A Mixed Methods Study Exploring Business Leaders Perspectives on Mental Health and Related Services in an Urban Workplace Setting*

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ABSTRACT

There is a growing recognition among business leaders of the impact of mental health issues on business outcomes. This improved awareness, however, has not been accompanied by a proportional increase in investment and implementation of related programs. This research aimed to explore the context and perspectives of business leaders on mental health and related services in the workplace from private industries in Iloilo City. The study utilized a convergent mixed methods design. Fifty-three business leaders, chosen through convenience sampling, answered an online, three-part questionnaire. For the qualitative strand, seven purposively sampled leaders took part as key informant interviewees. Results showed that majority has been operational for 2-5 years (43%), were classified as micro (40%) and small (43%) enterprises, and came from the food and beverage (28%) industry. Both strands of the study revealed positive results in terms of the leaders' awareness on and attitude towards mental health in the workplace. While participants had differing experiences of mental health concerns, they similarly agreed that related services were costly and difficult to access. Respondents were indecisive about providing mental health services as evidenced by a lack of institutionalized programs, athough they had high perceived acceptability, appropriateness, and feasibility scores to the prospect of having an employee assistance program regardless of the age, type, and financial position of their business. The context where and when practices or services for workplace mental health occur played a crucial role, such as leadership style, employee characteristics, and company culture. In conclusion, business leaders demonstrated positive awareness around mental health and were open to looking for ways to support their employees, although this came with logistical and financial reservations. The results may inform businesses and relevant agencies in contextualizing the role of mental health in the workplace and understanding the factors that affect program design and implementation.

Keywords: mental health services

Disclosures: *The author has formally acknowledged and signed a disclosure affirming the absence of any financial or other relationships (including personal connections), intellectual biases, political or religious affiliations, and institutional ties that could potentially result in a conflict of interest.*

***1st Place, 30th Philippine Medical Association Residents' Research Presentation Original Paper, May 18, 2024**

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INTRODUCTION

Mental health-related issues in the workplace affect employee morale adversely and have a direct impact on a range of business outcomes such as productivity.[1] However, while the awareness of industries on this matter has improved, investment in mental well-being and implementation of related programs has not kept pace.[2] In a survey of 122 employers in the country, only 52% of employers said that they have an organization-wide mental health strategy or action plan.[3]

These efforts should be in keeping with mandates from government agencies such as the Department of Labor and Employment that require private businesses to implement mental health programs and policies.[4] However, in the absence of specific strategies outlined in relevant laws, their implementation in the private sector remains unclear and employers are left to rely on their own initiatives. On the other hand, while attention has been paid to improving mental health literacy among leaders through training programs and other interventions, little attention has been paid to understanding contextual factors that may help or hinder a leader's ability to provide mental health support to employees.[5]

In order to understand how workplace mental health interventions are conceived and implemented in organizations, a mixed-methods approach is necessary to explore the context and perspectives of business leaders on mental health and related services in the workplace from private industries in an urban setting. Specifically, this study sought to describe the awareness, attitude and concerns of business leaders in Iloilo City regarding mental health in the workplace, as well as determine their actions or measures in response to such concerns. Finally, this study also sought to ascertain the business leaders' perceptions on providing a workplace mental health service (*i.e.,* employee assistance program) for their employees in terms of its feasibility, acceptability, and appropriateness.

MATERIALS AND METHODS

This research utilized a convergent mixed methods study design. The study population included leaders from private businesses in Iloilo City. Data collection for both quantitative and qualitative methods was done mostly online which took place from January to May 2023.

Inclusion Criteria

- **For the business organization**
  - Business establishments in Iloilo City
  - Registered in the Business Permits and Licensing Office of Iloilo City Hall
  - Operational for at least two years
- **For the business leader**
  - Has reliable internet connection and adept in using online resources
  - Has been in the organization for at least a year

Exclusion Criteria

- **For the business organization**
  - Those engaged on purely online businesses or e-commerce
  - Those with less than three employees
- **For the business leader**

  Age 18 years old and below

This study utilized convenience sampling for the quantitative method. The researcher subjectively selected 53 business leaders within his network who were willing to become part of the research study. Purposive sampling was done in the selection of seven study participants for the qualitative method.

Data Collection Methods and Tools

This study used convergent mixed methods approach. For its quantitative strand, 53 conveniently sampled business organizations were selected by the researcher. A link to a Google survey form, online Informed Consent Form, and

the research instruments was then sent to their official company email.

For the qualitative strand, seven leaders of business organizations were selected through purposive sampling. Data saturation was achieved from this sample. The participants with the highest (4 participants) and lowest (3 participants) summated scores on the domain "Action Steps" in the researcher-made questionnaire were invited as key informant interviewees.

The research instrument for the quantitative method was a three-part self-administered questionnaire. The first part was the Personal and Business Profile Sheet. The second part was a 23-item self-administered questionnaire developed by the investigator. The instrument underwent content validation and pilot-testing. After subsequent iteration, Fleiss' kappa coefficient (K=0.64) was computed which indicated substantial agreement among the validators. In the pilot-test, all items had a Cronbach alpha of at least 0.7 and were deemed reliable.

The third part of the research instrument was the Acceptability of Intervention Measure, Intervention Appropriateness Measure, and Feasibility of Intervention Measure Questionnaire. Developed by Weiner et al, this standardized tool is a four-item measure of implementation outcomes.[6,7]

For the qualitative method, a list of researcher-made, open-ended questions was prepared to parallel and complement the questions of the quantitative surveys and to understand contextual factors affecting perception towards workplace mental health and the implementation of related services. With the participant's consent, the interview was audio-recorded and the audio output was transcribed thereafter.

Ethical Considerations

The study was duly reviewed and approved by the hospital's Technical Research Committee and the Unified Research Ethics Review Committee.

Data Processing and Analysis

The researcher analyzed the two data sets separately and independently from each other using quantitative and qualitative analytic procedures.

Analysis of quantitative data began with descriptive statistics relating to the personal and business profile of the participants. The gathered data on personal and business profile were presented and analyzed using frequency and percentage. Mean scores were obtained for the age of the business leaders and for the operating years of the organization.

The results of the researcher-made survey were presented and analyzed using frequency and percentage. A mean score per item and per domain was obtained. The results were analyzed based on the mean score and interpreted as to the level of agreement or disagreement of a certain item or domain using a range of statistically derived values.

The Intervention Measure surveys were presented and analyzed using mean and standard deviation. According to its authors, cut-off scores for interpretation are not yet available; however, higher scores would indicate greater feasibility, acceptability, or appropriateness.[6]

Using Kruskal–Wallis test, the mean scores of feasibility, acceptability and appropriateness were compared to determine if significant differences existed among business profiles. All acquired data were analyzed using SPSS version 25.

Qualitative data were obtained from the key-informant interviews to shed light on contextual factors. The interviews were done online (5 participants) and face-to-face (2 participants). The voice recordings were transcribed and uploaded to NVivo 14 for coding. Meaningful and holistic categories were combined to form themes. The themes were then reviewed, named, and defined.

Finally, the researcher interpreted to what extent and in what ways the quantitative and qualitative datasets converged or diverged from each other, related to each other, and/or combined to create a better understanding in response to the study's overall purpose. The integration of both datasets was done in the form of a narrative using the weaving approach where the findings were written together on a theme-by-theme or concept-by-concept basis.

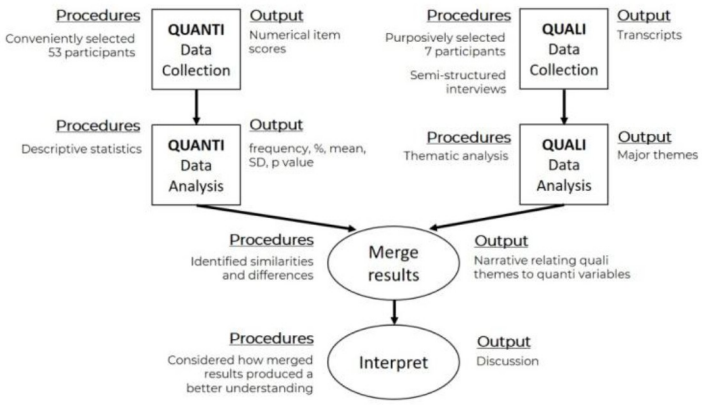

Fig. 1. Diagram of Convergent Mixed Methods Design

RESULTS

Table 1 shows the participants' personal and business profile. Majority of the businesses were micro (40%) and small (43%) enterprises, and came from the food and beverage (28%) and commerce (23%) industry. Notably, 77 percent of the participants have not yet implemented any workplace mental health service in their organization.

Table 1. Personal and business profile of study participants (n = 53)

Profile	Category	n (%)
Sex	Male	22 (42)
	Female	31 (58)
Age	19-27 (Gen Z)	7 (13)
	28-42 (Millennial)	33 (63)
	43-57 (Gen X)	8 (15)
	58-76 (Baby Boomer)	5 (9)
Years of Operation	2-5 years	23 (43)
	6-10 years	9 (17)
	>10 years	21 (40)
Enterprise Type	Micro	21 (40)
	Small	23 (43)
	Medium	2 (4)
	Large	7 (13)
Industry Type	Food and Beverage	15 (28)
	Commerce	12 (23)
	Advertising and Marketing	4 (8)
	Other Services	4 (8)
	Health and Wellness	3 (6)
	Information Technology	2 (4)
	Pharmaceutical	2 (4)
	Transportation and Storage	2 (4)
	Others	9 (18)
Financial Position	With enough capital	41 (77)
	Need to take loan	9 (17)
	Barely enough capital	3 (6)
Status of Workplace Mental Health Service Implementation	Not Yet Started	41 (77)
	Ongoing Implementation	10 (19)
	Finished Implementation	2 (4)

Table 2 shows the mean scores of domains examined in the Researcher-made Questionnaire. The mean scores were interpreted according to their level of agreement or disagreement, categorized within a range of values. The range was obtained by getting the difference of the maximum value (5) and minimum value (1), and dividing the result to the maximum score of 5.

1.00 – 1.80	Strongly Disagree
1.81 – 2.60	Disagree
2.61 – 3.40	Neutral
3.41 – 4.20	Agree
4.21 – 5.00	Strongly Agree

Table 2. Mean scores on awareness, attitude, concerns and action steps of business leaders regarding workplace mental health and related services

Question	Mean	Interpretation
Mental health (MH) is a crucial factor to business outcomes	4.47	Strongly Agree
MH is related to productivity	4.51	Strongly Agree
MH services help maintain good health status	4.42	Strongly Agree
Well-being is a business-critical skill	4.30	Strongly Agree
Aware of mandated laws on establishing a MH program	3.77	Agree
MH is a top business priority	4.08	Agree
Prepared to deal with mental health issues	3.74	Agree
Culture is accepting of MH challenges	4.04	Agree
Company is open and inclusive	3.92	Agree
Willing to invest for MH of employees	3.57	Agree
Employees had MH issues in past year	2.70	Neutral
Covid-19 crisis affected MH of the workforce	3.25	Neutral
Covid-19 increased expectations for MH benefits	3.19	Neutral
Strain on MH creates financial impact to company	3.04	Neutral
MH services are difficult to access	3.42	Agree
MH services are costly	3.74	Agree
Provides adequate general health benefits	3.91	Agree
Provides adequate MH benefits	3.38	Neutral
Offers various MH programs	3.13	Neutral
Has made improvements on MH services	3.19	Neutral
Has continued or expanded MH services	3.36	Neutral
Has made benefit enhancements for MH	3.15	Neutral
Has made enhancements on general health benefits	3.49	Agree

Attitude towards Mental Health in the Workplace

The overall mean score on this area was 3.87, which indicated agreement to the items asked. Analysis of the interviews revealed three themes: perceived self-efficacy, finding mental health important, and willingness to change systems and practices.

The participants' belief in their capacity to execute behaviors necessary to produce specific performance outcomes, or self-efficacy, seems to affect how they think, feel and act in a particular way towards mental health concerns in the workplace. P1 stated, "I don't think I am equipped to even respond to those, especially that some of them are very personal."

The salience they attribute to workplace mental health also shapes their attitude towards it. P6 affirmed, "It is really top of mind, both for me personally and for the company." This also makes them more willing to create systematic changes in the organization. P2 stated, "We are actually now thinking what to prioritize as we plan to change our systems."

Concerns around Mental Health and Related Services

This domain recorded an overall mean of 3.22, which revealed a neutral stance to the survey items. However, some concerns in this area ranged from behavioral issues at work and actual lived experiences. In addition, participants agreed that access to mental health services is difficult and costly.

There were different experiences on the effects of the pandemic to the participants, showing a neutral finding in the survey. However, while two interviewees said that the pandemic did not have much of an impact on their workforce, the rest stated observing increased levels of stress primarily from the employee or their family members being sick.

Compatible with the quantitative findings, the participants also relayed apprehensions on availing workplace mental health services. These apprehensions included a lack of access to experts, such as human resource practitioners and mental health professionals, and third-party services like seminars or trainings from the private and government sector. Two participants, who have been in the business for more than 30 years, concurred saying, "It seems like DOH or DOLE does not have any labor campaigns related to mental health."

The actual and potential cost of implementing a mental health service or program in the organization was another important consideration for five participants. P2 stated, "My hesitations for the private sector is the corresponding fees, like food, travel and accommodation. Our revenues exist from commissions only and they go to salaries of the staff."

Action Steps in Response to COVID-19 and Mental Health Concerns

This domain recorded an overall mean score of 3.37, which also indicated a neutral stance. While businesses acknowledged the need to provide or enhance the general health benefits of their employees like life insurance and sick leaves, they were quite indecisive about providing mental health benefits or services. This was comparable to the results of the qualitative study, wherein six of seven organizations did not have an institutionalized mental health program. Nonetheless, all participants were noted to have organizational practices responsive to workplace well-being, either directly or indirectly.

Implementation Outcomes

Table 3 shows the participants' average Perceived Acceptability, Appropriateness, and Feasibility scores to the prospect of having an employee assistance program (EAP) in their organization. The results revealed mean scores of

3.65, 3.79 and 3.75, respectively, which are relatively high for a scale with a maximum score of 5. Of the three implementation outcomes, feasibility scored the lowest probably due to the associated cost of EAP's implementation, which was a recurring apprehension of business leaders.

Table 3. Level of acceptability, appropriateness and feasibility of providing a workplace mental health service (*i.e.*, employee assistance program) for employees

	Mean	SD
Acceptability	**3.79**	**0.85**
EAP meets my approval	3.74	0.86
I welcome EAP	3.83	0.91
I like EAP	3.79	0.95
EAP is appealing	3.79	0.91
Appropriateness	**3.75**	**0.83**
EAP is suitable	3.75	0.85
EAP is fitting	3.81	0.90
EAP is applicable	3.75	0.87
EAP is a good match	3.70	0.95
Feasibility	**3.65**	**0.78**
EAP is possible	3.72	0.91
EAP is doable	3.68	0.87
EAP is implementable	3.62	0.99
EAP is easy to use	3.57	0.82

On further analysis, the results revealed the absence of significant difference in the Perceived Acceptability, Appropriateness, and Feasibility scores of participants when their organization was grouped according to years of operation, enterprise type, and financial state. This means that, regardless of the above variables, business leaders similarly found value in EAP in terms of its acceptability, appropriateness, and feasibility. However, it was interesting to note that a company's financial position had no significant effect, which was not congruent with the fiscal concerns reported by respondents in the researcher-made survey and interviews. This could mean that, for organizations with enough capital (77%), cost may not be the only driving force affecting the implementation of non-EAP workplace mental health interventions.

DISCUSSION

Awareness on Mental Health in the Workplace

The participants' significant level of awareness regarding mental health is likely attributed to a substantial portion of them belonging to younger generations, such as Millennials (1980-1994) and Gen Z (1995-2012). Numerous studies have indicated that younger generations tend to possess higher levels of mental health literacy.[8,9]

The participants' limited awareness of government-mandated laws, such as the Mental Health Workplace Policy and Program by DOLE, can be due to inadequate dissemination of information to companies regarding these laws, which P5 and P7 mentioned.

As shown in this study, there is a growing recognition of the impact of mental health issues on workforce productivity. For instance, a survey of senior human resources executives revealed that mental health is now acknowledged as the primary driver of indirect business expenses, including lost productivity and employee absences. This creates a compelling business case for establishing a healthy work environment, as it plays a vital role in achieving long-term objectives related to containing healthcare costs and maximizing work productivity.[10,11]

However, the stigma associated with mental health problems continues to persist in the workplace. As observed in this study, it is not uncommon for business leaders to have negative views about mental health. As a result, they may not provide adequate support to employees with mental illnesses, especially if they hold stigmatizing attitudes.[5]

Attitude towards Mental Health in the Workplace

The participants' overall agreement that workplace mental health is a priority is promising. The present study revealed that business leaders in the qualitative phase are willing to adopt positive changes in their system and practices. According to Weiner (2009), organizational readiness for change serves as a fundamental factor in the successful implementation of organizational interventions.[12] However, the investment dilemma surrounding mental health resources creates conflicting sentiments among firms.[13] Although quantitative findings from this study indicate a willingness to invest in employees' mental health, participants in the qualitative analysis expressed reservations due to the associated expenses even when majority of them have good financial standing.

On the other hand, the participants in the quantitative and qualitative strands had varying levels of self-efficacy in dealing with mental health concerns. Mondal et al. (2022) highlighted that, despite the increased awareness surrounding mental health, managers who desire to address this issue often find themselves in unfamiliar territory.[2]

Concerns around Mental Health and Related Services

The study's findings indicated a neutral perspective regarding the occurrence of mental health issues in the workplace in general. The possible reason could be the reluctance of employees with mental health symptoms to report their condition in the workplace due to the attached stigma. Another factor is the variation in workplace stress across different industries. The study participants were predominantly from the food and beverage industry (28%). Participant 5 mentioned that their industry is comparatively less stressful than others due to the repetitive nature of the work and sufficient rest periods.

Likewise, the study revealed a neutral perspective on the COVID-19 pandemic having significant effects on the mental health of the workforce. This is in contrast to a global survey conducted by Greenwood et al. (2020) which revealed that more than 40 percent of individuals have experienced a deterioration in their mental health since the onset of the pandemic.[14] This neutral observation can be attributed to individual differences on how employees perceive and react to the pandemic's effects on their personal circumstances.

Moreover, the study's findings confirmed the hypothesis that businesses perceive mental health services as costly and/or inaccessible. Cited in workplace studies, challenges include providing access to a diverse pool of mental health providers and offering comprehensive coverage for mental health benefits.[15] Additionally, a study involving public health workers revealed difficulties in accessing their employee assistance program (EAP). The EAP was described as hard to access, inadequate, or unavailable, and financial reasons made it inaccessible.[16]

Action Steps in Response to COVID-19 and Mental Health Concerns

Participants in this study acknowledged the need to provide or enhance the general health benefits of their employees like life insurance and sick leaves, but they were quite indecisive about providing mental health benefits or services. A news release from the U.S. Bureau of Labor Statistics supports this finding. The agency reported that 70 percent of workers had access to medical care. In comparison, wellness programs were available to only 43 percent of private industry workers, while EAP was available to 57 percent. The availability of these quality-of-life benefits varied based on establishment size, with significantly reduced access for companies with fewer than 100 employees.[17]

This is consistent with our present findings wherein most organizations, which were micro to small enterprises, do not have workplace mental health benefits or services. According to a Well-being Diagnostic Survey that gathered responses from 122 employers in the Philippines, only 53 percent of employers reported having an organization-wide mental health strategy or action plan.[6] Additionally, a study highlighted that small and medium-sized enterprises (SMEs) often struggle to implement effective occupational safety and health prevention programs because they often lack a strategic vision for managing and developing their workforce.[18]

One of the common, formal organizational practices implemented by the study participants is flexible working. The American Psychological Association (APA) considers this as part of work-life balance, which is an undertaking of a psychologically healthy workplace.[19] Another formal organizational practice is the provision of well-being breaks for employees who experience either physical- or mental-health related symptoms.

The present study also took account of informal organizational practices that have a relation to employee well-being. Examples of such practices include promoting open and deliberate communication, establishing safe spaces, and offering psychological/emotional support. This observation is notable in the present study and it seems to be a good work-around on the lack of formal well-being programs because the collective identity so central to the Filipino psyche operates through the informal, fluid, and interdependent personal networks within the larger organizational and social systems.[20]

Implementation Outcomes

Irrespective of the age, type, and financial position of businesses, EAP was perceived favorably by business leaders in terms of its potential acceptability, appropriateness, and feasibility. The favorable result signals either optimism from the business community here or it can be a reflection of their naivety to the program. It should be noted that, to the best of the researcher's knowledge, this service is not yet provided or fully implemented in the locality. Additionally, the absence of significant differences in the research findings contrasts with a study by Sorensen et al. (2016), which emphasized that organizational characteristics, such as industry sector and size, can impact the implementation of organizational interventions.[21]

Context of Implementing Workplace Mental Health Services or Practices

The context under which organization-based interventions among the participants were carried out can be analyzed from these levels: business leader, employee, and organizational perspective.

Leaders possess workplace resources that include their leadership characteristics, leadership style, and their interactions with employees. The manner in which people are managed in the workplace significantly impacts their well-being.[22] As highlighted by P6, the foundation for a culture of psychological ownership and engagement is established when leaders cultivate a psychologically safe workplace.[23] One study highlighted that supportive bosses play a critical role in promoting health and wellness, while toxic bosses contribute to reduced engagement, increased disability and workers' compensation claims, and a negative impact on productivity.[24]

However, despite the participants' intentional efforts, it is debatable whether their intrinsic motivation truly aligns with a mental health perspective. Some participants mentioned that their well-being practices were driven primarily by productivity concerns rather than a focus on mental health. This finding is supported by a study that suggests worker attitudes and behaviors are often seen as a means to enhance

performance rather than being valued for their own sake.[25]

As reported in this present investigation, the personal characteristics of employees serve as an essential contextual factor. These characteristics can either align certain mental health activities well with the organization or have a detrimental impact on the workplace environment.

From an organizational perspective, the results of the qualitative study further affirmed the role of company goals, structure, strategy, and culture, as well as work design, in building a psychologically healthy workplace. Riba et al (2019) stated that the characteristics of the business such as number of employees and organizational culture influence workplace behavioral health strategy and its success.[26]

Enablers of Workplace Mental Health Services or Practices

Several enabling factors were identified in this study for the successful implementation of workplace mental health interventions. These factors include the organization's prioritization of mental health, the personal experiences and practices of leaders, leadership style, and effective communication between management and employees.

The present study found that majority of the participants seemed to employ transformational leadership practices. This leadership style has been shown to have positive employee outcomes in terms of workplace well-being. In Filipino workplace culture, maintaining harmonious relationships is highly valued, and conflict avoidance is crucial. Business leaders are expected to cultivate and sustain reciprocal relationships, display compassion, act humbly, and prioritize harmony. Personal contact is often necessary before progress can be made.[19]

Barriers to Workplace Mental Health Services or Practices

Several factors identified in this study that hindered the organization's ability to implement desired or planned well-being interventions include low organizational priority, time limitations, conflicting interests, restricted manpower, and insufficient information.

The findings of this study is supported by Day et al (2014), which said that many organizations view employee health and well-being as the personal responsibility of workers or solely related to meeting health and safety regulations.[13]

Another barrier identified in this study was the misalignment or tension between prioritizing workplace mental health and business interests. Prioritizing organizational outcomes over employee well-being may yield short-term benefits for the organization but can have long-term negative consequences. Conversely, prioritizing employee outcomes at the expense of organizational effectiveness can also lead to negative consequences in the long run.[19]

CONCLUSIONS

Business leaders demonstrated positive awareness around mental health at work and were open to looking for ways to support their employees, although this came with certain logistical and financial reservations. Despite lacking institutionalized mental health programs, businesses used internal organizational practices to promote well-being. The context where and when practices or services for workplace mental health occur played a crucial and dynamic role.

RECOMMENDATIONS

This study suggests that businesses can enhance workplace well-being through interventions at three levels: individual employee, business leader, and organizational. Interventions at multiple levels may have synergistic effects.

At the individual employee level, tailoring work demands and programs to individual needs is advised to support well-being. Attention should be given to employees facing significant stressors or mental health issues. In addition, business leaders should develop transformational leadership skills, appoint effective leaders, and obtain or provide mental health training. Leader well-being should also be considered. At the organizational level, institutionalizing a mental health policy or program can provide clarity and consistency. Informal practices, like open communication and safe spaces, should also be encouraged. A proactive approach is essential, adapting to evolving needs.

Further recommendations include government and nongovernment organizations using concise business case materials to justify well-being promotion, increasing understanding of the cost-effectiveness of preventive approaches, recognizing exemplary workplace well-being programs, and developing quantitative metrics for a healthy workplace.

The researcher further suggests conducting a similar study from the employee perspective and a longitudinal study to examine the predictors of change in workplace mental health perspectives and interventions over time.

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