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Assessment of health-related quality of life among faculty of Cagayan State University-Carig Campus, Tuguegarao City, Cagayan, Philippines and its relationship to their burn-Out, stress and depression status

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Key words: Health-related quality of life, Burnout, Depression, Perceived stress levels, Sf-36 questionnaire

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Abstract

The study conducted at Cagayan State University, Carig campus, Tuguegarao City, Cagayan, Philippines aimed to evaluate the health-related quality of life (HRQOL) among permanent faculty and administrative employees in 2023, examining its relationship with burnout, depression, and perceived stress levels. Utilizing measurements such as demographic, socioeconomic, employment, and health profiles, alongside assessments like the SF-36 questionnaire, abbreviated Maslach Burnout Inventory, Beck's Depression Inventory, and the Perceived Stress Scale, 142 faculty and 29 administrative staff participated. Findings indicated that various aspects of respondents' profiles influenced general health, stress, burnout, and depression levels. Poor physical functioning, role limitations due to physical and emotional problems, low vitality, emotional wellbeing, and social functioning issues, bodily pains, and overall poor health significantly correlated with heightened stress, burnout (including emotional exhaustion, depersonalization, and poor personal accomplishments), and severe depression. It was emphasized that even minor factors can impact employees' overall wellbeing, underscoring the importance of effectively coping with stress, burnout, and depression to sustain high performance, motivation, satisfaction, and a sense of recognition, reward, and responsibility among employees.

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Introduction

Education is a crucial sector that shapes and develops young individuals into responsible and law-abiding members of society. The school, an educational institution, plays a crucial role in shaping children into people with strong beliefs and abilities that they may apply as they mature and navigate the world independently. In order to install these values and talents in the youth, the institution need educators and school personnel who serve as facilitators in educating the pupils, teaching all the necessary knowledge and abilities.

Teaching is an inherently demanding job in which a teacher's effectiveness is constrained by their own personality. This occupation necessitates an indispensable aptitude and a profound sense of calling for the educator to carry out their duties exceptionally. In order for a teacher to attain exceptional performance, they must instruct with enthusiasm, competence, efficacy, and a strong commitment to their job (Hemphil). A teacher is responsible for fulfilling several obligations. The educators must impart knowledge to the pupils while simultaneously dismantling the barriers that impede the learning process. Teachers play a crucial role in the teaching-learning process. They serve a crucial role in shaping the younger generation to become exemplary individuals within their family, community, and society as a whole. They serve as luminaries that illuminate and direct the course of other individuals in their pursuit of achievement (Lardizabal).

The multitude of obligations, such as early morning school attendance, lesson preparation, and teaching, frequently contribute to the development of unhealthy lifestyles among faculty instructors. Furthermore, it is worth noting that instructors commonly experience emotions of stress or burnout, which in turn have a detrimental impact on the quality of their work performance. They have sleep deprivation, inadequate diet, insufficient physical activity, and endure significant stress from their job, family, and financial responsibilities.

While stress itself is not inherently negative, prolonged and excessive levels of it can impair a teacher's ability to cope, ultimately diminishing their job productivity. Chronic stress hampers a person's productivity. Additionally, it significantly impairs their health, emotions, relationships, productivity, and general quality of life. Evaluating the overall well-being of faculty members is of highest relevance for the institution, considering the various levels of stress they experience. The researcher aims to assess the general well-being of the professors and staff at Cagayan State University- Carig campus Tuguegarao City, Cagayan, Philippines by employing the Health-Related Quality of Life (HRQOL) Method. This method was derived from the Centre for Disease Control and Prevention (2011), which described it as a comprehensive strategy to assess physical functioning, psychological well-being, and social functioning (Calvert and Skelton, 2008). This approach is in alignment with the definition of Health provided by the World Health Organization (2013), which states that health encompasses the condition of being physically, mentally, and socially well, rather than simply the absence of sickness or infirmity.

This study aimed to comprehensively assess the status of faculty and administrative employees at Cagayan State University- Carig campus Tuguegarao City, Cagayan, Philippines across various dimensions. Specifically, it seeks to investigate the general health and its subcomponents, stress, burn-out, and depression among respondents. Additionally, the study aims to explore potential differences in these health indicators based on the respondents' profile variables, such as age, gender, educational background, and socio-economic status. Furthermore, it intends to examine the relationships between respondents' general health and its subcomponents with their levels of stress, burn-out, and depression, potentially shedding light on interconnections and factors influencing overall well-being in this professional population.

Materials and methods

Research design

The researcher used a descriptive analytical cross-sectional design. The HRQOL, and other independent variables were assessed at the same time using a structured questionnaire. A descriptive design was used in order to assess the status of the HRQOL of the faculty, while an analytical design is used to evaluate the factors that affect the said HRQOL.

Sampling technique

The target population of the study included all faculty members and administrative staff working at the Cagayan State University- Carig campus Tuguegarao City, Cagayan, Philippines during the school year 2023-2024. No sampling design was utilized since the study spans the entire faculty and administrative employees of the school. The total population of the regular faculty is 228 and administrative employees are 46.

Inclusion criteria: All faculty and administrative staff of Cagayan State University- Carig campus Tuguegarao City, Cagayan, Philippines, who were not on study leave and who were regular employees for at least one year.

Exclusion criteria: Faculty and administrative employees who were on study leave, and who were not regularly employed at the time of data gathering. Temporary permanent faculty were included. These are faculty who are presently taking up masteral degrees to be fully permanent, but they are holding a regular government item.

Locale of the study

The study was conducted at Cagayan State University-Carig campus Tuguegarao City, Cagayan, Philippines, located in the province of Cagayan, Philippines. This campus functions as a central location for academic and administrative operations that specifically cater to the professors and administrative personnel. Cagayan State University is a renowned educational institution known for its dedication to delivering excellent education and promoting the professional development of its staff.

Research instruments

The research instrument used in this study consists of a structured questionnaire that includes validated measures to evaluate several factors related to the study objectives. The assessment battery comprises the SF-36, a tool used to evaluate HRQOL, the BDI, which measures depression levels, the aMBI, an abbreviated version of the Maslach Burnout Inventory used to assess burnout, and the PSS, a scale used to evaluate stress levels. In addition, the questionnaire includes self-report sections to collect demographic and job-related data. The SF-36 enables the evaluation of eight health dimensions, whilst the BDI, aMBI, and PSS offer insights into depression, burnout, and stress, respectively. Data collection include the direct administration of the questionnaire to all teachers and administrative personnel at Cagayan State University- Carig Campus throughout the 2023-2024 academic year. No sampling will be employed since the study aims to encompass the whole population. Data management encompasses the process of assigning codes to replies for the purpose of research. Data analysis, on the other hand, comprises the use of descriptive statistics, measures of association, and hypothesis testing to investigate the connections between HRQOL (Health-Related Quality of Life) and other demographic and psychological factors. In summary, this comprehensive tool enables a detailed examination of the elements that impact the quality of life of academics and administrative personnel, therefore providing useful knowledge to the profession.

Data gathering procedure

The data utilized were gathered using a structured questionnaire:

Assessment of HRQOL

The HRQOL of the faculty were measured using the 36-Item Short Form Health Survey (SF-36) questionnaire, which was authored by John E. Ware Jr. and was developed as a part of the RAND Medical Outcomes Study (MOS): Measures of Quality-of-Life Core Survey. It has been acknowledged as the most widely evaluated generic patient assessed health outcome among quality-of-life measure, and was

known to be of high reliability coefficients. This questionnaire measured eight (8) areas of health, namely, physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. This said questionnaire has been useful in evaluating the health of general and specific populations as well as assessing HRQOL (Ware, 2003).

Scoring of the instrument followed a two-step process as recommended by the RAND Corporation. In the first step, pre-coded numeric values were recoded using a scoring key. Each item was scored in a range of 0 to 100. Score lower than 50 means worse than norm, score 50 equal to average or norm and score higher than 50 interprets better than norm. The scores represented the percentage of the total possible score achieved. In the second step, items in the same scale were averaged together to yield the eight-area (scale) scores. In this study, norm-based interpretation of the SF-36 will be used (Gandek, 2002).

Assessment of depression

Depression was evaluated using the Beck Depression Inventory (BDI). It comprised of 21 questions; each question had four possible responses with scores ranging from 0 to 3. The total score of the test is a measure of the severity of depression. A score which is higher than 21 was interpreted as having depression.

Measurement of burnout

An abbreviated Maslach Burnout Inventory (aMBI) was used. This inventory is the most widely used measure of burnout (Maslach, Jackson, Leiter, Schaufeli, & Schwab, n.d.). The abbreviated form contains 12 questions, and were used to assess three domains: emotional exhaustion, depersonalization, and personal accomplishment (McManus *et al.*, 2003).

Measurement of perceived stress

Stress was measured using the Perceived Stress Scale (PSS). It consists of 14 items which can be easily understood by. It has been validated in studies, particularly those dealing with health status. It also has good reliability (Cohen *et al.*, 1983).

Measurement of other variables

The instrument had self-report items related to the other exposure variables. These variables were age, sex, civil status, educational attainment, office or department, job status, years in service, position/designation, faculty rank, workload, socioeconomic and health profile.

Analysis of the data/ statistical treatment

The main outcome variable was the HRQOL scores (continuous quantitative). Exposure variables included age (quantitative), sex (binary), civil status (unordered categorical), socioeconomic status (ordered categorical), depression (continuous quantitative), burnout (continuous quantitative) and stress levels (continuous quantitative).

Prior to actual analysis, the data were checked for missing values. Those were appropriately coded, so that the computer recognized them as missing and thus excluded them from the analysis. In the analysis of the data, the following were carried out: basic descriptive analysis in the form of means and standard deviations of the HRQOL scores along the eight scales; measures of association between the HRQOL scores and the exposure variables, t test, and null hypotheses and p values for the association between the HRQOL scores and binary variables, that is, sex, one-way ANOVA and null hypotheses, and *p* values for the association between the HRQOL scores and unordered and ordered categorical variables. In addition, Bartlett's test for inequality of population variances was performed. If the *p* value from Bartlett's test was less than .05, non-parametric tests such as the Mann–Whitney/Wilcoxon two-sample test or the Kruskal–Wallis test were used instead of the t test or ANOVA, respectively. Pearson's correlation coefficient and null hypotheses and *p* values were used to determine the association between the HRQOL scores and quantitative variables, that is, age, depression (BDI score), burnout (aMBI score) and stress levels (PSS Score).

Results

Psychological characteristics of respondents

Table 1a.i shows the status of the HRQOL (health-related quality of life) of the respondents in terms of physical functioning. Out of 142 faculty staff respondents, 125 (88%) of the faculty staff have better than norm physical functioning and 12 (8.5%) have worse than norm physical functioning. 19 of the administrative staff also have better levels of physical functioning and 9 have worse than norm physical functioning.

Table 1a. ii shows that 71.1% of the faculty staff respondents answered better than norm, implying that there is no or minimal role limitations due to their physical health. Only 21.2% of the faculty staff have answered that they have worse than norm, implying an impactful limitation to their roles due to their physical health. On the administrative staff, 72.4% have minimal role limitations due to physical health, and 24.1% have higher role limitations.

Table 1a.iii shows the status of the HRQOL of the respondents in terms of role limitations due to emotional problems. Out of 142 faculty respondents, 75.4% have minimal role limitations even if there are ongoing emotional problems, while 35 (24.6%) have stated that they have major limitations to their role due to emotional problems. Overall, most of the respondents have minimal role limitations due to emotional problems.

Table 1a.iv that out of 171 respondents, most (64.9%) have better than norm vitality, implying that most of them have good energy in their workplace. Meanwhile, 36 (25.4%) of the faculty staff and 20.7% of the administrative staff have stated that they have worse than norm vitality, implying significant fatigue regarding their work.

As shown in the table 1a.v, 126 out of 142 faculty respondents (88.7%), have better than norm emotional wellbeing. Only 16 (11.3%) have worse than normal emotional state. 93.1 % of the administrative staff also have better states of emotional wellbeing.

Table 1a.vi shows that in terms of social functioning, 86.6% of the faculty members are in a better than norm state. Meanwhile, only 3.5% or 5 faculty members are in a worse state. The same goes for the administrative staff, wherein 79.3% have better than norm state of social functioning.

Table 1a.vii shows that status of the HRQOL of the faculty in terms of pain. 132 (93%) respondents answered that they have better than norm, implying none or minimal pain, and 10 respondents (7%) stated that they have worse than norm pain, hence, implying that they have felt significant pain during their work hours. For the administrative staff, 93.1% also have lower levels of pain, and 6.9% have higher pain levels.

Table 1b shows the level of perceived stress of the 142 faculty members and 29 administrative staff of Cagayan State University – Carig, Tuguegarao City, Cagayan, Philippines. As shown, 106 (62%) of the respondents have experienced moderate levels of stress while 1 faculty staff and 1 administrative staff have indicated a higher level of stress.

Table 1c shows the respondent's level of burnout. In terms of emotional exhaustion, 64.1% of the faculty members and 75.9% of the administrative staff have low levels of burnout, 26.8% of the faculty and 13.8% of the administrative staff have moderate level of burnout, and 9.2% of the faculty and 10.3% of the administrative staff have higher burnout levels. This implies that most of the respondents experience only minimal levels of emotional exhaustion.

In terms of depersonalization, 62% of the faculty members and 79.3% of the administrative staff have low levels of burnout due to depersonalization. A significant number of faculty, 19 (13.4%) have high levels of depersonalization. Overall, the average is 2.99 implying low levels of depersonalization.

Table 1a.i. Status of the health-related quality of life of the respondents in terms of physical functioning

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	12	8.5	9	31.0	21	12.3
Average or Norm (50)	5	3.5	1	3.4	6	3.5
Better than Norm (higher than 50)	125	88.0	19	65.5	144	84.2
Mean	79.69 (BtN)		67.41 (BtN)		77.61 (BtN)	
S.D.	20.94		26.58		22.39	

Table 1a. ii. Status of the health-related quality of life of the respondents in terms of role limitations due to physical health

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	30	21.1	7	24.1	37	21.6
Average or Norm (50)	11	7.7	1	3.4	12	7.0
Better than Norm (higher than 50)	101	71.1	21	72.4	122	71.3
Mean	74.47 (BtN)		73.28 (BtN)		74.27 (BtN)	
S.D.	36.52		36.55		36.42	

Table 1a.iii. Status of the health-related quality of life of the respondents in terms of role limitations due to emotional problems

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	35	24.6	10	34.5	45	26.3
Average or Norm (50)	-	-	-	-	-	-
Better than Norm (higher than 50)	107	75.4	19	65.5	126	73.7
Mean	77.93 (BtN)		70.11 (BtN)		76.61 (BtN)	
S.D.	36.14		39.18		36.67	

Table 1a.iv. Status of the health-related quality of life of the respondents in terms of vitality (energy/fatigue)

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	36	25.4	6	20.7	42	24.6
Average or Norm (50)	18	12.7	-	-	18	10.5
Better than Norm (higher than 50)	88	62.0	23	79.3	111	64.9
Mean	59.19 (BtN)		60.34 (BtN)		59.39 (BtN)	
S.D.	19.64		18.51		19.41	

Table 1a.v. Status of the health-related quality of life of the respondents in terms of emotional well-being

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	16	11.3	2	6.9	18	10.5
Average or Norm (50)	-	-	-	-	-	-
Better than Norm (higher than 50)	126	88.7	27	93.1	153	89.5
Mean	70.72 (BtN)		76.55 (BtN)		71.71 (BtN)	
S.D.	17.37		15.18		17.12	

Table 1a.vi. Status of the health-related quality of life of the respondents in terms of social functioning

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	5	3.5	1	3.4	6	3.5
Average or Norm (50)	14	9.9	5	17.2	19	11.1
Better than Norm (higher than 50)	123	86.6	23	79.3	146	85.4
Mean	75.86 (BtN)		71.12 (BtN)		75.05 (BtN)	
S.D.	19.03		17.07		18.75	

Table 1a.vii. Status of the health-related quality of life of the respondents in terms of pain

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Worse than Norm (0 to 50)	10	7.0	2	6.9	12	7.0
Average or Norm (50)	-	-	-	-	-	-
Better than Norm (higher than 50)	132	93.0	27	93.1	159	93.0
Mean	76.23 (BtN)		73.79 (BtN)		75.82 (BtN)	
S.D.	16.60		15.23		16.36	

Table 1b. Level of perceived stress of the respondents

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
None to Low Stress (0 to 13)	51	35.9	12	41.4	63	36.8
Moderate Stress (14 to 26)	90	63.4	16	55.2	106	62.0
High Stress (27 to 40)	1	0.7	1	3.4	2	1.2
Mean	15.81 (MS)		16.66 (MS)		15.95 (MS)	
S.D.	5.81		6.61		5.94	

Table 1c. Level of burnout of the respondents

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
Emotional exhaustion						
Low burnout (6 or below)	91	64.1	22	75.9	113	66.1
Moderate burnout (7 to 10)	38	26.8	4	13.8	42	24.6
High burnout (11 or above)	13	9.2	3	10.3	16	9.4
Mean	5.56 (Low)		3.31 (Low)		5.18 (Low)	
SD	3.91		4.17		4.03	
Depersonalization						
Low burnout (3 and below)	88	62.0	23	79.3	111	64.9
Moderate burnout (4 to 6)	35	24.6	3	10.3	38	22.2
High burnout (7 or above))	19	13.4	3	10.3	22	12.9
Mean	2.99 (Low)		1.97 (Low)		2.82 (Low)	
SD	3.10		2.97		3.09	
Personal accomplishment						
Low burnout (15 and above)	36	25.4	1	3.4	37	21.6
Moderate burnout (13 to 14)	20	14.1	-	-	20	11.7
High burnout (12 and below)	86	60.6	28	96.6	114	66.7
Mean	11.23 (High)		5.93 (High)		10.33 (High)	
SD	4.18		4.65		4.69	

Table 1d. Level of depression of the respondents

Score/Interpretation	Faculty		Administrative		Total	
	F (n=142)	%	F (n=29)	%	F (n=171)	%
None to minimal depression (0 to 7)	100	70.4	-	-	100	58.5
Mild depression (8 to 15)	29	20.4	-	-	29	17.0
Moderate depression (16 to 25)	11	7.7	16	55.2	27	15.8
Severe depression (26 to 63)	2	1.4	13	44.8	15	8.8
Mean	6.19 (Minimal)		27.00 (Severe)		9.72 (Mild)	
S.D.	7.24		7.37		10.67	

Table 2a. Comparison test results between the respondents' general health and its subcomponents when grouped according to their profile

Groups	PF	RLPH	RLEP	V(EF)	EWB	SF	BP	GH
Type of respondent								
Faculty	90.04	86.47	87.57	84.28	83.19	88.52	87.69	84.35
Administrative	66.22	83.69	78.29	94.41	99.78	73.67	77.71	94.10
p-value (KW test)	0.017*	0.756	0.266	0.313	0.099	0.133	0.312	0.331

Sex								
Male	83.38	82.86	77.83	85.43	84.83	79.19	86.33	82.03
Female	88.36	88.83	93.36	86.52	87.05	92.13	85.70	89.57
p-value (KW test)	0.508	0.375	0.013*	0.885	0.769	0.082	0.932	0.318
Age								
20 to 29	84.32	79.38	75.88	54.84	62.40	66.28	79.18	72.30
30 to 39	81.37	81.64	81.14	84.32	79.84	81.77	77.64	83.58
40 to 49	99.22	85.11	88.04	99.25	96.10	95.72	87.41	100.14
50 to 59	83.28	89.66	91.34	86.47	89.46	93.03	95.57	79.32
60 or above	68.28	102.78	97.00	98.56	101.88	83.31	93.81	87.25
p-value (KW test)	0.191	0.461	0.397	0.006**	0.036*	0.125	0.444	0.154
Civil status								
Single	91.68	78.17	70.56	80.03	79.71	81.29	80.87	84.92
Married/Others	83.59	89.33	92.56	88.54	88.68	88.00	88.18	86.46
p-value (KW test)	0.324	0.129	0.001**	0.301	0.277	0.409	0.367	0.852
Monthly income								
Php23,000 to Php47,000	75.47	80.26	82.90	78.12	80.55	73.85	79.91	74.24
Php47,001 to Php82,000	95.89	90.70	91.04	95.71	94.87	96.11	88.35	92.37
Php82,001 to Php140,000	97.16	92.59	88.23	98.05	100.20	109.36	104.45	104.52
Php140,001 to Php234,000	101.75	99.56	80.50	69.69	68.56	78.75	71.31	116.06
Above Php234,000	68.21	74.64	78.29	74.36	49.00	72.21	92.64	70.93
p-value (KW test)	0.068	0.450	0.779	0.148	0.049*	0.011*	0.248	0.017*
Number of dependents								
0 to 2	85.37	82.78	85.31	81.31	85.91	85.22	85.28	84.23
3 or more	88.13	96.88	88.35	101.88	86.32	88.64	88.42	91.97
p-value (KW test)	0.758	0.079	0.684	0.022*	0.963	0.699	0.722	0.389
Family structure								
Nuclear family	86.71	89.62	90.56	89.44	88.79	86.91	88.75	87.40
Single parent family	97.58	79.39	75.79	97.53	102.66	91.50	81.97	90.61
Blended family	80.17	74.83	65.67	73.83	68.50	58.00	60.50	116.67
Extended family	77.61	79.55	79.44	68.50	68.74	82.27	80.09	77.26
Communal family	82.75	65.75	62.00	87.25	79.50	85.25	103.00	60.50
p-value (KW test)	0.718	0.640	0.300	0.203	0.137	0.831	0.723	0.559
Educational attainment								
Bachelor's degree	79.31	77.19	67.47	68.45	66.86	59.95	74.25	71.97
Masteral degree	81.97	84.28	85.71	89.43	87.60	87.85	85.60	86.03
Doctorate degree	100.39	96.69	100.80	91.44	96.88	101.57	95.88	96.62
p-value (KW test)	0.088	0.141	0.002**	0.080	0.031*	0.001**	0.163	0.103
Religion								
Roman Catholic	84.58	87.45	85.54	87.32	89.24	86.57	86.18	86.89
Others	90.23	81.69	87.36	82.06	76.35	84.31	85.47	83.36
p-value (KW test)	0.513	0.457	0.801	0.544	0.138	0.792	0.933	0.685
Faculty rank								
Admin	66.22	83.69	78.29	94.41	99.78	73.67	77.71	94.10
Instructor	94.16	82.66	78.77	74.19	73.48	77.30	93.02	74.71
Assistant Professor	75.88	79.19	87.62	81.38	82.29	83.27	73.03	88.16
Associate Professor	95.46	91.46	93.24	93.99	91.43	100.84	92.28	82.26
Professor	107.96	111.11	104.50	105.36	100.04	114.75	105.04	110.86
p-value (KW test)	0.017*	0.163	0.161	0.130	0.125	0.020*	0.098	0.126
Designation								
Administrative	66.22	83.69	78.29	94.41	99.78	73.67	77.71	94.10
Without designation	84.67	85.16	83.84	79.26	77.25	87.10	90.41	80.91
With designation	98.54	88.55	93.47	92.22	92.58	90.75	83.40	89.77
p-value (KW test)	0.015*	0.862	0.212	0.187	0.050*	0.295	0.422	0.362
Number of preparations								
1 to 2	70.00	75.33	74.91	71.06	72.48	77.26	72.51	75.29
3 or more	73.04	67.56	67.99	71.96	70.49	65.58	70.46	67.60
p-value (KW test)	0.656	0.203	0.217	0.896	0.773	0.085	0.760	0.263
Years of service								

Less than 2	87.17	90.90	89.03	90.80	86.87	73.63	77.90	79.93
2 to 5	83.60	92.26	83.19	88.52	90.14	91.71	86.93	85.36
6 to 10	89.17	70.48	79.96	76.18	76.64	83.40	79.06	80.49
11 to 15	93.90	92.02	90.76	89.28	74.62	73.10	90.98	103.62
16 to 20	88.30	82.64	77.27	94.09	97.61	101.07	87.30	88.20
21 to 25	99.50	100.75	92.90	100.60	109.75	112.35	104.40	100.90
26 to 30	74.50	92.82	69.14	80.00	65.82	82.95	93.27	65.95
31 to 35	87.28	95.39	113.50	92.67	117.44	111.56	107.61	80.56
More than 35	51.09	98.82	107.77	80.23	92.41	60.41	69.32	85.55
p-value (KW test)	0.445	0.280	0.157	0.845	0.134	0.087	0.597	0.548
Comorbidities								
Without comorbidities	90.96	93.03	86.82	89.67	87.65	88.22	91.13	94.77
With comorbidities	80.23	77.81	85.04	81.72	84.08	83.42	80.03	75.78
p-value (KW test)	0.154	0.024*	0.777	0.292	0.636	0.519	0.135	0.012*
Medication								
Without medication	86.32	88.70	85.35	84.44	84.14	88.49	89.06	90.89
With medication	85.44	81.25	87.14	88.73	89.27	81.63	80.61	77.40
p-value (KW test)	0.910	0.287	0.784	0.584	0.513	0.375	0.273	0.086
Hospitalization								
None	88.09	87.96	86.29	89.10	86.65	88.54	86.89	88.20
Once	53.75	79.50	85.83	59.75	69.17	28.58	74.08	78.08
Twice	57.70	31.10	76.80	18.30	85.40	73.60	71.80	25.20
p-value (KW test)	0.103	0.016*	0.878	0.003**	0.695	0.010**	0.655	0.018*
Surgical history								
None	86.20	86.90	85.66	85.85	85.61	85.45	85.53	85.46
Had been to	79.50	56.10	97.40	90.90	98.80	104.40	101.60	103.90
p-value (KW test)	0.764	0.123	0.527	0.821	0.556	0.390	0.465	0.410

*significant at α=0.05; **significant at α=0.01; PF-physical functioning, RLPH-role limitations due to physical health, RLEP-role limitations due to emotional problem, V-vitality (energy/fatigue), EWB-emotional well-being, SF-social functioning, BP-bodily pain, GH-general health

Table 2b. Comparison test results between the respondents' levels of stress, depression and burnout when grouped according to their profile

Groups	Stress	Depression	Burnout by Per. Acc.	Burnout by Depersonal	Burnout by Emo. Exh.	Bunout Total
Type of respondent						
Faculty	85.00	72.04	94.68	89.28	91.43	83.74
Administrative	90.90	154.36	43.50	69.93	59.40	97.09
p-value (KW test)	0.558	0.000**	0.000**	0.049*	0.001**	0.185
Sex						
Male	84.54	82.32	85.50	93.90	89.03	92.29
Female	87.31	89.31	86.45	78.89	83.27	80.34
p-value (KW test)	0.714	0.355	0.900	0.042*	0.445	0.115
Age						
20 to 29	118.22	82.52	85.02	97.14	105.22	99.34
30 to 39	97.04	94.18	96.90	100.01	97.64	87.71
40 to 49	79.58	74.93	93.08	82.90	83.31	78.72
50 to 59	66.38	82.89	75.65	73.86	77.26	85.30
60 or above	69.22	108.84	59.56	66.56	51.50	83.81
p-value (KW test)	0.000*	0.118	0.052	0.036*	0.004*	0.566
Civil status						
Single	96.59	96.57	91.78	96.32	102.25	93.62
Married/Others	81.50	81.51	83.54	81.61	79.10	82.76
p-value (KW test)	0.068	0.068	0.318	0.068	0.005*	0.189
Monthly income						
Php23,000 to Php47,000	92.46	95.26	75.00	95.58	88.31	97.52
Php47,001 to Php82,000	85.35	79.25	89.05	76.88	79.58	78.91
Php82,001 to Php140,000	66.43	65.52	119.18	67.84	82.84	54.77
Php140,001 to Php234,000	79.00	92.00	80.69	94.25	90.00	97.56
Above Php234,000	89.71	96.64	83.93	102.50	118.21	101.93

p-value (KW test)	0.289	0.091	0.007**	0.055	0.370	0.004**
Number of dependents						
0 to 2	87.01	86.92	86.23	88.16	89.27	88.24
3 or more	82.58	82.87	85.22	78.71	74.94	78.41
p-value (KW test)	0.622	0.652	0.910	0.283	0.110	0.275
Family structure						
Nuclear family	86.00	85.17	85.70	85.90	84.82	86.40
Single parent family	65.21	97.29	90.11	74.39	74.50	72.68
Blended family	109.83	147.83	88.50	69.67	76.50	65.83
Extended family	94.45	75.77	84.38	92.47	94.36	91.48
Communal family	108.00	102.00	87.25	119.50	139.00	129.50
p-value (KW test)	0.246	0.118	0.996	0.558	0.345	0.429
Educational attainment						
Bachelor's degree	117.59	108.48	66.45	95.14	100.36	109.06
Masteral degree	84.65	87.41	87.98	84.94	81.84	82.21
Doctorate degree	65.04	65.61	96.32	81.49	84.68	77.19
p-value (KW test)	0.000**	0.001**	0.030*	0.458	0.179	0.012*
Religion						
Roman Catholic	85.38	87.88	83.54	83.51	81.79	85.17
Others	87.84	80.40	93.33	93.42	98.52	88.48
p-value (KW test)	0.778	0.389	0.261	0.244	0.054	0.704
Faculty rank						
Admin	90.90	154.36	43.50	69.93	59.40	97.09
Instructor	99.28	74.11	90.56	91.02	93.30	88.05
Assistant Professor	88.42	77.87	95.22	95.49	94.43	87.23
Associate Professor	71.81	69.96	96.74	92.00	91.72	83.40
Professor	56.07	51.11	102.36	56.64	74.57	58.21
p-value (KW test)	0.018*	0.000**	0.000**	0.024*	0.017**	0.193
Designation						
Administrative	90.90	154.36	43.50	69.93	59.40	97.09
Without designation	86.89	75.25	88.71	93.72	92.75	89.24
With designation	82.01	66.96	104.13	82.26	89.35	75.03
p-value (KW test)	0.715	0.000**	0.000**	0.056	0.006**	0.103
Number of preparations (faculty)						
1 to 2	67.51	71.90	70.94	68.50	71.65	71.54
3 or more	75.61	71.09	72.08	74.59	71.34	71.46
p-value (KW test)	0.240	0.905	0.868	0.369	0.964	0.990
Years of service						
Less than 2	100.37	86.50	104.13	78.57	86.23	68.93
2 to 5	85.98	58.74	92.12	96.14	91.48	83.57
6 to 10	100.22	93.30	90.21	98.69	97.94	94.96
11 to 15	83.50	90.78	85.02	89.82	79.18	81.56
16 to 20	72.16	81.45	94.39	82.73	93.98	85.18
21 to 25	77.35	62.90	85.40	46.60	63.90	66.45
26 to 30	78.00	104.95	60.59	83.68	77.18	98.00
31 to 35	55.67	68.00	85.39	73.50	94.94	85.83
More than 35	79.73	121.18	43.50	68.77	45.36	93.27
p-value (KW test)	0.195	0.018*	0.072	0.096	0.076	0.643
Comorbidities						
Without comorbidities	88.62	83.91	86.14	88.26	87.16	86.59
With comorbidities	82.95	88.44	85.84	83.37	84.65	85.32
p-value (KW test)	0.454	0.550	0.969	0.510	0.739	0.867
Medication						
Without medication	88.53	85.36	89.37	90.33	89.78	86.56
With medication	81.55	87.13	80.07	78.40	79.36	85.02
p-value (KW test)	0.374	0.822	0.236	0.120	0.184	0.844
Hospitalization						
None	85.03	85.50	85.43	83.43	85.91	85.39
Once	95.25	92.17	96.58	109.58	52.75	68.50
Twice	106.10	94.50	91.70	140.00	128.90	126.40
p-value (KW test)	0.577	0.879	0.834	0.017*	0.038*	0.128
Surgical history						

None	85.93	86.03	86.18	85.63	86.67	86.12
Had been to	88.20	85.10	79.90	98.20	63.60	82.10
p-value (KW test)	0.919	0.967	0.779	0.566	0.302	0.858

*Significant at α=0.05; **significant at α=0.01

In terms of personal accomplishment, 60.6% of the faculty members and 96.6% of the administrative staff have low levels of personal accomplishment, implying that there is a higher level of burnout in this regard. 36 (25.4%) of the faculty staff have low burnout level due to personal accomplishment. A significant number of the administrative staff, 28 (96.6%) have a high level of burnout due to personal accomplishment.

Tble 1d shows that 100 out of the 142 (70.4%) faculty members experience none to minimal depression, and 20.4% have mild depression. In comparison, the administrative staff experience moderate to severe depression, having 55.2% and 44.8% respectively.

Associations between profile variables and HRQOL components

Table 2a shows the comparison test results between the respondents' general health and its subcomponents when grouped according to their profile. As shown above, there is a significant correlation between the respondent's work and physical functioning. Administrative employees have a worse level of physical functioning as compared to the faculty members. There is also a significant relationship with regards to gender in role limitations due to emotional problems. It shows that when emotional problems occur, males experience higher limitations to their roles as compared to females. In terms of age, those ages 20-29 years old have lower vitality and emotional well-being than those of older ones. In terms of civil status, being single poses a significant relationship to role limitations due to emotional problems, implying that those who are single have a higher level of role limitations when emotional problems occur. The respondent's income also has a significant relationship to the emotional wellbeing and social functioning of the faculty members. Those who have income of Php 242, 000 and above showed a worse emotional well-being and social functioning as compared to those employees who belong to the lower income brackets. With regards to the number of dependents, there is a significant relationship with vitality, implying that those who have 0-2 dependents have lower energy and experience higher levels of fatigue as compared to those who have more than 2 dependents. The type of family structure, religion, number of preparations, medications, years of service, and surgical history has no significant relationship to any of the components that relate to the general well-being. Educational attainment also has a significant relationship with role limitations due to emotional problems, emotional wellbeing, and social functioning. The faculty members who have only attained a bachelor's degree have a worse state of emotional and social functioning as compared to those who have a masteral and doctoral degrees. In terms of work, administrative staff have worse level of physical functioning compared to faculty members.

Among the faculty positions, assistant professors have the worst level of physical functioning. Meanwhile, administrative staff have worse level of social functioning compared to the faculty. Among the faculty, instructors have the lowest level of social functioning. In terms of work, administrative staff have lower levels of physical functioning compared to the faculty. Among the faculty, those faculty members without designation have lower levels of physical functioning.

Administrative staff have better emotional wellbeing compared to the faculty. Among the faculty, those without designation have lower levels of emotional wellbeing. Among all the employees, those with comorbidities experience greater limitations of role due to physical health reasons. Likewise, employees who have been hospitalized twice show a greater limitation in role due to physical health, lower levels of vitality and poorer general wellbeing. However, employees who have been hospitalized once during the past 6 months show the worst level of social functioning.

Associations between profile variables and stress, depression and burnout

Table 2b shows the comparison test results between the respondents' levels of stress, depression and burnout when grouped according to their profile. Their number of dependents, family structure, comorbidities, medications, and surgical histories show no significant relationship with the three psychological components.

With regards to type of work, the administrative staff have a significantly higher levels of depression and burnout. As to sex, males have a significantly higher level of depersonalization as a component of burnout. As to age, those with ages 20 to 39 years old have significantly greater levels of stress, depersonalization and emotional exhaustion. As to civil status, those who are single have a significantly higher level of emotional exhaustion.

With regards to monthly income, there is a significantly lower level of personal accomplishment, hence higher level of burnout component, of those belonging to the lowest income bracket (Php 23,001 to 47,000). But as to total burnout which includes the mean of its three components (personal accomplishments is reversed), those belonging to the highest income bracket (more than Php234,000) have a significantly higher level of burnout, followed by those belonging to the second highest income bracket (Php140,001 to 234,000) and third are those belonging to the lowest income bracket.

As to educational attainment, those who just finished a bachelor`s degree have significantly higher levels of stress, depression and total burnout. Their significantly lower levels of personal accomplishment, affected significantly the level of their total burnout. As to type of work, the administrative staff have significantly higher levels of stress, depression and lower levels of personal accomplishment (higher level of burnout component) than the faculty in general. But among the faculty members, those belonging to the instructor rank have significantly higher levels of stress and lower levels of personal accomplishment. Meanwhile, the professors have the highest level of personal accomplishments, hence the least level of burnout with this component. Among all the faculty, the assistant professors have a significantly higher levels of depression, depersonalization and emotional exhaustion hence higher burnout status with these two components). Among the faculty, those without designations have higher levels of depression, lower levels of personal accomplishment and higher level of emotional exhaustion. As to number of preparations of the faculty (subjects taught), all are insignificant. As to years in service, those working for more than 35 years have a significantly higher level of depression, followed by those who worked for 26-30 years and those who worked for 6-10 years.

As to hospitalization, those who were hospitalized twice have a significantly higher level of burnout as to depersonalization and emotional exhaustion components.

Significant differences between dependent variables

Associations between HRQOL subcomponents and burn-out subcomponents, depression and stress

Table 3a. Correlation analysis result between respondents' level of stress and their general health and its subcomponents

Variables	Correlations	Probability	Statistical Inference
Level of Stress			
General Health and its Subcomponents			
Physical functioning	-0.195	0.011	Significant
Role limitations due to physical health	-0.303	0.000	Significant
Role limitations due to emotional problems	-0.418	0.000	Significant
Vitality (energy/fatigue)	-0.474	0.000	Significant
Emotional well-being	-0.578	0.000	Significant
Social functioning	-0.499	0.000	Significant
Pain	-0.352	0.000	Significant
General health	-0.513	0.000	Significant

*tested at 0.05 level of significance

Table 3b. Correlation analysis result between respondents' level of depression and their general health and its subcomponents

Variables	Correlations	Probability	Statistical Inference
Level of Depression			
General Health and its Subcomponents			
Physical functioning	-0.238	0.002	Significant
Role limitations due to physical health	-0.264	0.000	Significant
Role limitations due to emotional problems	-0.365	0.000	Significant
Vitality (energy/fatigue)	-0.197	0.010	Significant
Emotional well-being	-0.292	0.000	Significant
Social functioning	-0.392	0.000	Significant
Pain	-0.280	0.000	Significant
General health	-0.184	0.016	Significant

*tested at 0.05 level of significance

Table 3c. Correlation analysis result between respondents' level of burnout in terms of emotional exhaustion and their general health and its subcomponents

Variables	Correlations	Probability	Statistical Inference
Level of Burnout (Emotional Exhaustion)			
General Health and its Subcomponents			
Physical functioning	-0.050	0.520	Not significant
Role limitations due to physical health	-0.316	0.000	Significant
Role limitations due to emotional problems	-0.352	0.000	Significant
Vitality (energy/fatigue)	-0.216	0.005	Significant
Emotional well-being	-0.410	0.000	Significant
Social functioning	-0.243	0.001	Significant
Pain	-0.249	0.001	Significant
General health	-0.365	0.000	Significant

*tested at 0.05 level of significance

Table 3d. Correlation analysis result between respondents' level of burnout in terms of depersonalization and their general health and its subcomponents

Variables	Correlations	Probability	Statistical Inference
Level of Burnout (Depersonalization)			
General Health and its Subcomponents			
Physical functioning	-0.174	0.007	Significant
Role limitations due to physical health	-0.303	0.153	Not significant
Role limitations due to emotional problems	-0.276	0.349	Not significant
Vitality (energy/fatigue)	-0.219	0.025	Significant
Emotional well-being	-0.429	0.635	Not significant
Social functioning	-0.331	0.003	Significant
Pain	-0.174	0.247	Not significant
General health	-0.387	0.007	Significant

*tested at 0.05 level of significance

Table 3e. Correlation analysis result between respondents' level of burnout in terms of personal accomplishment and their general health and its subcomponents

Variables	Correlations	Probability	Statistical Inference
Level of Burnout (Personal Accomplishment)			
General Health and its Subcomponents			
Physical functioning	0.206	0.007	Significant
Role limitations due to physical health	0.110	0.153	Not significant
Role limitations due to emotional problems	0.072	0.349	Not significant
Vitality (energy/fatigue)	0.172	0.025	Significant
Emotional well-being	0.037	0.635	Not significant
Social functioning	0.225	0.003	Significant
Pain	0.089	0.247	Not significant
General health	0.206	0.007	Significant

Table 3f. Correlation analysis result between respondents' level of total burnout and their general health and its subcomponents

Variables	Correlations	Probability	Statistical Inference
Level of Burnout (Total)			
General Health and its Subcomponents			
Physical functioning	-0.223	0.003	Significant
Role limitations due to physical health	-0.356	0.000	Significant
Role limitations due to emotional problems	-0.342	0.000	Significant
Vitality (energy/fatigue)	-0.308	0.000	Significant
Emotional well-being	-0.412	0.000	Significant
Social functioning	-0.400	0.000	Significant
Pain	-0.257	0.001	Significant
General health	-0.475	0.000	Significant

*tested at 0.05 level of significance

Table 3a shows that there is a significant relationship between the respondent's level of stress and general health and its subcomponents. It implies that higher levels of stress contribute to lower levels health and its subcomponents.

Table 3b shows the correlation analysis result between respondents' level of depression and their general health and its subcomponents. It entails that there is a significant relationship between the level of depression of the respondents with all the subcomponents of general health. It implies that higher level of depression contributes to lower status of the respondent's health.

Table 3c shows that there is a correlation between the level of burnout of the Cagayan State University employees and some components of general health. It is shown that when there is higher level of burnout in terms of emotional exhaustion, the general health and its subcomponents are inversely affected except for physical functioning where there is no significant correlation.

Table 3d describes the correlation between the respondent's level of burnout in terms of depersonalization and their general health and subcomponents. It shows that higher levels of burnout due to depersonalization have significant opposite effect to respondents` health in terms of physical functioning, vitality, social functioning and health in general.

Table 3e shows the correlation analysis between the respondents' level of burnout in terms of personal accomplishment and their general health and its subcomponents. It implies that higher levels of burnout due to poor personal accomplishment can significantly affect the respondents` level of physical functioning, vitality, social functioning and health in general, the same as the effects of depersonalization. It is important to understand that higher level of personal accomplishment means lower burnout and lower levels of personal accomplishment means higher burnout.

Table 3f shows the correlation between the respondent's level of total burnout and their general health. It shows that higher level of burnout has a significant effect to respondents` general health and all its subcomponents.

Discussion

Status of respondents in terms of general health and its subcomponents, stress, burn-out and depression

The status of the respondents in terms of physical functioning, role limitations due to physical health and emotional problems, vitality (energy/fatigue), emotional wellbeing, social functioning, pain, and overall general health are mostly better than normal. The other subcomponents, these are role limitations due to physical health, role limitations due to emotional health, and vitality, have 21.6%, 26.3%, and 24.6% of the respondents having worse than normal states respectively.

Most of the faculty and administrative staff demonstrated moderate levels of stress, followed by none to low stress levels. Only 2 respondents showed a high level of stress. Regarding the level of burnout, most presented with low burnout levels with regards

to emotional exhaustion and depersonalization. In contrast, the respondents showed a high burnout level with regards to their personal accomplishment, implying that the small personal accomplishments of the staff significantly increased the level of burnout of the employees.

With regards to the level of depression of the employees of CSU-Carig, most of the faculty members exhibited minimal to mild levels of depression, while the administrative staff showed moderate to severe state of depression.

Significant difference in the level of general health and its subcomponents, stress, burn-out and depression when grouped according to their profile variables

There is a significant difference in the level of general health and its subcomponents, stress, burnout, and depression when grouped according to their profile variables. It showed that physical functioning is significantly lower in the administrative staff than the faculty. Role limitations due to physical health are mostly affected by having comorbidities and being hospitalized twice in the past 6 months. Role limitations due to emotional problems are mostly seen in employees who are male, single, and having only achieved a bachelor's degree. Vitality is significantly lower in respondents who are ages 20-29 years old, with 0-2 dependents, and having been hospitalized twice in the past 6 months. Poor emotional wellbeing is mostly observed in employees who are ages 20-29, with a monthly salary of above Php234, 000, graduated with only a bachelor's degree, and faculty without a designation. Low social functioning is seen in staffs who are with a monthly salary of above Php234,000, finished a bachelor's degree, those who works as administrative staff and instructor and those who were hospitalized once within the past 6 months. There is no significant relationship between bodily pains and the profile variables of the respondents. As to general health, those whose salary is Php 234,000 and above, those who have comorbidities and those who were hospitalized twice for the last 6 months have significantly lower status.

High levels of stress are shown by the respondents who are ages 20-39, having obtained a bachelor's degree, and works as an administrative staff and faculty instructors. The level of depression is significantly influenced by being an administrative staff, a faculty who has no designation, and with the institution for more than 35 years. Personal accomplishment is lower (higher burnout) is significantly higher in the administrative staff and faculty instructors, in those earning a monthly income of Php 23,000 to 29,000, those having obtained only a bachelor's degree, and those faculty without designation. Burnout, with regards to depersonalization are seen in CSU-Carig employees who are male, ages 20-39 years old, faculty especially the assistant professors, and those who were hospitalized twice in the past 6 months. Burnout by emotional exhaustion is exhibited by those with ages 20-39, single, works as a faculty, those who are assistant professors and those without a designation.

Significant relationships between respondents' general health and its subcomponents with their level of stress burn-out and depression

There is a significant relationship between the employee's general health and their levels of stress, burnout and depression. High levels of stress and depression are affected by having poor physical functioning, having role limitations due to physical and emotional problems, having low vitality and energy, poor state of emotional wellbeing and social functioning, and experiencing bodily pains. The emotional exhaustion component of burnout does not significantly affect the physical functioning level. Depersonalization and personal accomplishment as components of burnout do affect significantly the respondents` levels of physical functioning, vitality, social functioning, and health in general. Higher levels of depersonalization and lower levels of personal accomplishments significantly lowers the level of general health, the physical functioning, vitality, social functioning in particular.

Conclusion

Many factors affect the health-related quality of life of the employees of Cagayan State University – Carig

campus. Different factors alter different aspects of their quality of life. It was shown that the respondent's profile variable influences each of the subcomponents of general health, stress, burnout, and depression. Likewise, each subcomponent of general health was affected by the levels of stress, burnout, and depression of the employees. Having poor physical functioning, experiencing role limitations due to physical and emotional problems, having low vitality, poor emotional wellbeing and social functioning, experiencing bodily pains, and having a bad health in general vis a vis greatly increases the likelihood of having high levels of stress, being burnt out by emotional exhaustion, depersonalization, poor personal accomplishments, and being severely depressed. Every aspect, no matter how small it may be, influences the employees' general wellbeing. It is important that the employees maintain healthy lives by learning to cope up effectively with stress, burnout and depression, to maintain a high level of performance as government employees in terms of quality, quantity, timeliness and efficiency and to make them feel motivated and satisfied with their work and lastly, to give them a sense of recognition, reward and responsibility.

Recommendations

The researcher recommends that the Cagayan State University – Carig Campus, together with the Department of Health, develop programs that care for the employees' physical, emotional, and social wellbeing.

The institution should commence regular psychological counseling sessions that detect unhealthy levels of stress, burnout and depression, and actively guide the employees on how to manage these. The institution could also start a weekly physical and social activity, like having singing and dancing sessions, that could help the employees relax and socialize.

The administration should also review current policies and look at the schedule and workload of their employees. The workload should be discussed with, with concern for their health status, and the schedule should be arranged in that they have time to do activities that help them rest, breathe, and regain energy.

It is also recommended that the wages especially those belonging to the administrative staff and faculty instructors be raised because of the present inflation problem in our country. Faculty who has shown high performance be recognized, rewarded and be given greater responsibilities.

There should be more government scholarship slots and more time for the faculty to start and finish their masteral courses.

Employees who suffer from chronic diseases must be given attention regarding their needs to ensure they are fit to work; their health and wellness is looked. The university clinic should step forward by monitoring the health of its employees and making referrals if necessary. Those with problems should be followed up on a regular basis depending on the health needs.

Further research studies should be conducted to CSU employees as to incidence and prevalence of noncommunicable or lifestyle diseases and to assess the attributable factors for its immediate management and control.

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