

An Assessment of Employees' Perception of Disease in Relation to the Importance of Annual Physical Examination Among Jose R. Reyes Memorial Medical Center Workers

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Introduction: Annual health examinations are a crucial component of health promotion and sickness prevention. A hospital cannot fulfill its core objective of helping people if its employees are not physically, intellectually, and socially fit.

Objective: The purpose of this study was to determine the health perception and level of awareness regarding the Annual Physical Examination of Jose R. Reyes Memorial Medical Center (JRRMMC) employees.

Methods: The study utilized the descriptive method of research and an online survey questionnaire were adopted and constructed.

Results: One hundred fourteen participants who completed the survey, 67.5% were female, and 32.5% were male. Majority of the respondents were 31-40 ages or 43.9%. 43.9 % were from the nursing/supervisor/officers. In terms of health perception in various indicators, the respondents were concerned about their health. The overall mean of 3.7105 (SD=0.48884) shows in general that respondents were very aware of the level of preventive care.

Conclusions: The findings suggested that the majority of respondents were aware of the importance of annual physical examination in terms of the level of preventive care insignificant to their health perceptions.

Key words: annual physical examination, health perception, hospital employees

INTRODUCTION

Annual health examinations are a crucial component of health promotion and sickness prevention, claim Culica, et al. in 2002.¹ Multiple medical organizations and medical centers recommend that workers must receive a health examination annually. Furthermore, it allows for health status assessment, preventative health consultation, and the cultivation of physician-patient relationships.² In addition, individuals who see physicians often for health checkups are more likely to undergo preventive screenings than those who visit physicians very occasionally.³

The most recent study indicates a relationship between health, work behavior, and human capital worth. Physical examinations are regarded as an essential and effective strategy for the prevention of disease and promotion of health. These examinations are used to check

for possible diseases so that they can be treated early, to identify issues that may become a medical concern in the future, to update required immunizations, to ensure that an individual is maintaining a healthy diet and exercise routine, and to establish a relationship with the primary care provider.⁴

The hospital is one of the institutions that might contribute more than any other to promoting the health of the general population and health care professionals. The hospital environment facilitates the improvement of people's health, self-system, life skills, and behavior. A hospital's health service to its workers is a coordinated system that guarantees a continuum of treatment from hospital to home to community health care provider and back. In hospitals, health and wealth are intrinsically linked. Good health enables hospital employees to grow and develop while contributing to the health and safety of the community. Health-risk behaviors negatively affect: 1) Work performance of the personnel; and; 2) Personnel's attitude and behavior will be deeply affected in terms of their work attendance, productivity, satisfaction, and morale. A hospital cannot fulfill its core objective of helping people if its employees are not physically, intellectually, and socially fit.

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The purpose of this study was to assess the extent to which employees at Jose R. Reyes Memorial Medical Center are aware of the Annual Physical Examination. The findings of the research may serve as a foundation for the formulation of a plan.

The study was designed to determine the health perception and level of awareness regarding the Annual Physical Examination of Jose R. Reyes Memorial Medical Center (JRRMMC) employees. It was conducted to evaluate the employees' health perception of disease in relation to the importance of annual physical examination of Jose R. Reyes Memorial Medical Center.

METHODS

This study utilized the descriptive method of research to determine the health perception of the disease concerning the level of awareness on the importance of the Annual Physical Examination of Jose R. Reyes Memorial Medical Center in the employees from January 2021 to December 2022. Descriptive research is devoted to the gathering of information about prevailing conditions or situations for description and interpretation.

Inclusion criteria include all regular employees, including permanent and temporary items of more than one year in service, regardless of age, gender, comorbidity, and department. On the other hand, exclusion criteria were employees with cognitive impairment or unable to communicate verbally, retired employees, contract of service/job orders, those who will not sign the consent, and those who will not complete the assessment.

Data collection commenced after approval of the IRB and lasted for the 3 months to 6 months duration of the study. The data were collected using Google Forms, the researcher constructed an online survey questionnaire. Informed consent was obtained stating the purpose of the study to the respondents and provided them with a link to the online survey form. Data collected were checked, tallied, interpreted, and analyzed and stored in a secured computer. Appropriate statistical treatment was applied, and the results were used to create a plan of action. All data obtained from this study will be stored for a minimum of 3 years and a maximum of 5 years in a google drive/sheet, in case the investigators need to review the source data should there be questions about the results. The data were used solely for the study and the authorized members of the research team accessed these data. Information gathered for this study was destroyed after completion of the research.

This study adapted the Validated Health Perception Questionnaire (HPQ) for the survey questionnaire for this study. Health Perceptions Questionnaire was constructed to measure the following hypothesized dimensions of general health perception: Current Health, Previous Health, Perspective Health, Resistance to Disease, Health Concern, and Sick Orientation and it was developed, validated after two years⁵ and tested at RAND, Sta. Monica, Ca.^{6,7} fits within the framework of the Health Beliefs Model^{8,9}, and has been reported that HPQ studies of reliability based on test-retest and internal-consistency methods indicated that the HPQ scales were sufficiently reliable for the purposes of group comparisons, and Factor Analytic Studies of the construct validity of the HPQ supported the validity of the Scale Score.^{10,11} Factorial weights

(high in a single factor and larger than .50) and Cronbach's alpha index (between .60 and .70, acceptable, and above .70, recommended) were used to confirm the factorial and discriminant validity of the items.¹² The survey questionnaire is in English language and consists of 3 parts.

Part 1 is where the respondents specified their profile in terms of age, sex, position, and service/division. In part 2, respondents assessed their health perception of diseases by using a 4-point Likert scale. The scale and meaning were: 4-Always True (AT); 3-Occasionally True (OT); 2-Usually Not True (UNT); and 1-Not True (NT) and in part 3, respondents stated their assessment on the level of awareness on the importance of annual physical examination provided by the hospital by using a 4-point Likert scale for describing the level. The scale and meaning were: 4-Very Aware (VA); 3-Slightly Aware (SA); 2-Usually Not Aware (UNA); and 1-Not at all Aware (NA).

The researcher selected respondents using a simple random sampling technique based on the sample population calculated using Slovin's Formula resulting in 95 hospital employees from 1,772 hospital employees, where 474 were from the Medical Service, 229 from Paramedical Service, 577 from Nursing Service, 105 from Finance Service and 387 from Hospital Operation Support Service.

To solve the problems posed in the study, the researcher used the following statistical tools. The mean percentages were used to describe the profile of the respondents in terms of sex, age, position, and department/office. Weighted Mean was used to show the tendency of the data to cluster towards the center of a given distribution. This statistical tool determined the respondents' assessment on the level of awareness on annual physical examination of the employees of Jose R. Reyes Memorial Medical Center. Standardized regression coefficients (beta coefficient) are frequently used in quantitative social sciences. They are used for many purposes: selecting variables, determining the relative importance of explanatory variables, comparing the effect of changing different variables.¹³ Beta coefficients from correlation are possible to calculate beta coefficients more or less directly, if you have the correlation coefficient, r , between the various components.¹⁴

In this study, ethical standards and regulations outlined in the World Medical Association (WMA) Declaration of Helsinki, and the Data Privacy Act of 2012 was applied. The participants were asked to confirm their consent over the internet. The research proposal and instruments were forwarded to the Department of Family and Community Medicine (DFCM) chairperson and Training Officer for evaluation, comments, improvements, and limitations before being submitted to members of this institution's Ethics Board committee for assessment and approval. The DFCM chair's endorsement letter, together with the research proposal were submitted to the IRB committee for review and approval. The actual data collection commenced once the proposal is approved by the Institutional Review Board (IRB) committee. The lead investigator utilized Google forms to create an online survey questionnaire. Full disclosure in conducting the study were explained to all respondents. Informed consent was obtained prior to data collection. Those who refused to give their consent were held in high regard and excluded from the study group. Participants were given ample time to complete

the survey questionnaire. The study's findings were reported to the research team, IRB members, and the Medical Research Training Office before being made available to the general public. All collected data from this study will be archived on a Google drive and sheet for a minimum of three (3) years and a maximum of five (5) years and will be discarded securely.

RESULTS AND DISCUSSION

Table 1. Demographic profile of the respondents.

Sex	Frequency	Percent
Male	37	32.5
Female	77	67.5
Total	114	100
Age		
30 below	30	26.3
31 to 40	50	43.9
41 to 50	24	21.1
51 to 60 below	7	6.1
61 above	3	2.6
Total	114	100
Position		
Administrative Staff/ Supervisor/Officer	32	28.1
Nursing Staff/Supervisor/Officer	50	43.9
Paramedical Staff/ Supervisor/Officer	18	15.8
Medical Officer/Specialist	14	12.3
Total	114	100
Position		
Medical	14	12.3
Paramedical	23	20.2
Nursing	50	43.9
HOPSS	21	18.4
Finance	6	5.3
Total	114	100

As shown in the table 1, most of the respondents are female with a total of 77 or 67.5%, and 37 or 32.5% are male. In terms of age, most of the respondents are 31 to 40 years old with a total number of 50 or 43.9%, followed by 30 years old and below with a total number of 30 or 26.3%, 41 to 50 years old got a total number of 24 or 21.1%, for 51 to 60 years old total number of respondents is 7 or 6.1%, and 3 is the total number of 61 years old and above respondents with 2.6%. Moreover, most of the respondents are Nursing Staff/Supervisor/Officers with a total number of 50 or 43.9%, followed by Administrative Staff/Supervisor/Officers with a total number of 32 or 28.1%, Paramedical Staff/ Supervisor/Officers got a total number of 18 or 15.8%, and 14 is the total number of Medical Officer/Specialist respondents with 12.3%. Lastly, in terms of work service, most of the respondents are Nursing with a total number of 50 or 43.9%, followed by paramedical with a

total number of 23 or 20.2%, HOPSS got a total number of 21 or 18.4%, next is Medical with a total number of 14 or 12.3%, and 6 is the total number of Finance with 5.3%.

Table 2 shows the assessment of the respondents as to the current health of Jose R. Reyes Memorial Medical Center. The respondents' overall rating is occasionally true, owing to the composite mean value of 2.8216 (SD=0.50662). Among the nine-indicator listed above, according to the doctors I consulted, my health is now excellent and got the highest mean of 3.5175, while the lowest was Doctors say that I am in poor health now with a mean of 1.9561. Respondents rated their current health as occasionally true with the indicated indicators, I feel better now than I ever did ($\bar{x} = 3.4737$), I'm not as healthy now, as I once was ($\bar{x} = 2.5351$), I am healthier than anyone else I know ($\bar{x} = 3.1053$), My health is excellent ($\bar{x} = 3.2456$), and I feel as good now as I have always felt ($\bar{x} = 3.2018$). and the following two indicators got a usually not true rating from the respondents: I'm a bit sick ($\bar{x} = 2.0965$), and Lately, I've been feeling bad ($\bar{x} = 2.2632$).

The respondents' overall rating of their previous health is Occasionally True, owning a total mean of 2.3626 with an SD of 0.89746. Among the three-indicator listed above, I never had a disease that lasted a long time ($\bar{x} = 2.6053$), and I've never been seriously ill ($\bar{x} = 2.6579$) got a verbal interpretation of Occasionally True, while the indicator, I was once so sick that I thought I would die ($\bar{x} = 1.8246$) got a Usually Not True rating.

In terms of perspective on health, overall, the respondents got an occasionally true rating on their health perception as shown in table 7. Among the indicators, I hope to have a very healthy life got the highest mean of 3.7018, followed by, In the future, I hope to have more health than other people I know ($\bar{x} = 2.0877$), and the lowest among the three is I will probably get sick many times in the future ($\bar{x} = 2.0877$). The data clearly wants to emphasize how hopeful a person is to have a healthy life.

In terms of Resistance to Disease, the overall mean of 2.6184 shows in general that JRRMMC employees' resistance to disease is occasionally true. Indicator 4, When something is going to happen, I usually realize it, got the highest mean of 3.0263.

In terms of health concern, overall, the respondents got an occasionally true rating concerning their health with an overall mean of 2.9189 (SD=0.56394) as shown in table 9. Among the indicators, my health is a concern in my life obtained the highest mean of 3.5439, and the lowest is indicator 1 with 2.1754. The data clearly wants to emphasize how the JRRMMC value their health.

In terms of sick orientation, overall, the respondents got a usually not true rating with an overall mean of 2.4167 (SD=1.00643) as shown in table 10. Among the indicators, the data clearly wants to emphasize how healthy the mindset of JRRMMC employees is about sickness.

The table 3 indicates the awareness of JRRMMC Employees on the importance of annual physical examination in terms of the level of preventive care. The overall mean of 3.7105 (SD=0.48884) shows in general that JRRMMC employees are very aware of the level of preventive care. Indicator 1, Primary prevention includes intervention that can completely prevent the disease in people at risk. One example is immunizations against certain vaccine-preventable diseases., which got the highest mean of 3.7719.

Table 2. Health perception on disease.

Indicator (Current Health)	Mean	SD	Interpretation
1. According to the doctors I consulted, my health is now excellent.	3.5175	0.71930	AT
2. I feel better now than I ever did.	3.4737	0.68110	OT
3. I'm a bit sick	2.0965	1.13644	UNT
4. I'm not as healthy now, as I once was.	2.5351	1.16877	OT
5. I am healthier than anyone else I know	3.1053	0.81326	OT
6. My health is excellent.	3.2456	0.75915	OT
7. Lately, I've been feeling bad	2.2632	1.07302	UNT
8. Doctors say that I am in poor health now.	1.9561	1.12408	UNT
9. I feel as good now as I have always felt.	3.2018	0.86403	OT
Total	2.8216	0.50662	OT
Indicator (Previous Health)			
1. I was once so sick that I thought I would die.	1.9561	1.12408	UNT
2.. I never had a disease that lasted a long time.	3.2018	0.86403	OT
3. I've never been seriously ill.	2.8216	0.50662	OT
Total	2.6598	0.50662	OT
Indicator (Perspective Health)			
1. I will probably get sick many times in the future.	2.0877	1.10158	UNT
2. In the future, I hope to have more health than other people I know.	3.2632	0.95984	OT
3. I hope to have a very healthy life.	3.7018	0.67745	AT
Total	3.0175	0.67085	OT
Indicator (Perspective Health)			
1. I will probably get sick many times in the future.	2.0877	1.10158	UNT
2. In the future, I hope to have more health than other people I know.	3.2632	0.95984	OT
3. I hope to have a very healthy life.	3.7018	0.67745	AT
Total	3.0175	0.67085	OT
Indicator (Resistance to Disease)			
1. It seems that I get sick more easily than other people.	1.9649	1.02991	UNT
2. Most people get sick more easily than I do.	2.7018	1.02991	OT
3. My body seems to resist disease very well.	2.7807	0.92897	OT
4. When something is going to happen, I usually realize it.	3.0263	0.89700	OT
Total	2.6184	0.72656	OT
Indicator (Health Concern)			
1. I never worry about my health.	2.1754	1.09096	UNT
2. I care more about my health than others about their health.	3.1667	0.88164	OT
3. The others seem more concerned about their health than I am about mine.	2.7895	1.01732	OT
4. My health is a concern in my life.	3.5439	0.83232	AT
Total	2.9189	0.56394	OT
Indicator (Sick Orientation)			
1. Getting sick, from time to time, is part of my life.	2.4123	1.13521	UNT
2. Sometimes I feel like I'm going to get sick.	2.4211	1.03816	UNT
Total	2.4167	1.00643	UNT

Legend:	Range of Means	Verbal Interpretation
	3.50 – 4.00	Always True (AT)
	2.50 – 3.49	Occasionally True (OT)
	1.50 – 2.49	Usually Not True (UNT)
	1.00 – 1.49	Not True (NT)

Table 3. Awareness on the importance of annual physical examination.

Indicator (Level of Preventive Care)	Mean	SD	Interpretation
1. Primary prevention includes intervention that can completely prevent the disease in people at risk. One example is immunizations against certain vaccine-preventable diseases.	3.7719	0.48032	VA
2. Secondary prevention identifies established risk factors for disease. Checking blood pressure, cholesterol, and performing pap test for cervical cancer screening are examples in which identifying abnormal results can lead to effective interventions that may prevent serious disease from developing	3.6930	0.55058	VA
3. Tertiary prevention is a process for optimizing health once a disease has been diagnosed. An example is management plan to prevent a person from having another heart attack once they already have established heart disease.	3.6667	0.57479	VA
Total	3.7105	0.48884	VA
Indicator (Preventive Intervention Used by Employee's Attending Physician)			
1. Measure height and weight	3.7456	0.56147	VA
2. Check vital signs	3.8070	0.49559	VA
3. Review personal health concern	3.7807	0.51109	VA
• Asking for unusual discomfort	3.7544	0.57317	VA
• Location of pain	3.7719	0.49841	VA
• Knowing the description of pain/feeling	3.7632	0.53716	VA
• Determine how long the pain or discomfort	3.7719	0.51586	VA
• Knowing the cause of discomfort	3.7719	0.51586	VA
4. Review medical care preference	3.7105	0.54405	VA
5. Assess your social environment and how it affects your health	3.6316	0.59887	VA
6. Review your medical records	3.7105	0.56008	VA
7. Review family health history	3.7368	0.54938	VA
8. Have an actual physical examination	3.7368	0.58070	VA
9. Get necessary test and screening	3.7544	0.48992	VA
10. Vision test	3.6491	0.67813	VA
Total	3.7398	0.47531	VA
Legend:	Range of Means	Verbal Interpretation	
	3.50 – 4.00	Very Aware (VA)	
	2.50 – 3.49	Slightly Aware (SA)	
	1.50 – 2.49	Usually Not Aware (UNA)	
	1.00 – 1.49	Not At All Aware (NA)	

Moreover, on the importance of annual physical examination in terms of preventive intervention used by the employee's attending physician, the overall mean of 3.7398 (SD=0.47531) shows in general that JRRMMC employees are very aware of the preventive intervention used by the employee's attending physician. Indicator 2, Check vital signs, got the highest mean of 3.8070, and the lowest among the following indicator is the assess your social environment and how it affects your health but still with a very aware rating (\bar{x} =3.6316).

Even though the results showed full awareness of the importance of annual physical examination, the data in the table above shows that there are no significant relationships between perception of disease in relation to the importance of annual physical examination.

Several authors who have utilized the HPQ or altered variations of the HPQ have underlined the significance of health perceptions because they shape the attitudes and behavioral traits of an individual or a

Table 4. Significant relationship between health perception and awareness on the annual physical examination among jrmmc employees.

Source of Variation	p- value	Interpretation
significant relationship between health perception and Awareness on the Annual Physical Examination among JRRMMC employees	0.24	No Significant

group and have a direct or indirect impact on health.¹⁵ As it pertains to the conclusions of this study work, the combination of several characteristics such as present health, prior health, perspective health, illness resistance, health concern, and disease orientation refers to the

health perception that medical professionals have sufficient disease knowledge. About this dimension, healthcare professionals in both groups feel a high degree of awareness regarding the significance of an annual physical exam. However, no statistically significant correlation was found between health perception and awareness of the need of an annual physical examination.

LIMITATION OF THE STUDY

This study utilized a descriptive cross-sectional approach therefore cannot establish causality. Participants of the study were employees of Jose R. Reyes Memorial Medical Center only and therefore does not establish generalizability among other health care workers.

Furthermore, the constraint in data collection is due to the present health situation, in which physical contact is still restricted. As a result, information and data were gathered through the use of an online survey. Other researchers may have approached the interviews differently and interpreted the findings differently. An alternative research strategy, such as observational research, might yield different results.

Lastly, there was no current local research that might serve as a comparative point.

CONCLUSION

Employees' healthcare perspective was a critical component of the healthcare environment. The level of health care can be improved through workplace health well-being regulations. Generally, it can be said and accepted that employee's organization, value about health, and importance of prevention measures is linked to occupational employees' annual physical examination. In addition, it is possible to say that many employees thought that annual health checkup seemed an expensive decision as it was viewed as primary care. In today's challenging environment, it is critical for organizations to step forward and invest in human capital. As the research shows, an organization's health is directly influenced by the health and well-being of its employees. Using the tools and survey results provided in this study, healthcare institutions may develop a healthier, more engaged, and more productive staff.

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