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How Faculty Member's Perception of Health Risks Impacts their Productivity and Performance: A Case Study in the University of Eastern Philippines System

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ABSTRACT
The primary objective of this study was to explore how faculty members' perception of health risks impacts their productivity performance. The research was carried out specifically among faculty members at the University of Eastern Philippines, encompassing three campuses located in Catarman, Northern Samar. The study utilized a descriptive-correlational research design and involved the participation of 410 individuals. The study was conducted during the 2019 academic year. Findings showed that the health risk attitudes of the faculty members have average risk but they have certainty about the consequences of a medical intervention, they also consider health as their priority concern. In addition, faculty members have certain health risks which can help improve the health of those who are initially healthy as well as the healthy individuals. In terms of the relationship between health risk attitude and performance of the faculty members. All indicators have no bearing to the performance of faculty members. The results obtained from this study will offer valuable insights on how the university can effectively tackle the health risk perception that impacts the productivity performance of its faculty members. These findings will contribute to enhancing the resilience of faculty members in the face of adversities.

Keywords: attitude, health risk perception, productivity, performance

I. INTRODUCTION

The State Universities and Colleges (SUCs) is one of the vital arms serving the continuing educational development program of the Philippine government. Hence the faculty members, who are the heart of the system, must be given importance and protection. In addition, keeping a healthy workplace is among the primary concerns of the government considering that the physical, mental and spiritual wellbeing of its employees has a high significant impact on the efficiency and effectiveness of public service delivery. Thus, Memorandum Circular No.17, s. 1989 of Civil Service Commission (CSC) requiring all employees of state institutions to submit physical and mental fitness examination annually.

Health is considered to be one of our most important values. Nowadays, employees considered health as one of the most vital values in life. Health, as well as longevity, should, they think, be protected and enhanced as much as possible. According to Anceta's citation of Dolfman (2015), during the 17th century, it was posited that health and disease exist on opposite ends of a continuum. The absence of one signifies the presence of the other.

In a survey carried out by Medibank Private (2005), the relationship between an employee's health and well-being and various work-related factors, such as sick days taken, overall productivity, and on-the-job effectiveness, was examined. The study revealed that Australian employees who engaged in poor health behaviors experienced significantly higher rates of annual sickness absence compared to individuals with good health habits (18 days versus two days per year, respectively). Additionally, the study explored the connection between health status and self-assessed work performance, measured on a scale of 0-10, among this group of employed Australians. The results clearly demonstrated a strong correlation between overall health status and work performance, with individuals who scored high on health and well-being reporting much better work performance. In fact, the study revealed a twofold increase in work performance for the most healthy individuals when compared to those with the poorest health.

The Swedish Work Environment Authority (Clark, 2014) states that Sweden is witnessing a rise in the detrimental health consequences caused by work-related factors, particularly among women. Even teachers are

not exempt from this negative trend; in fact, they are part of a professional category that experiences a high prevalence of work-related ailments (Clark, 2014). Women, who make up the majority of teachers, perceive their teaching role as mentally burdensome and demanding, lacking sufficient control and support. Consequently, there has been a noticeable increase in the number of teachers taking sick leave or leaving their jobs.

Bricheno et al. (2009) conducted a study on teacher health and observed that, regardless of their occupation, males generally reported poorer health compared to females. Based on their findings, they recommended further research to explore how demographic factors such as gender, age, experience, and sector influence teacher health. However, a study conducted in India did not find any significant impact of gender on the psychological well-being of teachers.

A research conducted in Flanders involving 260 teachers discovered that those with extensive years of experience exhibited higher health scores (Van Petegem, Creemers, Rossel & Aelterman, 2005). There is a limited amount of research available concerning the perception of health risks among faculty members based on their teaching specializations. For instance, Mattern and Bauer (2014) conducted a German study primarily focusing on mathematics teachers, while De Pablos-Pons et al. (2013) carried out a study involving 322 teachers from non-university centers in four regions of Spain, who engaged in innovative experiences with ICT.

The University of Eastern Philippines, as a local institution of higher education, aims to provide learners with quality education and strives to become academically competitive, research-oriented, focused on development, dedicated to public service, and economically sustainable as a state higher education institution. With this vision, the faculty members are expected to impart their best knowledge and skills to their clients. Unknown too many, there are several factors that can affect faculty members performance. One of these is health status including ones perception and awareness towards health is essential to the development and well-being of every individual. As such, every individual like the faculty members of the University of Eastern Philippines must be aware of herself/himself as a member of a changing environment and a vital component of institutions. Thus, it is necessary that the faculty members are in dire need to be healthy to perform their tasks and be efficient in performing their role.

The study sought to meet the following objectives: (1) assess the health risk perception of the faculty members; (2) determine the performance of the faculty members, and (3) find out if health risk perception affect the productivity performance of the faculty members.

II. METHODOLOGY

The research took place at the University of Eastern Philippines, encompassing the main campus along with its satellite campuses of UEP-Catubig and UEP-Laoang. The participants of this descriptive-correlational study were the faculty members of the University of Eastern Philippines. Before collecting any data, approval was obtained from the University President, and informed consent was obtained from all faculty members, ensuring that they were fully informed about the study. It was clearly communicated to them that their participation was voluntary and based on their own choice, and that there would be no potential risks involved, whether emotional, physical, psychological, financial, or social. The researcher utilized a validated instrument. This is an 18-item instrument adopted from the study of Van Osch and Stiggelbout (2013) on health risk attitude of employees. This has been used in the authors' studies which measured the health risk attitude of employees in a corporate environment. On the other hand, the university currently employs an instrument to assess the performance and productivity of faculty members. This tool is utilized by their immediate supervisors when evaluating their performance.

III. RESULTS AND DISCUSSION

Health Risk Perception of the Faculty Members

The health risk perception of the faculty members is presented in Table 1. It shows that faculty members have average risk relative to their health perception with 3.14. According to this finding, a majority of the faculty members demonstrate a high level of certainty regarding the consequences of a medical intervention (3.20). Overall, the faculty members hold the belief that undergoing a high-risk operation would not pose significant challenges for them (3.00). Some of the faculty members are also not very elaborate about their health. This is an attitude seen to negatively affect their health (2.77). It is good to note however that faculty members think that they are taking good care of their body well (3.60). They consider health as their priority concern (3.41).

In general, these findings indicate that faculty members possess a certain level of health risks, which can contribute to enhancing the well-being of both initially healthy individuals and those who are already in good health. This risk includes individual and community activities to promote health full lifestyles. It also includes the principles of self-responsibility, nutritional awareness, and management and physical fitness. Having determined the health risk status of the faculty members could help identify high-risk employees who may benefit from timely intervention.

Table 1: Health Risk Perception of the Faculty Members

Health Risk Attitude	Faculty	
	WM	INT
I believe that I adequately maintain my physical well-being.	3.60	Low risk
If the potential benefits are significant, I am willing to take risks with my health.	3.60	Low risk
When it comes to my health, I consider myself someone who avoids risks.	3.59	Low risk
In the event that my illness puts me at risk of premature death, I would be willing to undergo a high-risk operation if it can prevent such an outcome.	3.58	Low risk
The moment the idea of an operation crosses my mind, my immediate association is with the inherent risk involved.	3.57	Low risk
Reflecting on my past, I realize that, overall, I did engage in health-risky behaviors.	3.55	Low risk
Ensuring future well-being is a priority for me, and therefore, I strive to organize my life in a way that promotes good health.	3.42	Low risk
When it comes to my health, prioritizing safety is of utmost importance.	3.41	Low risk
I would only be willing to accept the risks associated with a medical treatment if I genuinely believed that there were no viable alternatives available.	3.40	Low risk
If the doctor cannot provide me with assurance regarding the potential outcomes of a medical intervention, I would prefer to abstain from undergoing it.	3.30	Average risk
In general, uncertainty regarding the consequences of a medical intervention is an inherent aspect of the process.	3.20	Average risk
Overall, I believe that I would be relatively comfortable with undergoing a high-risk operation.	3.00	Average risk
I'm not very elaborate about my health.	2.77	Average risk
Regardless of my symptoms, I would always prefer to avoid undergoing an operation with a high risk of mortality.	2.66	Average risk
In order to maintain good health both presently and in the future, I am willing to sacrifice many things.	2.66	Average risk
I wish to avoid constantly having to contemplate the potential consequences for my health every time I engage in any activity.	2.66	Average risk
My health means everything to me.	2.55	HIgh risk
According to others, my habits suggest that I take risks with my health.	2.00	HIgh risk
Mean	3.14	Average risk

Performance of the Faculty Members

The evaluation of faculty members encompassed various aspects such as instructional skills, research and extension competences, productivity, and critical factors. Concerning instructional skills, the faculty demonstrated very satisfactory, as indicated by a mean score of 3.59. This suggests a strong commitment to teaching, with faculty members displaying enthusiasm, a sense of responsibility, and loyalty to the teaching profession (mean score of 4.11).

On the other hand, the research performance of the faculty was deemed satisfactory, with a mean score of 3.35. This suggests that a significant number of faculty members have not fulfilled the essential task of preparing research proposals, which is considered a crucial responsibility. Consequently, this finding indicates that most faculty members have not published research articles or contributed to the development of technologies applicable in the community or academic sphere.

Comparable results are evident in the performance of faculty members in extension activities, as indicated by a mean score of 3.27. This suggests that a majority of the faculty have not established partnerships with local residents, LGUs, businesses, NGOs, and other government agencies (mean score of 3.11). Additionally, they have not devised programs that address the specific needs of the community. Nevertheless, it is encouraging to note that faculty members have actively engaged in programs or projects aimed at providing technical assistance to community activities, as reflected by a mean score of 3.60.

The faculty members received a satisfactory rating in terms of productivity, with a mean score of 3.24. This implies that certain faculty members were successful in producing and utilizing instructional materials within the university, as indicated by a mean score of 3.23.
Regarding critical factors, the mean score of 3.77 demonstrates that faculty members received a very satisfactory rating in this aspect. The majority of them were observed to possess a pleasing and friendly demeanor, feeling completely at ease in the classroom environment (mean score of 3.80). Furthermore, they consistently arrived for and concluded classes punctually. Additionally, faculty members exhibited regular attendance and promptly returned graded quizzes and tests to students (mean score of 3.74).

Table 2: Performance of the Faculty

Parameters	WM	Interpretation
Instructional Skills	3.59	Very Satisfactory
Evidence of Research Competence	3.35	Satisfactory
Evidence of Extension Competence	3.27	Satisfactory
Evidence of Productivity	3.09	Satisfactory
Critical Factors	3.77	Very Satisfactory
Grand Mean	3.58	Very Satisfactory

Relationship between health risk perception affect the performance of the faculty members
Regarding the relationship between health risk perception and faculty performance (Table 3), all indicators show no significant influence on performance. This finding suggests that most faculty members have a sense of certainty regarding the consequences of medical interventions. Generally, faculty members express a positive attitude towards undergoing high-risk operations, indicating that they would not encounter significant difficulties. However, it is noteworthy that faculty members place a strong emphasis on taking good care of their bodies and consider health as their top priority concern.

Table 3: Relationship between health risk attitude affect the performance of the Faculty Members

Independent Variables	Parameters	Teaching
Health Risk Perception	Pearson Correlation Sig. (2-tailed) Interpretation	-0.014 0.361 Not Significant

IV. CONCLUSION

The study shows that the faculty members have an average health risk attitude, indicating their awareness of the consequences of medical intervention and the importance of health as a priority concern. The faculty members also exhibit a certain level of health risks, which could potentially improve the health of both healthy individuals and those initially healthy. The study finds no significant relationship between health risk attitude and employee performance indicators. The results provide valuable insights for the university to address health risk attitudes that can impact employee productivity and develop strategies to promote resilience in the face of challenges. Overall, the study highlights the significance of maintaining good health among employees and the potential benefits it can bring to individuals and organizations.

REFERENCES

1. Ancheta, Melquiades C.(2015)Concepts of Health, Illness and Wellness. St. Louis University
2. Braine, M. (2012). An Investigation into teacher health during the teacher training year. Design and Technology Education, 17(2), 21-34.
3. Bricheno, P., Brown, S., &Lubansky, R. (2009). Teacher health attitude: A review of the evidence. Teacher Support Network, p.55.
4. Briner, R., & Dewberry, C. (2007). Staff health is key to school success: A research study into the links between staff health and school performance. London: Worklife Support.
5. Clark. L. M. (2014). The structure of psychological well-being revisited. Journal of Personality and Social Psychology, 69, 719-727.
6. De Pablos-Pons, J., Colás-Bravo, P., González-Ramírez, T., & Camacho Martínez-Vara del Rey, C. (2013). Teacher health and innovation with information and communication technologies: Proposal for a structural model. Quality & Quantity, 1-13
7. Dowling,Sinéad. (2015) The Effect of Health and Well-Being Initiatives on Employee Engagement: A Study of Employees in the Irish Private Sector, National College of Ireland.
8. Ferron, J. (2011). Teachers' subjective well-being, psychopathology, and mental health status.

University of Chicago Press, Chicago.
9. French, J.R.P., Jr, Caplan, R.D., & Harrison, R.V. (1982). The mechanisms of job stress and strain. London: Wiley.
10. French, J.R.P., Jr. (1973). Person-role fit. Occupational Mental Health, 3, 15-20.
11. Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. Journal of Personality and Social Psychology, 46, 839-852
12. Folkman, S., Lazarus, R.S., Gruen, R.J., & DeLongis, A (1986). Appraisal, Coping, Health Status, & Psychological Symptoms. Journal of Personality and Social Psychology, 50, 3, 571-579
13. Gallant, A., & Riley, P. (2014). Early career teacher attrition: New thoughts on an intractable problem. Teacher Development, 18(4), 562-580.
14. Gratton, L. (2006) The Shift: The Future of Work is Already Here. 1 ed. London: Harper Collins
15. Grossman, J. (2006). 'Marital Status and Health among the Elderly', Social Science & Medicine, Vol 40, Pp 1717-1730.
16. Hancock, C., Cooper, K and Haynes, S. (2014) 'Launch of a new workplace health movement'. [Online]. Occupational Health. Available from: http://www.c3health.org/wp-content/uploads/2009/09/Occ-Health-on-the-C3-WPHmvt-pdf.pdf
17. Hancock, C. (2011) 'Workplace health initiatives: evidence of effectiveness'. [Online].
18. Available at: http://www.c3health.org/wp-content/uploads/2009/09/Workplacehealth-initiatives-review-of-the-evidence-v-2-20140903.pdf [Accessed 18 April 2015].
19. Health and Safety Authority (2008) 'Workplace Health and Well-Being Strategy Report of Expert Group'. [Online]. Dublin : Health and Safety Authority. Available from: http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/ Workplace_Health_and_Well-Being_Strategy.pdf
20. Horner, R.H. (2012). Teacher well-being and the implementation of school-wide positive behavior interventions and supports. Journal of Positive Behavior Interventions, 14, 118–128.
21. Johnson, M 1987, The body in the mind: the bodily basis of meaning, imagination, and reason, University of Chicago Press, Chicago.
22. Mattern, J., & Bauer, J. (2014). Does teachers' cognitive self-regulation increase their occupational health? The structure and role of self-regulation in the teaching context. Teaching and Teacher Education, 43, 58-68
23. Medibank(2005) The health of Australia's workforce.
24. Medibank(2005)The relationship between employee health and well-being and workplace performance
25. Van Osch, J. and Stiggelbout, K. (2013). Journal of Health Economics, Elsevier, 2013, 32 (6), pp.1057-1065
26. Van Petegem, K., Creemers, B.P.M., Rossel, Y., &Aelterman, A. (2005). Relationships between teacher characteristics, interpersonal teacher behaviour and teacher health. Journal of Classroom Interaction, 40(2), 34-4