often get me down.”							
6.2 “In general, I do not feel I am in charge of the situation in which I live.”							
6.3 “I am struggling with managing the responsibilities of daily life.”							

Thank you.

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APPENDIX I
VALIDATION INSTRUMENT

Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

VALIDATION INSTRUMENT

Name of Evaluator: Mary Christ Canapit, MBA
Position: Professor
Institution: Mindanao State University
Educational Attainment: Master's Degree

Directions: To establish the instrument's validity, you are requested to encircle the appropriate number that reflects your rating. When needed, you may write comments and suggestions to improve its validity.

SCALE	VERBAL	DESCRIPTION
5	Very Highly Valid	The instrument is very highly valid. It provides unbiased data, allowing 0-5% error
4	Highly Valid	The questionnaire is highly valid. It provides unbiased data. Allowing 6-10% error.
3	Moderately Valid	The questionnaire is moderately valid. It provides unbiased data, allowing 11-15% error.
2	Less Valid	The questionnaire is less valid. It provides unbiased data, allowing 16-20% error.
1	Not Valid	The questionnaire is not valid. It provides biased data, allowing 21% or more errors.

Appropriateness

CRITERIA	RATING
1. **Appropriateness of Scale** The scale of the instrument is appropriate for measuring each item.	5 [4] 3 2 1
2. **Suitability of Items** The concepts, vocabulary, and structure are suitable to the respondents' level.	5 [4] 3 2 1
3. **Relevance of Items** The instrument has items appropriate to the study's variables that can measure what it intends to measure.	[5] 4 3 2 1
4. **Clarity of Direction** The direction or content of the instrument is easy to understand.	5 [4] 3 2 1
5. **Adequateness of Items** The number of items is adequate to represent the coverage of the research or study.	[5] 4 3 2 1
6. **Organization** The items are framed and organized logically.	5 [4] 3 2 1
7. **Objectivity** The instrument can gather factual data that is free from biases and subjectivity.	[5] 4 3 2 1

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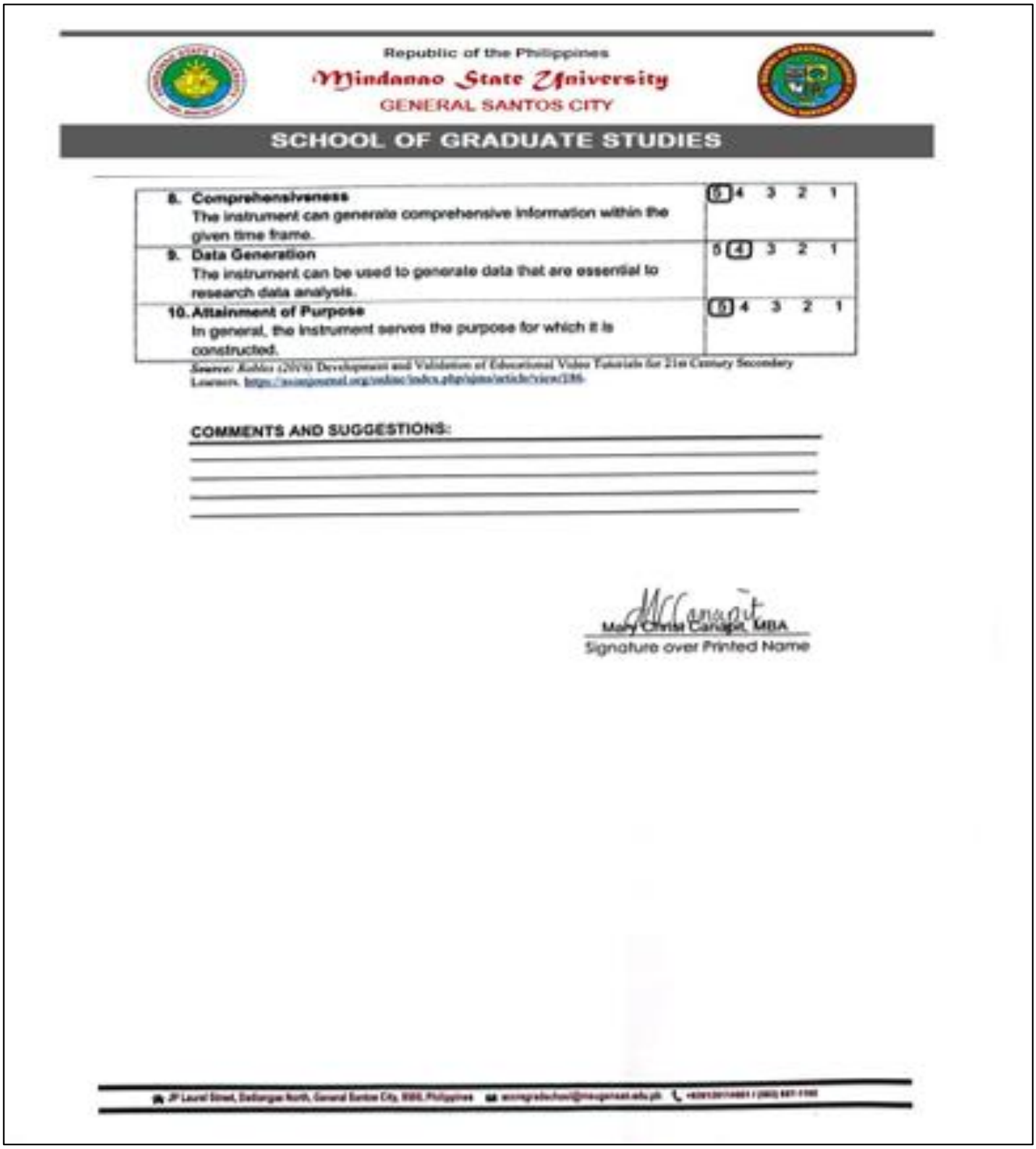

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Mindanao State University
GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

8. Comprehensivsness The instrument can generate comprehensive information within the given time frame.	[5] 4 3 2 1
9. Data Generation The instrument can be used to generate data that are essential to research data analysis.	5 [4] 3 2 1
10. Attainment of Purpose In general, the instrument serves the purpose for which it is constructed.	[5] 4 3 2 1

Source: Robles (2019) Development and Validation of Educational Video Tutorials for 21st Century Secondary Learners. https://asianjournal.org/online/index.php/ajms/article/view/186

COMMENTS AND SUGGESTIONS:

Mary Christ Carvajal, MBA
Signature over Printed Name

JP Laurel Street, Bafiangan North, General Santos City, 9500, Philippines

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Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

VALIDATION INSTRUMENT

Name of Evaluator: Keno Jay M. Balogbog, PhD
Position: Professor
Institution: Mindanao State University
Educational Attainment: Doctorate Degree

Directions: To establish the instrument's validity, you are requested to encircle the appropriate number that reflects your rating. When needed, you may write comments and suggestions to improve its validity.

SCALE	VERBAL	DESCRIPTION
5	Very Highly Valid	The instrument is very highly valid. It provides unbiased data, allowing 0-5% error
4	Highly Valid	The questionnaire is highly valid. It provides unbiased data. Allowing 6-10% error.
3	Moderately Valid	The questionnaire is moderately valid. It provides unbiased data, allowing 11-15% error.
2	Less Valid	The questionnaire is less valid. It provides unbiased data, allowing 16-20% error.
1	Not Valid	The questionnaire is not valid. It provides biased data, allowing 21% or more errors.

Appropriateness

CRITERIA	RATING
1. **Appropriateness of Scale** The scale of the instrument is appropriate for measuring each item.	5 ✓ 3 2 1
2. **Suitability of Items** The concepts, vocabulary, and structure are suitable to the respondents' level.	5 ✓ 3 2 1
3. **Relevance of Items** The instrument has items appropriate to the study's variables that can measure what it intends to measure.	5 ✓ 3 2 1
4. **Clarity of Direction** The direction or content of the instrument is easy to understand.	5 ✓ 3 2 1
5. **Adequateness of Items** The number of items is adequate to represent the coverage of the research or study.	5 ✓ 3 2 1
6. **Organization** The items are framed and organized logically.	5 ✓ 3 2 1
7. **Objectivity** The instrument can gather factual data that is free from biases and subjectivity.	5 ✓ 3 2 1

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8. Comprehensiveness The instrument can generate comprehensive information within the given time frame.	5 ✓ 3 2 1
9. Data Generation The instrument can be used to generate data that are essential to research data analysis.	5 ✓ 3 2 1
10. Attainment of Purpose In general, the instrument serves the purpose for which it is constructed.	5 ✓ 3 2 1

Source: Robles (2019) Development and Validation of Educational Video Tutorials for 21st Century Secondary Learners. https://ijoinarsmsl.org/online/index.php/ajms/article/view/186

COMMENTS AND SUGGESTIONS:

Please add more variables to your socio-demographic profile. Refer to my comments under the SOP.

Kenn Jay M. Balogbog, PhD
Signature over Printed Name

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Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

VALIDATION INSTRUMENT

Name of Evaluator: Cyrill P. Lambac, LPT
Position: Human Resource and Development Assistant
Institution: Mindanao Polytechnic College
Educational Attainment: Bachelor's Degree

Directions: To establish the instrument's validity, you are requested to encircle the appropriate number that reflects your rating. When needed, you may write comments and suggestions to improve its validity.

SCALE	VERBAL	DESCRIPTION
5	Very Highly Valid	The instrument is very highly valid. It provides unbiased data, allowing 0-5% error
4	Highly Valid	The questionnaire is highly valid. It provides unbiased data. Allowing 6-10% error.
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2	Less Valid	The questionnaire is less valid. It provides unbiased data, allowing 16-20% error.
1	Not Valid	The questionnaire is not valid. It provides biased data, allowing 21% or more errors.

Appropriateness

CRITERIA	RATING
1. **Appropriateness of Scale** The scale of the instrument is appropriate for measuring each item.	5 (4) 3 2 1
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3. **Relevance of Items** The instrument has items appropriate to the study's variables that can measure what it intends to measure.	5 (4) 3 2 1
4. **Clarity of Direction** The direction or content of the instrument is easy to understand.	5 (4) 3 2 1
5. **Adequateness of Items** The number of items is adequate to represent the coverage of the research or study.	5 (4) 3 2 1
6. **Organization** The items are framed and organized logically.	(5) 4 3 2 1
7. **Objectivity** The instrument can gather factual data that is free from biases and subjectivity.	5 (4) 3 2 1

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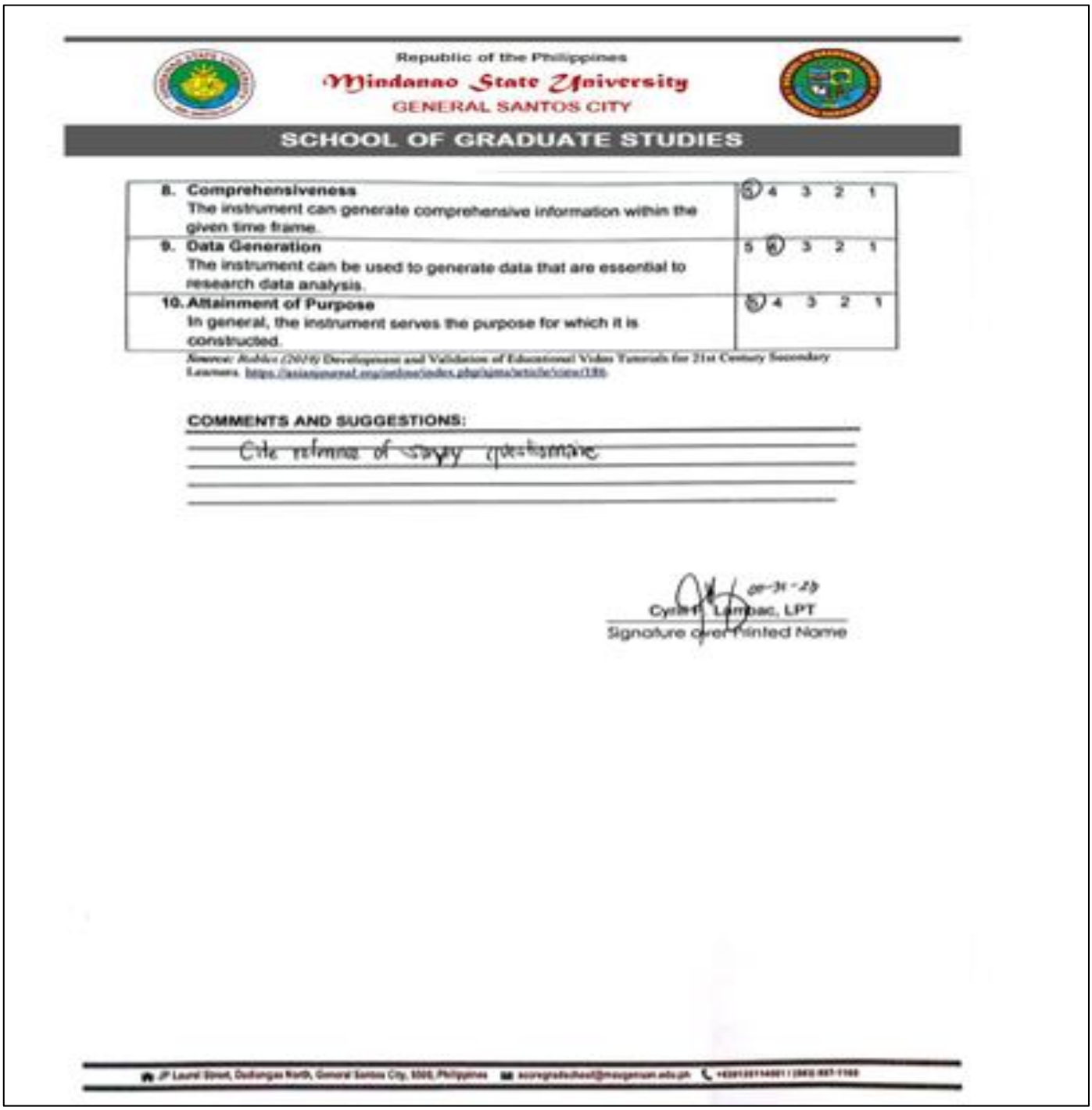

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GENERAL SANTOS CITY

SCHOOL OF GRADUATE STUDIES

8. Comprehensiveness The instrument can generate comprehensive information within the given time frame.	(5) 4 3 2 1
9. Data Generation The instrument can be used to generate data that are essential to research data analysis.	5 (4) 3 2 1
10. Attainment of Purpose In general, the instrument serves the purpose for which it is constructed.	(5) 4 3 2 1

Source: Robles (2018) Development and Validation of Educational Video Tutorials for 21st Century Secondary Learners. https://asianjournal.org/online/index.php/ajms/article/view/386

COMMENTS AND SUGGESTIONS:

Cite source of survey questionnaire

08-31-23

Cyrill T. Lambac, LPT
Signature over Printed Name

JP Laurel Street, Dadiangas North, General Santos City, 9500, Philippines

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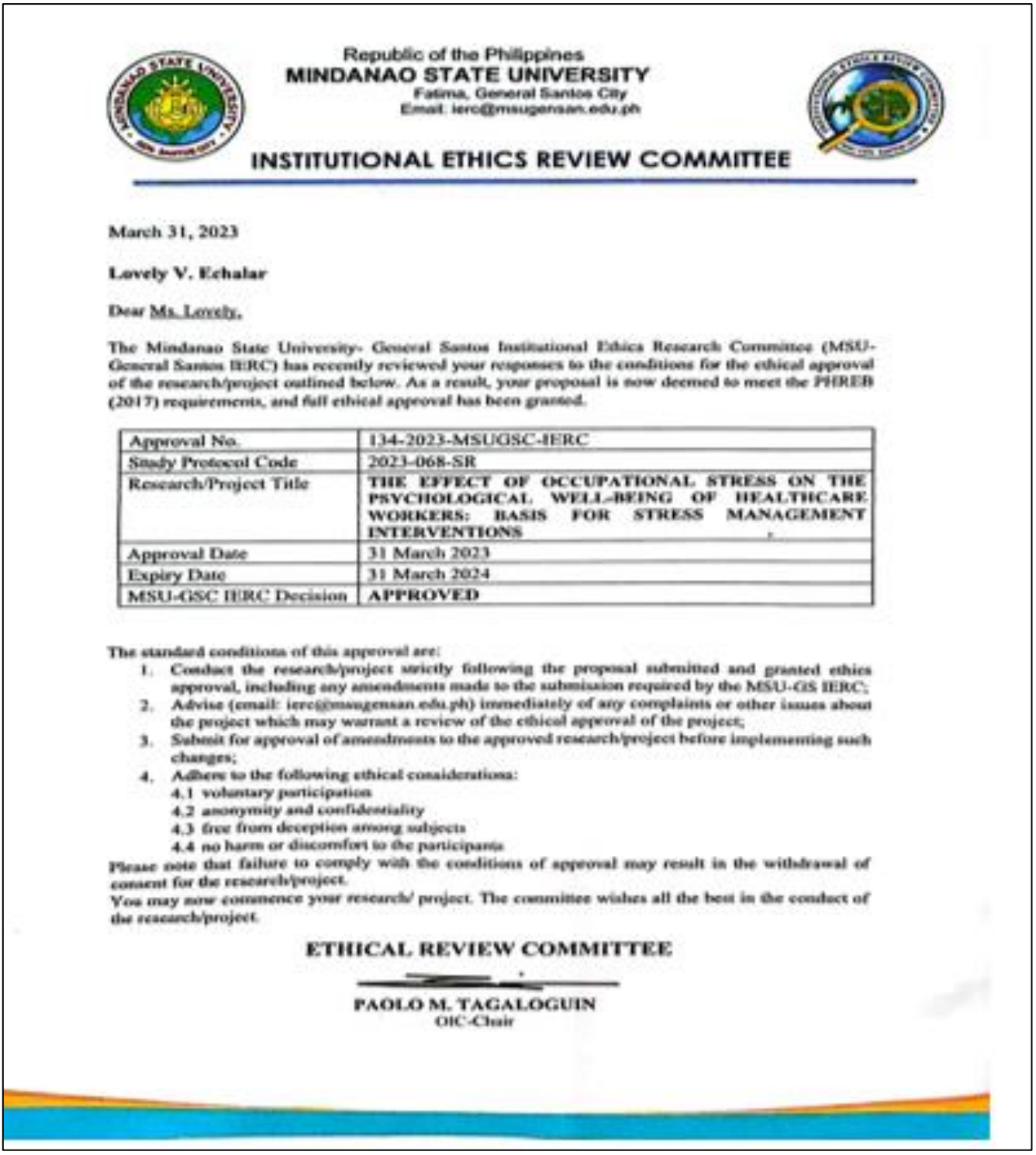
APPENDIX J
CERTIFICATION FROM ETHICS REVIEW



Republic of the Philippines
MINDANAO STATE UNIVERSITY
Fatima, General Santos City
Email: ierc@msugensan.edu.ph

INSTITUTIONAL ETHICS REVIEW COMMITTEE

March 31, 2023

Lovely V. Echalar

Dear Ms. Lovely,

The Mindanao State University- General Santos Institutional Ethics Research Committee (MSU-General Santos IERC) has recently reviewed your responses to the conditions for the ethical approval of the research/project outlined below. As a result, your proposal is now deemed to meet the PHREB (2017) requirements, and full ethical approval has been granted.

Approval No.	134-2023-MSUGSC-IERC
Study Protocol Code	2023-068-SR
Research/Project Title	**THE EFFECT OF OCCUPATIONAL STRESS ON THE PSYCHOLOGICAL WELL-BEING OF HEALTHCARE WORKERS: BASIS FOR STRESS MANAGEMENT INTERVENTIONS**
Approval Date	31 March 2023
Expiry Date	31 March 2024
MSU-GSC IERC Decision	**APPROVED**

The standard conditions of this approval are:

1. Conduct the research/project strictly following the proposal submitted and granted ethics approval, including any amendments made to the submission required by the MSU-GS IERC;
2. Advise (email: ierc@msugensan.edu.ph) immediately of any complaints or other issues about the project which may warrant a review of the ethical approval of the project;
3. Submit for approval of amendments to the approved research/project before implementing such changes;
4. Adhere to the following ethical considerations:
   - 4.1 voluntary participation
   - 4.2 anonymity and confidentiality
   - 4.3 free from deception among subjects
   - 4.4 no harm or discomfort to the participants

Please note that failure to comply with the conditions of approval may result in the withdrawal of consent for the research/project.
You may now commence your research/ project. The committee wishes all the best in the conduct of the research/project.

ETHICAL REVIEW COMMITTEE

PAOLO M. TAGALOGUIN
OIC-Chair

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APPENDIX K
CERTIFICATE OF AUTHENTIC AUTHORSHIP

Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY
SCHOOL OF GRADUATE STUDIES

CERTIFICATION

TO WHOM IT MAY CONCERN:

I hereby declare that this submission is my own work and to the best of my knowledge and capabilities. It contains no materials previously neither published nor written by another person. This work does not also contain material which, to a substantial extent, has been accepted for an award of any degree or diploma, except where due acknowledgement is made in the manuscript. Any contribution made to the research of others, with whom I have worked at MSU School of Graduate Studies, General Santos City or elsewhere, is explicitly acknowledged in the manuscript. I also declare that the intellectual content of the manuscript is the product of my own work, except the assistance that I received in the research design, concept and style, presentation and linguistic expression which I also acknowledge.

This certification is being issued for whatever legal purpose/s it may serve best.

Done this 23rd day of June 2023 in the city of General Santos.

Lovely V. Echalar
Researcher

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APPENDIX L
CERTIFICATION FROM STATISTICIAN

Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY
SCHOOL OF GRADUATE STUDIES

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the undersigned has thoroughly reviewed the statistical treatment and analysis of the thesis of LOVELY V. ECHALAR entitled "THE EFFECT OF OCCUPATIONAL STRESS ON THE PSYCHOLOGICAL WELL-BEING OF HEALTHCARE WORKERS: BASIS FOR STRESS MANAGEMENT INTERVENTIONS", and found that it has complied with the standard and acceptable statistical procedures.

This certification is issued this 20th day of June 2023 at the School of Graduate Studies, Mindanao State University, General Santos City.

PROF. BERLITA Y. DISCA
Accredited Statistician
MSU-Graduate School

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APPENDIX M
CERTIFICATION FROM AUTHORIZED EDITOR/PROOFREADER

Republic of the Philippines
Mindanao State University
GENERAL SANTOS CITY
SCHOOL OF GRADUATE STUDIES

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the undersigned has thoroughly edited the thesis of LOVELY V. ECHALAR entitled "THE EFFECT OF OCCUPATIONAL STRESS ON THE PSYCHOLOGICAL WELL-BEING OF HEALTHCARE WORKERS: BASIS FOR STRESS MANAGEMENT INTERVENTIONS", and has complied with the standards set by the American Psychological Association (APA) for academic writing.

This is to certify further that to the best of my knowledge that the same is ready for final binding.

Done this 23rd day of June 2023 in the city of General Santos City.

Estela Marie O. Verana, DM
Proofreader

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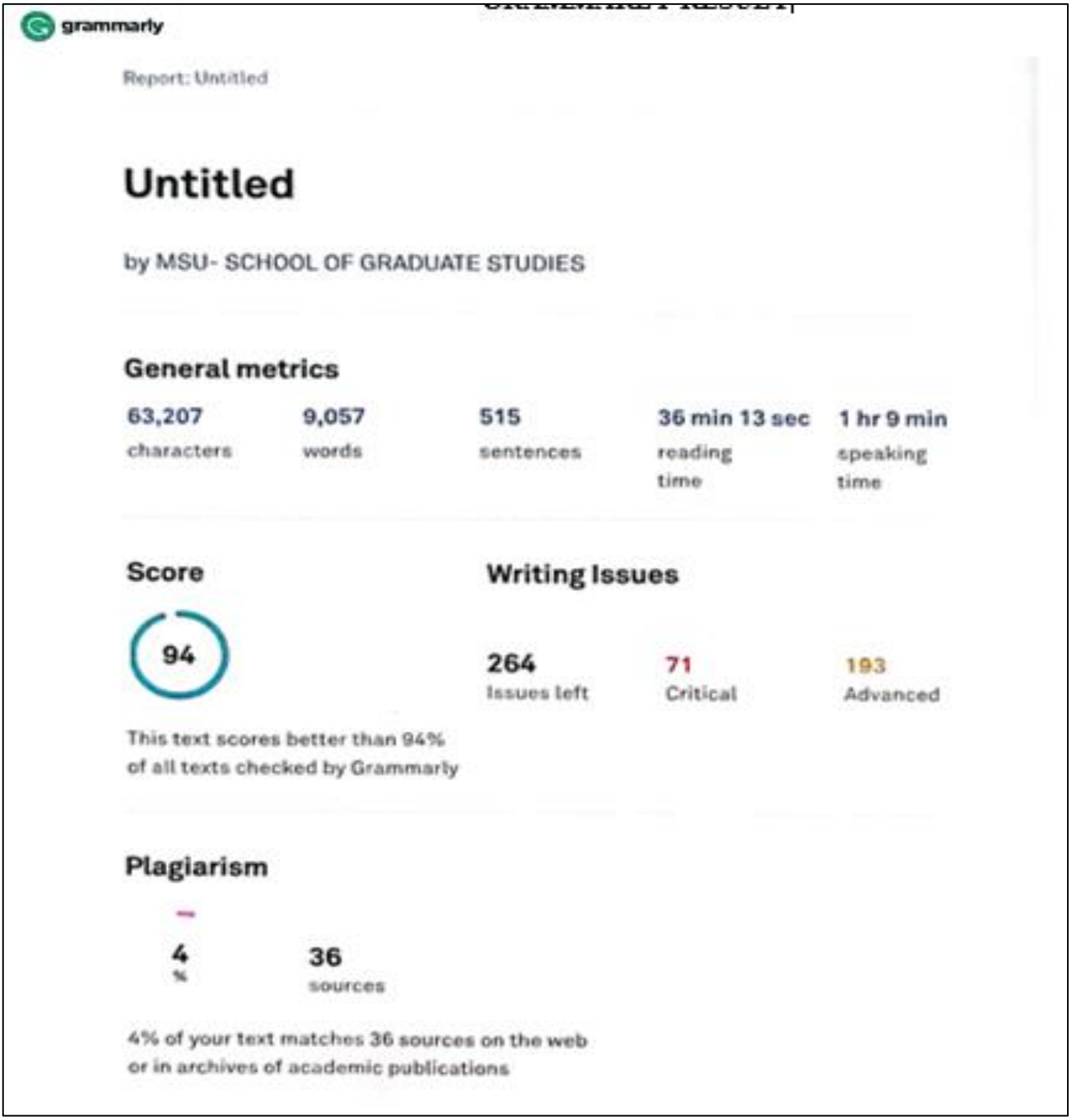
APPENDIX N
GRAMMARLY RESULT



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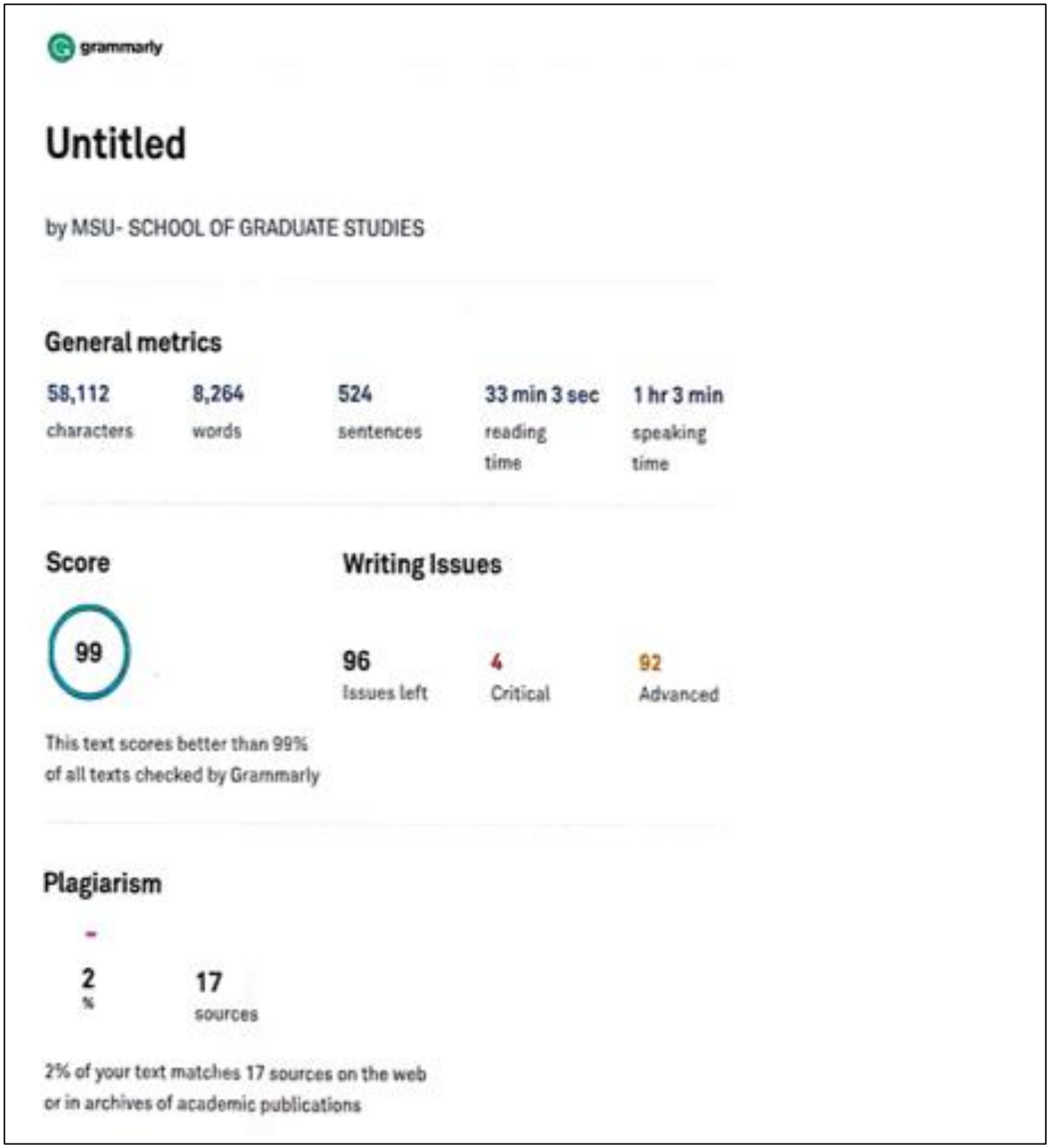

grammarly

Untitled

by MSU- SCHOOL OF GRADUATE STUDIES

General metrics

58,112	8,264	524	33 min 3 sec	1 hr 3 min
characters	words	sentences	reading time	speaking time

Score

99

This text scores better than 99% of all texts checked by Grammarly

Writing Issues

96	4	92
Issues left	Critical	Advanced

Plagiarism

2 %

17 sources

2% of your text matches 17 sources on the web or in archives of academic publications

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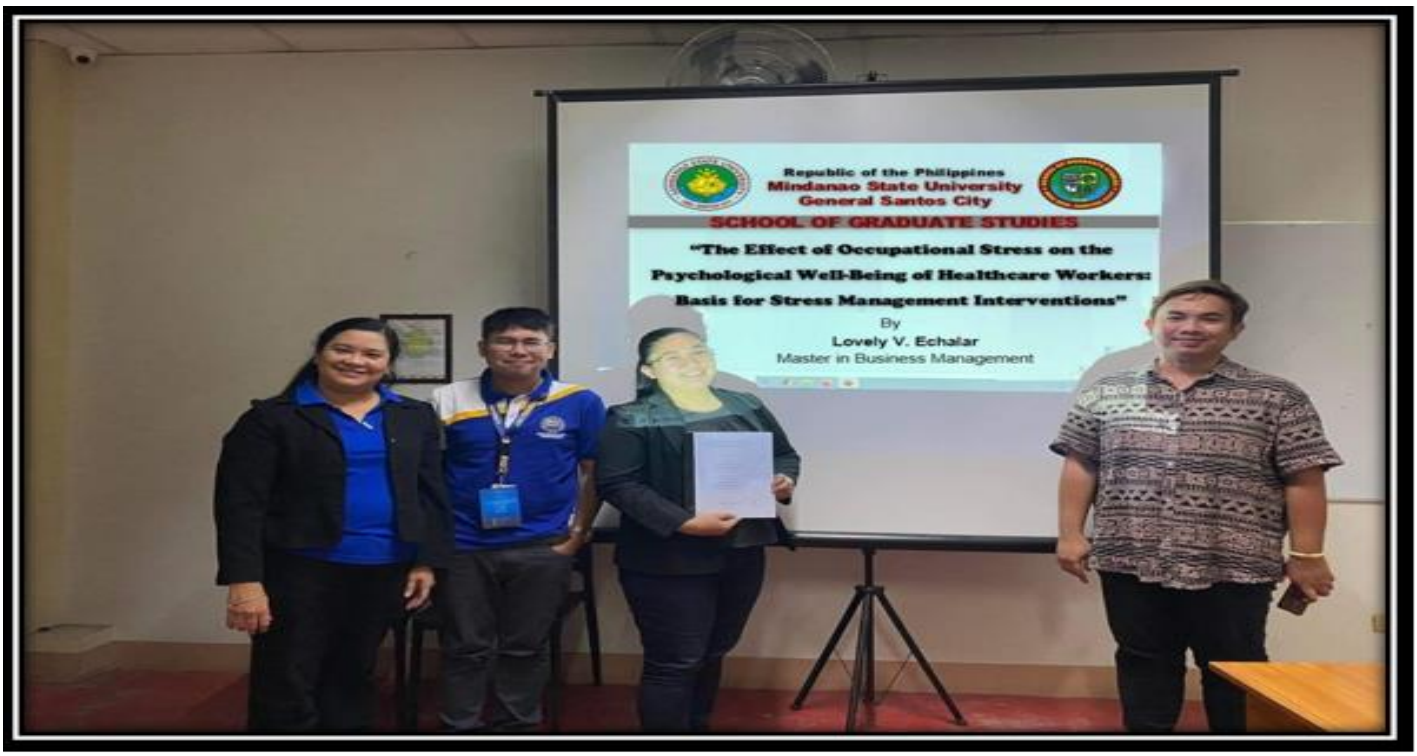
APPENDIX O
DOCUMENTATIONS



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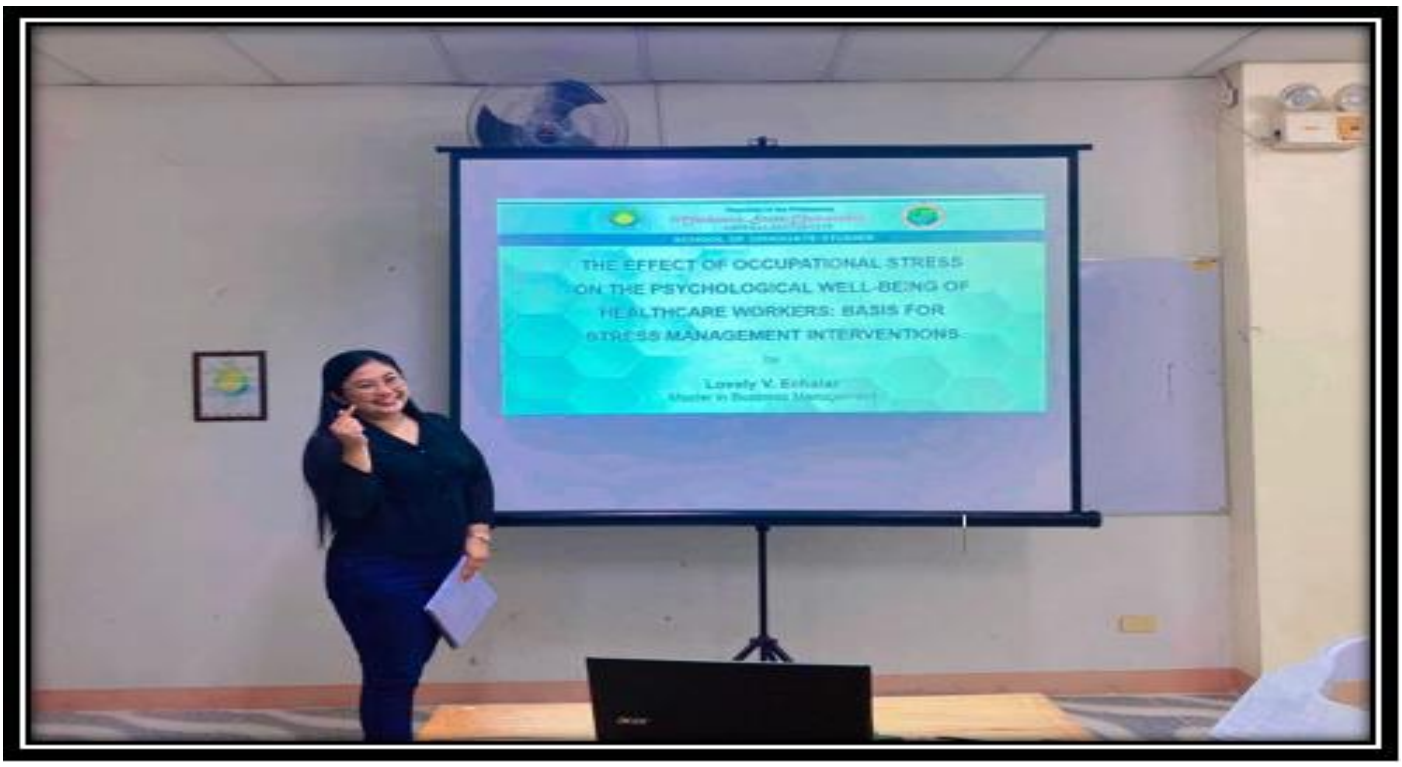

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APPENDIX 1 SECTION 1: SOCIO-DEMOGRAPHICS

It includes the introduction to the questionnaire, which explains the research goal and includes demographic questions while maintaining the respondent's anonymity.

- *Appendix 1 Section 2: Occupational Stress Questionnaire*

Since 1983, the American Institute for Preventive Medicine has been internationally recognized for its ability to present health information and programs in ways that increase engagement, motivation, and behavior change. Their expertise in reducing healthcare costs and absenteeism while increasing productivity has helped over 13,000 organizations. AIPM is among the first five companies to receive URAC Accreditation for Comprehensive Wellness. Achievement of this status demonstrates that this company has met or exceeded industry-recognized wellness program standards. This accredited company showed the excellent use of evidence-based tools and interventions. Hence, the study utilized a survey questionnaire developed by this reliable wellness company.

One can identify occupational stress in practically every facet of their job. Prior to taking action to remove or lessen stresses, it is necessary to determine their origins. Isolate these causes in order to initiate remedial measures. The respondents consider the frequency with which they faced the eleven (11) occupational stress subscales identified by the American Institute for Preventive Medicine (2019) and Cooper and Marshall (1976). Each has five (5) scenarios to which the respondents assessed their level of agreement.

Using a five-point Likert scale, participants evaluate how each item applies to them for the last three (3) years, with one (1) as 'Never' and five (5) as 'Always' and interpreted based on the following range;

Table 2: Quintet Likert Scale Interpretation

Level of Agreement	Range of Mean	Description	Interpretation
5	4.20 – 5.00	Always	It implies that the manifestation of the items concerning Occupational Stress is 'extremely high.'
4	3.40 – 4.19	Often	It implies that the manifestation of the items concerning Occupational Stress is 'high.'
3	2.60 – 3.39	Sometimes	It implies that the manifestation of the items concerning Occupational Stress is 'moderate.'
2	1.80 – 2.59	Rarely	It implies that the manifestation of the items concerning Occupational Stress is 'low.'
1	1.00 – 1.79	Never	It implies that the manifestation of the items concerning Occupational Stress is 'extremely low.'

- *Appendix 1 Section 3: Psychological Well-Being Questionnaire*

A modified version of Ryff's Scales of Psychological Well-Being consisting of 18 items is used to measure well-being (Ryff, 1995). The six (6) components of well-being are represented by three (3) items on the scale, which the respondents assessed their level of agreement.

Using a seven-point Likert scale, participants evaluate how applicable each topic is to themselves for the last three (3) years, with one (1) as 'strongly disagree' and seven (7) as 'strongly agree' and was interpreted based on the following range;

Table 3: Septet Likert Scale Interpretation

Level of Agreement	Range of Means	Description	Interpretation
7	6.16 – 7.00	Strongly Agree	It implies that the items concerning Psychological Well-Being are 'always manifested.'
6	5.30 – 6.15	Somewhat Agree	It implies that the items concerning Psychological Well-Being are 'usually manifested.'
5	4.44 – 5.29	A Little Agree	It implies that the items concerning Psychological Well-Being are 'frequently manifested.'
4	3.58 – 4.43	Neither Agree or Disagree	It implies that the items concerning Psychological Well-Being are 'neutrally manifested.'
3	2.72 – 3.57	A Little Disagree	It implies that the items concerning Psychological Well-Being are 'occasionally manifested.'

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2	1.86 – 2.71	Somewhat Disagree	It implies that the items concerning Psychological Well-Being are 'rarely manifested.'
1	1.00 – 1.85	Strongly Disagree	It implies that the items concerning Psychological Well-Being are 'never manifested.'

➢ *Data Gathering Procedure*

The survey approach was employed for the data gathering in the research. The researcher designed a closed-ended questionnaire to collect data on employees' socio-demographic characteristics, occupational stress, and psychological well-being. Hence, to establish the instrument's validity, a validation tool was substantiated by two academic personnel and one industry practitioner. Results of the validation instrument showed that the questionnaire was highly valid at a scale of 4.26 and provided unbiased data, allowing 6-10% error. Furthermore, the dissemination of the survey questionnaire to the target population was through a link to a Google form which allowed them to comfortably fill out the questionnaires in a stress-free and timely manner. Using the internet to contact respondents, who would have been difficult or perhaps impossible to reach using traditional methods, is one of the many reasons why doing research through online surveys is such an effective strategy. Self-administered surveys distributed through a web link also made the collection of completed replies quicker.

In addition, due to the respondents' hectic and demanding environment, the researcher allocated a month-long data gathering to collect ample information from the target population. As this survey is purely online, the researcher also anticipated sampling issues such as response errors, multiple responses, and skipping of unwanted questions. The researcher expected limitations such as difficulty in interpreting the sentiments behind the answers and justifying the identity of the respondents. Nevertheless, carefully evaluating the online survey's benefits outweighed all the disadvantages. The online survey thru google forms was still promising as it felt less overwhelming to participants, returning a higher completion rate than traditional surveys. It helped the researcher maintain the respondent's anonymity, save time and effort, cut costs, and finish more in less time.

➢ *Data Analysis*

All statistical calculations in the succeeding chapters used the Statistical Package for the Social Sciences (SPSS). SPSS is functional in the processing and analysis of survey data gathered more succinctly and enabled the researcher to draw inferences about the population's demographics based on the data collected from the health care providers of General Santos City. The software helped derive conclusions and easily predict the future with minimum statistical deviation. Also included in the data analysis were descriptive and inferential statistics. Accordingly, descriptive statistics (such as frequency and percentage, weighted mean, and standard deviation) and inferential statistical methods (such as Pearson's Product Moment Correlation Coefficient and Analysis of Variance (ANOVA)) were applied to test the effect of occupational stress on psychological well-being using an SPSS software package.

Descriptive statistics are applied to define and summarize the data gathered for this study. The researcher used this strategy to provide numerical data in an organized, precise, and comprehensive manner. Frequency and percentage were used to analyze the respondents' socio-demographic characteristics. On the other hand, weighted mean and standard deviation were used to analyze the study's variables.

Inferential statistics are also applied to draw conclusions based on extrapolations. It enables researchers to conclude data by examining the connection between two variables, variations across subgroups, and how numerous independent factors may explain variance in a dependent variable. The hypotheses for this research were measured using Pearson's Correlation and Analysis of Variance (ANOVA). Pearson's correlation measured the magnitude and direction of the relationship between occupational stress and psychological well-being on at least a 5% interval scale. Analysis of Variance (ANOVA) determined the significant difference between occupational stress/psychological well-being and the socio-demographic characteristics of the respondents.

➢ *Ethical Considerations*

Researchers who use quantitative methods must make ethical decisions while reviewing data (Bernard & Bernard, 2012). The following are the general principles that the researcher adhered to throughout this study;

Voluntary participation. All participants are free to choose to participate without any pressure or coercion. The researcher provided a Google link to the survey questionnaire with an invitation to participate to all healthcare staff at the participating institutions. Using a Google form, the researcher informed prospective respondents that participated in the survey was voluntary and that they might exit and withdraw anytime by clicking the clear window option and closing the poll.

Informed consent. Respondents receive and understand all the information they need to decide whether they want to participate. This includes the study's benefits, risks, and institutional approval. The researcher educated prospective respondents on the type and purpose of the survey and informed them that by sending their replies, they would be providing their informed permission to participate in the research.

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Anonymity. The researcher guarantees anonymity by not collecting personal identifying information like names, phone numbers, email addresses, IP addresses, physical characteristics, photos, or videos. Hence, participants were not required to identify themselves since they may access and complete the survey using an anonymous username and password. After the participants submitted their completed replies, the researcher anonymously saved the responses in a secure database. As a result, identifying participants through electronic or other methods proved difficult.

Confidentiality. Participants are assured of their right to privacy by protecting and keeping their data confidential so that it can't be linked to other data by anyone else. Apart from this study, the researcher did not also reveal the organization's name in any manner, either in the report or in any other medium,

Data Handling and Storage. The researcher is the custodian of the data and is responsible for data preservation and secrecy. Access to this data is expected to be tightly limited to the researcher. Furthermore, the researcher stored the survey responses on a trusted and dependable server. The researcher also had the data-containing papers and files encrypted and password-protected, with a two-year retention period.

Results Precision. The researcher also took every precaution to ensure that the study was free of bias, such as being aware of the language and wording used while producing and distributing the research. Neither the chosen institution nor the researcher employed any reward to encourage participants to join the study. Finally, the researcher ensures that the research work is free of plagiarism and research misconduct, such as data falsification, manipulation of data analyses, misrepresentation of results, or any form of academic fraud. The researcher went to great lengths to make results as transparent as possible, keeping academic integrity and institutional credibility.