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Research Article

Health Risk Assessment of AIMS Employees: Basis towards the Development of an Enhanced Wellness Program

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ABSTRACT

This study explored the relationship between medical and mental health status among Asian Institute of Maritime Studies (AIMS) employees, employing statistical analyses such as Pearson correlation coefficients and t-tests. The results indicated a lack of significant correlation between medical and mental health status, suggesting no strong evidence supporting a relationship. Gender differences in health concerns were evident, with female employees reporting significantly higher levels of mental health concerns compared to their male counterparts. However, no substantial gender-based disparity was found in medical health concerns. Civil status also emerged as a significant factor, with single employees exhibiting notably higher mental health concerns than their married counterparts. Medical history included high blood pressure, stomach pain/ulcer, and nose/throat issues, with some reporting alcohol and smoking history. A minority were currently on medications for blood pressure, cholesterol, and diabetes. The study highlights the need to address mental health, especially among female employees, and implement strategies to reduce stress and enhance well-being in the workplace at AIMS.

In light of these findings, the study recommended targeted programs addressing mental health concerns among AIMS employees, emphasizing accessibility to counseling services and collaborative efforts with the Human Resource Management Office (HRMO). Additionally, initiatives promoting digital literacy, fitness programs, and team-building activities were suggested. Recognizing the importance of early intervention, the study encouraged employees to consult with healthcare professionals for appropriate diagnosis and treatment measures for managing depression.

Keywords*: Fitness programs, Gender differences, Medical health, Mental Health, Team-building*

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Introduction

The existing discourse on health and wellness, as outlined in the literature, emphasizes the multifaceted nature of health, encompassing physical, mental, and social well-being. Most people do not really know if they are healthy or not. Just like love and happiness, health is a quality of life that is hard to define and impossible to measure. Experts variedly defined health, but all definitions have a common subject: being responsible for oneself and having a healthy lifestyle (Silberschmidt, 2021). The World Health Organization's comprehensive definition underscores the interconnectedness of various life factors contributing to an individual's overall quality of life (Edlin et al 2010).

The workplace, where employees spend a significant portion of their time, emerges as a crucial setting for addressing health-related issues (Goh et al., 2015). Employers, responsible for providing a safe and hazard-free environment, are poised to play a pivotal role in promoting individual health. Yet, there remains a challenge in establishing a clear link between the diverse needs of employees, organizational offerings, and the tangible business outcomes (Yasin et al., 2023)

The evolution of employee health practices from mere result measurement to a comprehensive approach involving extensive efforts and combined responsibility is evident. The incorporation of Health Risk Assessments (HRAs) is a notable advancement, allowing professionals to collect pertinent details for targeted interventions (Jones et al., 2019). Furthermore, while workplace lifestyle health and wellness programs, as described, seem ideal, the literature points to potential pitfalls. The definition of health and wellness within these programs lacks clarity, opening the door to inequitable health judgments that may negatively impact employee participation and engagement.

Employers like the Asian Institute of Maritime Studies (AIMS) can be emulated active participation in the health of their staff. Every year, it is getting clearer that the environment is important, both at work and at home. Health risk assessment is an outstanding starting point and an effectual part of a comprehensive employee health and wellness program. Besides helping employees sustain work-life balance and improve their health, companies are introducing added wellness benefits such as praise and acknowledgment of overtime pay, offsetting, leadership training, and community involvement activity that enhance both well-being and overall engagement in the workplace.

Even though management and school administration differ in their definition of wellness program engagement, it is regarded as the level of enrollment and continuous engagement in a program like wellness events such as jogging, nutrition, resilience programs, services that may include screening and health mentoring and also resources like online assessments, learning materials, and training programs.

Active engagement in these programs results in employees making valid healthy decisions including choosing healthy lifestyles like choosing healthy, foods, smoking and alcohol cessation, exercising regularly, and managing stress. Participation also includes employee involvement in the planning and implementation of the wellness program. And proper communication is the key to successful and effective engagement that emphasizes employees' involvement and commitment to workplace wellness while promoting overall health.

With the prevalence of health hazards which affect the general health conditions of most people, the researchers renew their commitment to the promotion or maintenance of good health. It is in the same light that this study was shaped. The results of the health risks assessment among AIMS employees will be the basis for the development of an enhanced wellness program that could promote the well-being of each employee of the institution.

The identified research gap centers on the need for a comprehensive understanding of the health dynamics of AIMS employees, with the results of the health risk assessment serving as a basis for developing an enhanced wellness program. This study aims to contribute valuable insights that can inform targeted interventions, thereby promoting the overall well-being of each employee within the institution.

Statement of the Problem

The main purpose of this study is to assess the health risk factors of AIMS employees. Specifically, this study seeks to answer the following questions:

1. What are the demographic characteristics of AIMS employees in terms of age, gender, civil status, highest educational attainment, position/rank, height, and weight?

Medical Health Status:

2. How do AIMS employees describe their medical health status?
3. How do AIMS employees describe their mental health status, considering levels of anxiety, depression, stress, and burnout?
4. Based on the medical and mental health responses, what are the major health risks faced by AIMS employees?
5. Is there a significant relationship between the medical health status and the mental health status of AIMS employees?
6. Is there a significant difference in the medical health status and mental health status of AIMS employees when they are grouped according to their demographic profile?
7. What wellness program could be proposed to address the health risk factors that are more prominent among AIMS employees?

Conceptual Framework

Health Risk Assessment (HRA) is a structured approach to gathering information from individuals that identify risk factors. It provides individualized feedback and connects the person to at least one intervention to promote health, sustain function and intercept disease. A distinctive HRA tool obtains information on demographic characteristics (sex and age), lifestyle (smoking, exercise, alcohol consumption, diet), and personal, social, medical, and family medical history (UNHCR, 2014).

Before developing and choosing an HRA tool and applying the appraisal among employees, it is vital to define objectives for doing so. Clear and distinctive objectives can guide the selection of an appropriate tool and help ensure proper data collection and use. Health needs are classified based on the identified employees' health risks. (UNHCR, 2014)

Health Needs Assessment (HNA) has been defined as a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. HNA is an invaluable foundation upon which to base a sustainable workplace health program which requires organizational commitment and investment of staff time. It is important in enabling the key issues affecting staff health to be identified. (EMPHO, 2011).

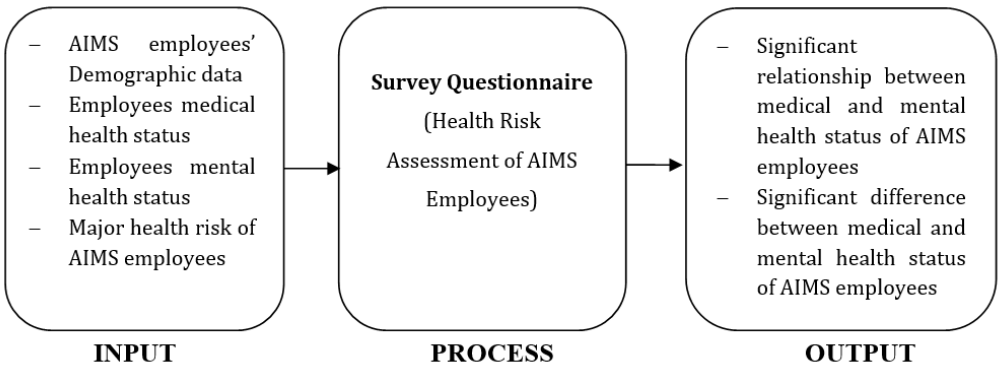

Figure 1. Conceptual Paradigm

Significance of the Study

The study aims to help AIMS employees as the primary beneficiary of the enhanced wellness program. The enhanced wellness program will help promote optimal health conditions through the practice of positive health behavior. The results of the study will likewise help the institution managers to design or adopt a cost-effective, appropriate, and comprehensive wellness program that would address the health needs of the employees.

Results will be a basis for the planning of programs that the same in concept as the health-related Sustainable Development Goals (SDGs) and promote health and well-being, in particular, the targets under Sustainable Development Goal 3: *"Ensure healthy lives and promote well-being for all at all ages" (United Nations, n.d).*

Overall, the information gathered through this research will provide a clearer view of AIMS employees' progress on the health-related Sustainable Development Goals.

Methods

Research Design

The study used a descriptive design. A descriptive method is concerned with conditions that are prevailing, processes that are going on, and effects that are felt in trends that are developing. According to Darwish, (2022), descriptive research includes studies that purport to present facts that are going on such as information about a group of persons, a number of objects, sets of conditions, a class of events, or a system of thought. Variables of the study requiring descriptive data were the medical and mental health status of AIMS employees. To further determine the significant relationship and significant difference between the medical and mental health status of AIMS employees, Descriptive-comparative and correlational design was used. According to Calmorin and Calmorin (2012), "correlation is designed to determine the relationship of two variables (X and Y)." Hence, the utilization of the correlational method for the study.

Population and Setting

AIMS regular/part-time non-teaching staff and faculty members were the main population of the study. The setting, therefore, was the respective offices of AIMS employees. Using Slovin's formula, from a total of 288 employees, the sample size for this study is 167 employees both faculty members and administrative personnel across all job levels.

Sampling

The study makes use of a purposive sampling technique in determining the respondents. The researchers involve all those regular/part-time non-teaching staff and faculty members currently employed at AIMS.

Data Collection

This study utilized a survey questionnaire (google format) as the main tool to gather data. The questionnaire sought information about the respondents' demographic profile, physiological data, medical history, health behavior, mental health assessment, and an evaluation of their health risks and quality of life. In order to ensure that the questionnaire can elicit accurate information, the institution's physicians validated the questionnaire.

The researchers seek permission from the HRMO Director. The researchers will send the questionnaire in Google format via email to the respondents this 1st trimester – A.Y. 2022-2023.

Measures

Data to be collected from the accomplished questionnaires will be tabulated and analyzed with the use of frequency count and percentage.

Pearson r for a relationship, and independent sample t-test and ANOVA (Analysis of Variance) for the difference.

Frequency count and percentage will be used to determine the respondents' demographic characteristics, medical history, and health behavior as regard to physical activity and nutrition. The weighted mean will be used to identify the readiness of the respondents to develop healthy habits

DISCUSSIONS

1. Demographic Profile of AIMS Employees

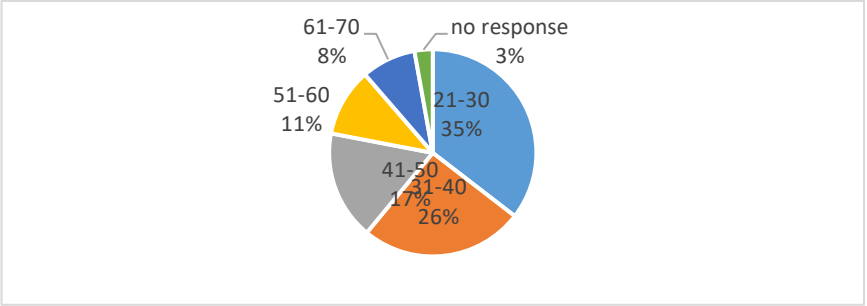

Figure 2. Distribution of AIMS Employees According to Age

Figure 2 shows the distribution of AIMS employees according to age. 35% of respondents are 21-30 years old. While other respondents' age bracket are as follows: 26% for 31-40 years old, 17% for 41-50 years old, 11% for 51-60 years old, and 8% for the 61-70 years old. While 3% of the total respondents opt not to reply on the questionnaire. Based on this data that majority of respondents are younger and are in middle age.

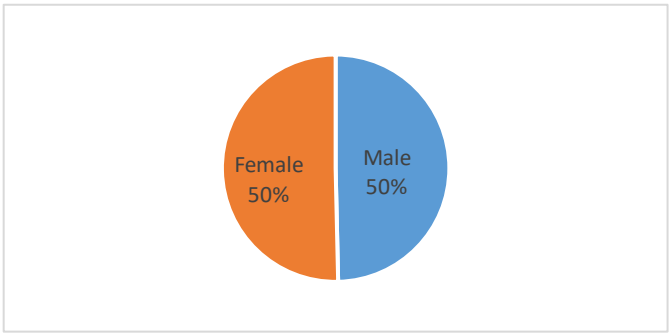

Figure 3. Distribution of AIMS Employees According to Gender

Figure 2 shows the distribution of AIMS employees according to gender. There is an equal distribution of respondents as reflected in the graph, both 50% for male and female.

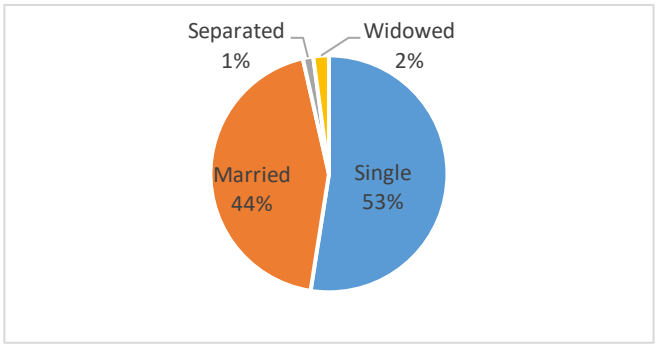

Figure 4. Distribution of AIMS Employees According to Civil Status

Figure 4 represents the distribution of AIMS employees according to civil status. While the majority of respondents are single (53%) and married (44%), there is 1% who is separated and 2% is widowed, respectively. This corresponds to single and younger generation of manpower force as respondents.

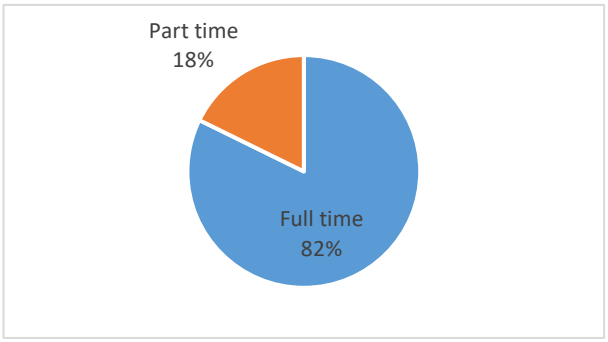

Figure 5. Distribution of AIMS Employees According to Employment of Status

Figure 5 represents the distribution of AIMS employees based on their employment status. While the majority of respondents are full-time (82%), 18% of the respondents are Part time.

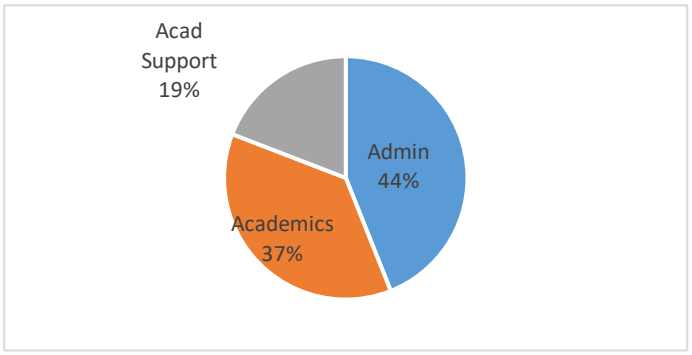

Figure 6. Distribution of AIMS Employees According to Division

Figure 6 shows the distribution of AIMS employees according to division. The biggest number of respondents came from Administrative division with 44% while 37% from Academics and 19% are from Academic support division.

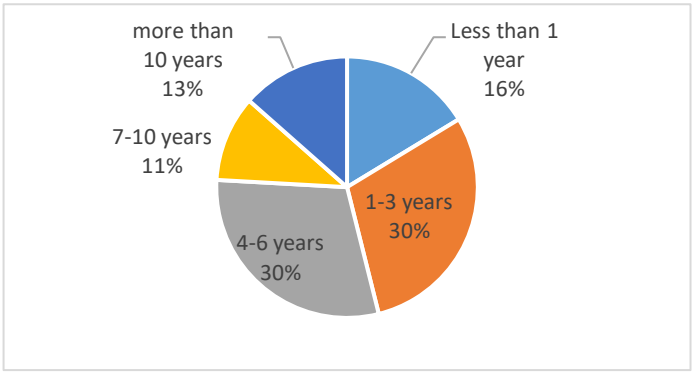

Figure 7. Distribution of AIMS Employees According to Years of Service

Figure 7 shows the distribution of AIMS employees according to years of service. Employees with 1-3 years and 4-6 years in service are most of the respondents with both 30%, employees who are less than 1 year in service responded with 16%, 11% for 7-10 years and employees with AIMS for more than 10 years are 13% of the total respondents.

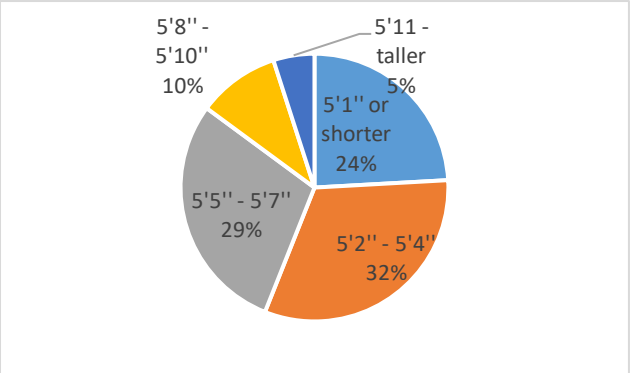

Figure 8. Distribution of AIMS Employees According to Height

Figure 8 represents the distribution of AIMS employees according to height. While the majority of respondents are 5'2 to 5'4 in height (32%), 5'5 to 5'7 (29%) and 5'1 or shorter (24%), there is 10% who are 5'8 to 5'10 in height and 5% who are even taller than 5'11.

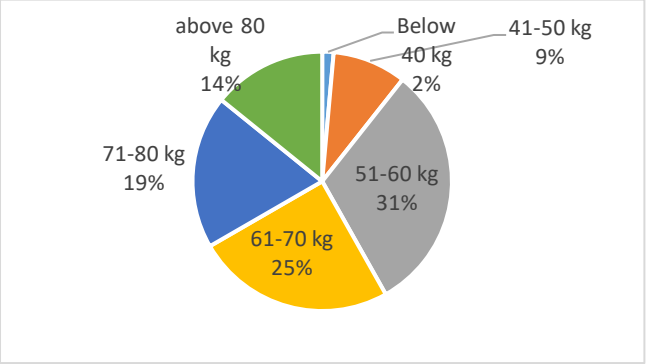

Figure 9. Distribution of AIMS Employees According to Weight

Figure 9 shows the distribution of AIMS employees according to weight. Employees who are 51-60kg in weight are 31% of the respondents, 25% are 61-70kg, 19% are 71-80kg, 14% are even above 80kg and 9% 41-50kg 2% below 40kg respectively.

2. AIMS Employees Medical History

Table 1. Frequency Distribution of AIMS Employees' Medical History

MEDICAL HISTORY:	Frequency	Percent
Nose or Throat Trouble	17	12.06%
Ear Trouble or Deafness	10	7.09%
Asthma	15	10.64%
Tuberculosis	3	2.13%
High Blood Pressure	24	17.02%
High Cholesterol	16	11.35%
Heart Trouble	8	5.67%
Diabetes Mellitus	10	7.09%
Cancer or Tumor	1	0.71%
Mental Disorder	2	1.42%
Head or Neck Injury	2	1.42%
Rheumatism	6	4.26%
Typhoid Fever	2	1.42%

MEDICAL HISTORY:	Frequency	Percent
Stomach Pain or Ulcer	18	12.77%
Kidney Disease	3	2.13%
Operations	19	13.48%
Fainting Spell or Seizures	5	3.55%
Frequent Headache	15	10.64%
Dizziness	16	11.35%
Chronic Cough	4	2.84%
Medical History Average	**9.8**	**6.95%**

Table 1 shows employees' medical history of AIMS. Based on the data, majority of the employees has medical history of High Blood Pressure (24), undergone operations (19), stomach pain or ulcer (18), nose and throat trouble (17), high cholesterol and dizziness both (16) and with asthma and experienced frequent headaches. There is one (1) chronic disease as a Chronic Cancer case, but there are two (2) cases of mental disorders that need medical attention apart from the common health problems that need maintenance. Other medical histories of employees are benign and attended to at once as per consultation.

Table 2. Frequency Distribution of AIMS Employees' Personal/Social History

PERSONAL/ SOCIAL HISTORY	Frequency	Percent
Alcohol	62	43.97%
Drugs	1	0.71%
Tobacco/ Cigarettes	23	16.31%
Personal/Social History Average	**28.67**	**20.33%**

Table 2 shows employees' personal/social history. Based on the data, 62 or 43.97% of employees have a habit of drinking alcohol, 23 or 16.31% are smoking while 1 or 0.71% employee has been into drugs which need medical attention and consultation for further evaluation.

Table 3. Frequency Distribution of AIMS Employees' Current Medications

CURRENT MEDICATIONS	Frequency	Percent
Arthritis	7	4.96%
Cholesterol	15	10.64%
Heart Problems	4	2.84%
Sleeping	2	1.42%
Weight	2	1.42%
Asthma	5	3.55%
Depression	1	0.71%
Diabetes	10	7.09%
Stress/Anxiety	4	2.84%
Blood Pressure	17	12.06%
Digestive Problems	5	3.55%
Lung/Respiratory	1	0.71%
Thyroid	3	2.13%
Current Medication Average	**5.85**	**4.15%**

Table 3 shows employees' current medications. Based on the data, very minimal or an average 4.15% of the total number of respondents are taking medications. The top three are 17 employees or 12.06% have medication to control their blood pressure, 15 or 10.64% for cholesterol, and 10 employees, or 7.09% are taking medication for diabetes. Additionally, there are 4 employees or 2.84% who are experiencing stress and anxiety and 1, or 0.71% is even in a state of depression. These employees will be referred to specialists for further evaluation and management.

3. AIMS Employees' Description in Their Mental Health Status

Table 4. Mean Distribution of the AIMS Employees' Description in Their Level of Anxiety

Anxiety	Mean	Total Mean Score	Level
I was aware of dryness of my mouth	1.22	5.93	Normal
I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in absence of physical exertion)	0.78		
I experienced trembling (e.g. in the hands)	0.62		
In the past, I was worried about situations in which I might panic and make a fool of myself	1.02		
I felt I was close to panic	0.68		
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0.94		
I felt scared without any good reason	0.67		

Table 4 shows that all the respondents' levels of anxiety are within normal which also indicates that a certain amount of anxiety that the employees are experiencing is normal at work as well as at home.

Table 5. Mean Distribution of the AIMS Employees' Description in Their Level of Depression

Depression	Mean	Total Mean Score	Level
I couldn't seem to experience any positive feeling at all	0.99	5.60	Normal
I found it difficult to work up the initiative to do things	1.05		
I felt that I had nothing to look forward to	0.67		
I felt down-hearted and blue	0.75		
I was unable to become enthusiastic about anything	0.85		
I felt I wasn't worth much as a person	0.77		
I felt that life was meaningless	0.52		

Table 5 shows that all the respondents' levels of depression are within normal. It is normal to feel down and depressed once in a while as long as it does not affect your daily life.

Table 6. Mean Distribution of the AIMS Employees' Description in Their Level of Stress

Stress	Mean	Total Mean Score	Level
I found it hard to wind down	0.95	6.00	Normal
I tended to over-react to situations	1.13		
I felt that I was using a lot of nervous energy	0.87		
I found myself getting agitated	0.87		
I found it difficult to relax	0.82		

Stress	Mean	Total Mean Score	Level
I was intolerant of anything that kept me from getting on with what I was doing	0.72		
I felt that I was rather touchy	0.64		

Table 6 shows that all the respondents' levels of stress are within normal. Stress helps us address our daily difficulties and encourage us to reach our goals.

Table 7. Mean Distribution of AIMS Employees' Description in their Level of Burnout

Burnout				Overall Mean	Level
Exhaustion	**Mean**	**Mean**	**Level**		
At work, I feel mentally exhausted	2.64	2.52	Average	2.08	Average
After a day at work, I find it hard to recover my energy	2.31				
At work, I feel physically exhausted	2.62				
Legend: Low-1.0-1.66, Average-1.67-2.99, High-3.00-3.99, Very High-4.00-5.00					
Mental Distance	**Mean**	**Mean**	**Level**		
I struggle to find any enthusiasm for my work	2.09	2.04	Average		
I feel a strong aversion towards my job	2.02				
I am cynical about what my work means to others	2.01				
Legend: Low-1.0, Average-1.01-2.65, High-2.66-3.99, Very High-4.0-5.0					
Emotional Impairment	**Mean**	**Mean**	**Level**		
At work, I have trouble staying focused	1.97	2.00	Average		
When I am working, I have trouble concentrating	1.96				
I make mistakes in my work because I have my mind on other things	2.06				
Legend: Low-1.0, Average-1.01-2.0, High-3.01-4.0, Very High-4.01-5.0					
Cognitive Impairment	**Mean**	**Mean**	**Level**		
At work, I feel unable to control my emotions	1.78	1.74	Average		
I do not recognize myself in the way I react emotionally at work	1.65				
At work I may overreact unintentionally	1.81				
Legend: Low-1.0-1.66, Average-1.67-2.33, High-2.34-3.32, Very High-3.33-5.0					

Legend Total Core: Low-1.0-1.5, Average-1.51-2.35, High-2.36-3.17, Very High-3.18-5.0

Table 7 shows that all the respondents' levels of burnout are average. It occurs when an employee feels overwhelmed, emotionally drained, and not able to meet work and other life demands. Based on the table, respondents experienced Exhaustion (M=2.52) as the most significant sign of burnout in comparison to the other three categories such as Mental Distance (2.04), Emotional Impairment (M=2.0), and Cognitive Impairment (M=1.74) respectively. The employees feel mentally (M=2.64) and physically (M=2.62) exhausted when at work. The distinct result of mental distance is almost the same values that employees find their work as unenthusiastic (M=2.09), struggle with disinclination (M=2.02), and have cynical thoughts about their work toward others (M=2.01).

4. AIMS Employees' Level of Health Risks Medical and Mental Health

Table 8. Frequency distribution of AIMS Employees' Level of Anxiety

Anxiety	f	%
Normal	91	64.54%
Mild	11	7.80%
Moderate	22	15.60%
Severe	5	3.55%
Extremely Severe	12	8.51%

Table 8 shows that the highest percentage of AIMS employees have normal level of anxiety (f=91, 64.54%). A normal level of anxiety means that when employees experience anxiety, it comes and goes and doesn't last for long. In addition, the apprehension that they discern will fit or is apt with the circumstances and will vanish once that situation is done or once they feel more at ease. And ultimately, the anxiety does not stop them from fully engaging with their life, both personally and professionally. A significant finding also shows that some employees have a severe (f=5, 3.55%) to extremely severe (f=12, 8.51%) level of anxiety This is when anxiety becomes unmanageable and interferes with all domains of life, meaning that they are basically no longer able to perform basic roles: work, school, relationships, and parenting.

Table 9. Frequency distribution of AIMS Employees Experiencing Depression

Depression	f	%
Normal	106	75.18%
Mild	11	7.80%
Moderate	13	9.22%
Severe	6	4.26%
Extremely Severe	5	3.55%

Table 9 shows that in terms of depression, though most of the employees do not experience depression (f=106, 75.18%), a significant finding still shows that there are some employees who are experiencing severe (f=6,4.26%) and extremely severe or major level of depression (f=5, 3.55%) Diagnosis is especially crucial in this level of depression, and it may even be time-sensitive. It requires medical treatment as soon as possible.

Table 10. Frequency Distribution of AIMS Employees' Level of Stress

Stress	f	%
Normal	124	87.94%
Mild	9	6.38%
Moderate	3	2.13%

Stress	f	%
Severe	5	3.55%
Extremely Severe	0	0.00%

Table 10 results also show that the highest number of employees have a normal level of stress (f=124, 87.94%) Normal stress is also classified as short-term stress. This happens in bursts, such as when employees need to be fast to be able to ride the bus before busy hours. During this time, the pulse rate, respiratory rate, and blood pressure may increase significantly but this doesn't last and they recover from this kind of stress swiftly.

It is also important to recognize that some employees are experiencing moderate (f=3, 2.13%) to severe (f=5,3.55%) levels of stress and can lead to a variety of symptoms that may over time and have long-lasting health repercussions, nevertheless, having a clear apprehension on how stress affects the physical and mental health is vital and should not be taken for granted.

Table 11. Frequency distribution of AIMS Employees Experiencing Burnout

Level	Exhaustion Level		Mental Distance Level		Emotional Impairment Level		Cognitive Impairment Level		Overall Burnout Level	
	f	%	f	%	f	%	f	%	f	%
Low	35	24.82%	44	31.21%	37	26.24%	78	55.32%	45	31.91%
Average	53	37.59%	46	32.62%	49	34.75%	22	15.60%	50	35.46%
High	35	24.82%	47	33.33%	43	30.50%	36	25.53%	35	24.82%
Very High	18	12.77%	4	2.84%	12	8.51%	5	3.55%	11	7.80%

Table 11 presents that most of the employees of AIMS have an average level of feeling burnout (f=50, 35.46%), and the least number of respondents have a very high level of burnout (f=11, 7.80%). This shows that accordingly, there are still some employees experiencing burnout at a very high level, and was identified as a work-related state of enervation that occurs among employees, represented by tiredness, reduced ability to think cognitively and emotionally, and also with mental distancing. Because of the exhaustion encountered, the necessary vigor is lacking to appropriately regulate one's emotional and cognitive processes. Particularly, when experiencing burnout, the capacity to perform to regulate emotional and cognitive processes is impaired. This is intrinsically experienced as a loss of emotional and cognitive dominance. To protect oneself and prevent further energy loss and control, mental distancing happens. With this perception, feeling burnout is represented by extreme tiredness and its co-existing cognitive and emotional impairment on one part, and mental distancing on the other. "The final destination for long-term stress. It can harm physical health, psychological well-being, and performance at work (Olson et al., 2019). According to Peart (2021), it is possible to create a working environment that decreases stress. To be able to do this, a workplace must build positive, stress-reducing environments that integrate with day-to-day working habits. In the same study, she stressed. "For the employee to be effectual, employers must be at an organizational level, reducing stress at work, strengthening employee wellbeing, and rising employee engagement."

Table 12 shows that there is no significant relationship between medical and mental health status, per component nor as a whole, as shown by the computed Pearson r with p-values greater than 0.05.

5. Relationship Between the Medical Health Status and the Mental Health Status of the AIMS Employees

Table 12. Comparison of Medical History and Mental Health of AIMS Employees Relationships

Variables	Pearson r	p-value	Interpretation
Medical History and Anxiety	0.141	0.095	Not Significant
Medical History and Depression	0.017	0.845	Not Significant
Medical History and Stress	0.042	0.622	Not Significant
Medical History and Burnout	-0.031	0.714	Not Significant
Personal/Social History and Anxiety	0.097	0.251	Not Significant
Personal/Social History and Depression	0.030	0.725	Not Significant
Personal/Social History and Stress	0.014	0.872	Not Significant
Personal/Social History and Burnout	0.077	0.364	Not Significant
Current Medication and Anxiety	0.053	0.530	Not Significant
Current Medication and Depression	-0.033	0.694	Not Significant
Current Medication and Stress	-0.017	0.840	Not Significant
Current Medication and Burnout	-0.118	0.164	Not Significant
Overall Medical Health Status and Overall Mental Health Status	0.049	0.568	Not Significant

6. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Profile

Table 13. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Age

Health Status	F-ratio	p-value	Interpretation
Medical	0.63	0.679	Not Significant
Mental	2.60	0.028	Not Significant

Table 13 shows that there is no significant relationship between the medical history and mental health status of AIMS employees when grouped according to their age.

Table 14. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Gender

Health Status	Gender	Mean	Standard Deviation	t-value	p-value	Interpretation
Medical	Male	0.84	0.88	-0.06	0.956	Not Significant
	Female	0.85	1.51			
Mental	Male*	3.85	4.47	-2.30	0.023	Significant
	Female***	5.97	6.32			

*** Significantly higher than *

Table 14 shows that Female employees have significantly higher mental health concerns than male employees as shown by the t-value of -2.30 with a p-value of 0.023. Male and female employees however are the same in terms of medical health concerns (t=-0.06, p-value=0.956). According to a new study by Elaine (2023) of Incentive and Innovation, female employees are more often to suffer from raised anxiety and are more prone from excessive stress due to their work life. Over a third (35%) of women also delineate that their mental health had worsened in the last year because of the workplace. In the same study, it was emphasized the importance of equity and equality in the workplace for women as Kate Palmer, an HR Advisor, and Consultancy Director said: "Equality should be at the forefront of

employers' priorities and, as recognized by International Women's Day, the only way to achieve this is through equity." It was discussed that women are receiving prejudices about balancing career and family life. Moreover, the same study stated that women must work harder and longer than men to enjoy the same opportunities, even if it means working when they are ill.

Table 15. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Civil Status

Health Status	Civil Status	Mean	Standard Deviation	F-ratio	p-value	Interpretation
Medical	Single	0.84	1.44	1.38	0.254	Not Significant
	Married	0.78	0.83			
	Others	1.73	1.96			
Mental	Single***	6.78	6.36	10.33	0.000	Significant
	Married*	2.71	3.38			
	Others	4.22	5.07			

*** Significantly higher than *

Table 15 presents the comparison of the medical history and mental of AIMS Employees when grouped according to their Civil Status and results show that there is a significant difference in the mental health concerns of the employees when grouped according to civil status as shown by the F-ratio of 10.33 with a p-value of 0.000. By multiple comparisons test, it was found that employees who are single have significantly higher mental health concerns than married employees. According to Miller (2019) stated that single people are taking care of their family and extended family and the economic risk is greater than married people. Yet companies often offer married employee welfare such as family leave "that have nothing to do with job performance and that unreasonably advantage married people or parents over everyone else." These things are considered the reasons why single workers have higher mental health concerns than married employees.

Table 16. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Employment Status

Health Status	Employment	Mean	Standard Deviation	t-value	p-value	Interpretation
Medical	Full time	0.83	1.28	-0.27	0.786	Not Significant
	Part time	0.91	0.98			
Mental	Full time***	5.45	5.51	2.58	0.011	Significant
	Part time*	2.36	5.09			

Table 16 shows that there is a significant difference in the mental health concerns of the employees when grouped according to their employment status. By multiple comparisons test, it was found that employees who are full time have significantly higher mental health concerns than part-time employees. Full-time employees are working longer hours than part-time employees, it is considered as one of the main work stressors that negatively affect the mental health, particularly considering anxiety and depression. Some studies have presented that long working hours will elevate the risk of job stress response (Nash et al., 2010), so occupational stress increases during long working hours.

Table 17. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Division

Health Status	F-ratio	p-value	Interpretation
Medical	0.65	0.628	Not Significant
Mental	2.04	0.092	Not Significant

Table 17 shows that there is no significant relationship between the medical and mental health status of AIMS employees when grouped as per division.

Table 18. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Height

Health Status	F-ratio	p-value	Interpretation
Medical	1.44	0.225	Not Significant
Mental	1.00	0.408	Not Significant

Table 18 shows that there is no significant relationship between the medical and mental health status of AIMS employees when grouped according to their height.

Table 19. Comparison of Medical History and Mental Health of AIMS Employees When Grouped According to Their Weight

Health Status	F-ratio	p-value	Interpretation
Medical	0.44	0.780	Not Significant
Mental	1.15	0.338	Not Significant

Table 19 shows that there is no significant relationship between the medical and mental health status of AIMS employees when grouped according to their weight.

The results of the study present that there is no significant relationship between medical and mental health status, per component nor as a whole, as shown by the computed Pearson r with p-values greater than 0.05.

To determine the relationship between medical and mental health status, the researchers employed a statistical measure known as the Pearson correlation coefficient (r). This coefficient measures the strength and direction of the linear relationship between two variables. In this case, the variables of interest were medical and mental health status.

After analyzing the data, the researchers computed the Pearson correlation coefficients for each component of health status and for the overall health status. The obtained p-values, which quantify the statistical significance of the results, were found to be greater than 0.05. This implies that the observed correlations between medical and mental health status were not statistically significant. In other words, there is no strong evidence from the study's data to support a significant relationship between medical and mental health status.

A significant finding also found that female employees have significantly higher mental health concerns than male employees as shown by the t-value of -2.30 with p-value of 0.023. The impact of gender can vary depending on various factors such as cultural context, occupation, and organizational climate. That being said, some studies have indeed found that female employees report higher levels of mental health concerns compared to their male counterparts. On the other hand, male and female employees however are the same in terms of medical health concerns (t=-0.06, p-value=0.956).

In addition to exploring the relationship between medical and mental health status, the researchers also examined potential gender differences in health concerns among employees. To compare the mean scores of mental health concerns between male and female employees,

they conducted a statistical test called the t-test.

The t-test results revealed a significant gender difference in mental health concerns. The computed t-value of -2.30 with a p-value of 0.023 indicates that the observed difference in mental health concerns between male and female employees is statistically significant. Specifically, female employees reported significantly higher levels of mental health concerns compared to male employees.

On the other hand, when it comes to medical health concerns, the t-test results showed no significant difference between male and female employees. The computed t-value of -0.06 with a p-value of 0.956 suggests that the observed difference in medical health concerns between male and female employees is not statistically significant. Therefore, in terms of medical health concerns, there is no substantial disparity between male and female employees based on the study's data.

Furthermore, there is a significant difference in the mental health concerns of the employees when grouped according to civil status as shown by the F-ratio of 10.33 with a p-value of 0.000. By multiple comparisons test, it was found that employees who are single have significantly higher mental health concerns than married employees.

The researchers also examined the potential impact of civil status on employees' mental health concerns. They employed a statistical analysis called analysis of variance (ANOVA) to determine if there were significant differences in mental health concerns across different civil status groups.

The ANOVA results revealed a significant difference in mental health concerns based on civil status. The computed F-ratio of 10.33 with a p-value of 0.000 indicates that the observed differences in mental health concerns among the civil status groups are statistically significant. In other words, the mental health concerns of employees vary significantly depending on their civil status.

To further explore these differences, the researchers conducted multiple comparisons tests. These tests enabled them to compare specific groups against each other. The results of the multiple comparisons test indicated that employees who are single have significantly higher levels of mental health concerns compared to married employees.

In summary, the study's findings suggest that there is no significant relationship between medical and mental health status among employees. However, there are notable gender and civil status differences in mental health concerns. Female employees were found to have significantly higher mental health concerns compared to male employees. Additionally, employees who are single reported significantly higher mental health concerns compared to married employees.

Recommendations

The researchers found out that there is no significant relationship between the medical and mental health status of AIMS employees. Also, both male and female employees are the same in terms of medical health concerns, however, female employees have significantly higher mental health concerns than male employees. In addition, it was evident also that there is a significant difference in the mental health concerns of employees when grouped according to civil status and that employees who are single have significantly higher mental health concerns than married employees. Considering the high level of mental health concerns, programs related to this factor is recommended.

Based on the findings, the researchers developed recommendations for improving mental health support focus on diversity of circumstances with an easy access as well to counseling services. At the same time, a collaborative project with HRMO for the possible employee access to online health, self-care concepts, fitness programs and regular team building efforts. A partnership with the Academic Department and ITDO about minimal time requirement and training on the improvement of employees' digital literacy to be accustomed and skillful enough with regards to the hybrid modality of teaching.

To manage depression effectively, it is vital to reiterate that employees will reach out to their doctor for a diagnosis. They will cooperate with them to find out the right treatment measures. Interventions may include

alternative medicines, herbal remedies, therapy, or lifestyle changes.

It is particularly important to converse with their doctor in cases of mild to moderate depression, as the signs and symptoms may not be clear to others. Though it may take time for treatment to make a discernible difference, checking with to a doctor is the first step toward feeling better.

On stress, it is not a definite medical diagnosis and there is no single, specific cure for it. Treatment for stress focuses on changing the situation, learning and practicing stress coping skills, implementing relaxation techniques, and treating symptoms or conditions that may have been the reason for chronic stress are recommended.

Some treatments that may be helpful and can be advised include therapy, medication, and alternative and complementary medicine.

Directions for Future Research

A study that will comprehensively assess and evaluate the effectiveness of the different programs recommended to enhance the AIMS employees' overall wellness program. Also, to distinguish and correlate its benefits to the employees and to the AIMS management as well.

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