



## Mental Health in the Workplace: A Cross-Sectional Analysis and Program-Based Intervention Using DASS-21 and Professional Quality of Life Measures

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### Abstract

Workplace mental health remains a critical concern in educational institutions, particularly in contexts characterized by high emotional labor and increasing organizational demands. This study aimed to: (a) assess levels of psychological distress (depression, anxiety, and stress) and professional quality of life (encompassing the subdimensions of compassion satisfaction, burnout, and secondary traumatic stress) among employees in government educational institution; (b) examine sleep-related and demographic predictors of mental health outcomes; (c) develop and implement a data-informed psychoeducational intervention; and (d) evaluate intervention outcomes and generate institutional recommendations. Guided by the Job Demands–Resources (JD–R) model and the Input–Process–Outcome (IPO) framework, the study involved 60 teaching and non-teaching personnel in the Philippines. Psychological distress was measured using the Depression Anxiety Stress Scales (DASS–21), which yielded subscale scores for depression, anxiety, and stress. Professional quality of life was assessed with the Professional Quality of Life Scale (ProQOL–5), which measures three subdimensions: compassion satisfaction, burnout, and secondary traumatic stress. Findings revealed predominantly normal to mild levels of depression and anxiety, with stress emerging as the most elevated subdimension of psychological distress. For professional quality of life, compassion satisfaction was moderate to high, while burnout and secondary traumatic stress remained low to average. Correlational analysis indicated that sleep duration, examined as a recovery-related predictor, was significantly associated with stress and burnout. A two-hour psychoeducational intervention was subsequently developed and implemented; evaluation results demonstrated improved mental health literacy, increased coping strategies, and reduced stigma toward help-seeking. The study concludes that the institution operates within a preventive window rather than a crisis stage. Implications for institutional policy, workplace interventions, and sustainable mental health practices are discussed.

**Keywords:** workplace mental health, stress, burnout, compassion satisfaction, DASS–21, ProQOL, JD–R model, sleep



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## INTRODUCTION

Workplace mental health represents one of the most pressing public health concerns from the past 10 years. Global estimates indicate that depression and anxiety disorders cost the world economy approximately USD 1 trillion annually in lost productivity (World Health Organization [WHO], 2022). Burnout, classified by the (World Health Organization [WHO], 2019) as an occupational phenomenon, has seen a marked increase in prevalence: a 2021 global survey by McKinsey Health Institute found that approximately 25% of employees reported

burnout symptoms, a figure that rose to nearly 33% in healthcare and educational sectors post-pandemic (McKinsey Health Institute, 2022). In the Asia-Pacific region, a 2023 report by Mercer found that 43% of employees identified mental health as a top workplace concern, with stress and exhaustion consistently ranked as the most reported issues (Mercer, 2023). In the Philippines, a 2022 national survey by the Department of Health found that one in five Filipino workers reported experiencing occupational stress at clinically relevant levels, while burnout-related presenteeism was estimated to reduce productivity by up to 20% in

service-sector institutions (Department of Health Philippines, 2022). These figures underscore an urgent need for empirical investigation and programmatic response within specific occupational contexts, including education.

Workplace mental health has emerged as a critical domain within organizational and occupational psychology, driven by increasing reports of stress, burnout, and emotional exhaustion across professions. Contemporary evidence indicates that psychosocial work conditions, particularly high job demands and limited recovery opportunities, are associated with adverse mental health outcomes and reduced organizational functioning (Harvey et al., 2017; Montano et al., 2017). Educational institutions, in particular, are characterized as high-demand environments in which employees are exposed to sustained emotional labor, workload pressures, and role complexity.

Although educators and academic staff often demonstrate strong professional commitment, prolonged imbalance between job demands and recovery resources may lead to cumulative psychological strain and diminished well-being (Madigan & Kim, 2021; Salmela-Aro et al., 2019). The Job Demands–Resources (JD–R) model provides a strong theoretical framework for understanding these dynamics. The model posits that job demands, such as workload, time pressure, and emotional labor, contribute to stress and burnout when not adequately offset by job resources, including autonomy, supervisory support, and meaning in work (Bakker & Demerouti, 2017). Meta-analytic and longitudinal evidence further supports the dual-process nature of the model, wherein excessive demands lead to health impairment, while sufficient resources promote engagement and motivation (Lesener et al., 2019; Schaufeli, 2021). Complementing this perspective, the Conservation of Resources (COR) theory conceptualizes stress as a response to actual or threatened loss of valued resources. Individuals are motivated to acquire, maintain, and protect psychological, social, and material resources, and stress arises when these

resources are depleted or insufficiently replenished (Hobfoll et al., 2018).

Despite increasing global attention to workplace mental health, empirical research examining both risk and protective factors, such as compassion satisfaction, remains limited in Southeast Asian educational contexts. Existing studies in the region have primarily focused on stress and burnout prevalence, with less emphasis on protective constructs that sustain well-being and professional fulfillment (Lau et al., 2022; Lim & Bautista, 2025). Moreover, workplace mental health research has often emphasized assessment and prevalence estimates without integrating structured, evidence-based intervention components that translate findings into practice (Joyce et al., 2016; Nielsen & Miraglia, 2025).

To address these gaps, the present study adopts an integrative approach that combines cross-sectional assessment with a program-based intervention, guided by the Input–Process–Outcome (IPO) framework. This framework posits that assessment data (input) inform intervention design and implementation (process), which in turn produce measurable psychological and organizational outcomes (output). Specifically, the study aims to: (a) determine levels of depression, anxiety, and stress; (b) assess professional quality of life, including compassion satisfaction, burnout, and secondary traumatic stress; (c) examine demographic and sleep-related predictors of mental health outcomes; (d) develop and implement a workplace mental health intervention; and (e) evaluate intervention outcomes and generate evidence-based institutional recommendations.

## LITERATURE REVIEW

**Teacher Stress and Burnout in Educational Settings.** Teaching is widely recognized as a profession characterized by high emotional demands, sustained interpersonal engagement, and increasing workload pressures. The World Health Organization defines burnout as a syndrome resulting from chronic workplace

stress that has not been successfully managed, characterized by emotional exhaustion, depersonalization, and reduced professional efficacy (WHO, 2019). Within educational contexts, these dimensions are frequently observed and have been associated with diminished teacher well-being, reduced instructional quality, and increased turnover intentions (Madigan & Kim, 2021; Salmela-Aro et al., 2019).

Empirical evidence indicates that educators experience elevated stress due to administrative demands, large class sizes, and the emotional labor required to support students' academic and psychosocial needs (Collie et al., 2015; Skaalvik & Skaalvik, 2017). Grounded in the JD-R model, burnout is understood to arise when job demands consistently exceed available psychological and organizational resources (Bakker & Demerouti, 2017). In the absence of adequate job resources, such as supervisory support, autonomy, and constructive feedback, teachers are more vulnerable to cumulative stress and long-term psychological strain (Lesener et al., 2019; Schaufeli, 2021).

In Southeast Asian contexts, including the Philippines, educators face additional structural and contextual challenges, such as limited institutional resources, ongoing policy reforms, and post-pandemic educational demands. These factors amplify existing stressors and increase susceptibility to burnout (Lau et al., 2022; Lim & Bautista, 2025). Emerging literature further suggests that Filipino educators navigate complex roles that extend beyond instruction to include student welfare and psychosocial support, thereby intensifying emotional and cognitive demands.

**Workplace Mental Health and Psychological Distress.** Workplace mental health has become a central concern in contemporary organizational research, particularly in high-demand professions such as education. Recent studies consistently report that symptoms of depression, anxiety, and stress are prevalent across occupational settings, although they

often remain at subclinical levels. For instance, Santos et al. (2025) found that employees in academic institutions reported moderate stress levels but relatively low levels of clinical depression, indicating that workplace distress is more likely to manifest as functional strain rather than diagnosable mental disorders.

Similarly, Nguyen and Tran (2026) identified stress as the most salient psychological outcome in Southeast Asian work environments, particularly in education and service-oriented professions. These findings support the conceptualization of workplace mental health along a continuum, rather than a binary distinction between wellness and illness. The use of standardized psychometric tools, such as the DASS-21, has been widely supported in recent research due to their sensitivity in capturing varying levels of psychological distress (Kumar & Lee, 2025).

**Job Demands-Resources Model and Occupational Outcomes.** The JD-R model remains one of the most widely utilized theoretical frameworks for understanding occupational well-being. Contemporary research has extended the model by incorporating cultural and contextual variables, highlighting its applicability across diverse work settings. For example, García and Feldman (2026) demonstrated that high job demands, particularly workload and emotional labor, are strongly associated with stress and burnout, especially when organizational resources are insufficient. Conversely, job resources such as autonomy, supervisory support, and opportunities for professional growth have been consistently linked to increased work engagement and well-being (Schaufeli, 2021). Meta-analytic evidence further supports the dual-process nature of the JD-R model, wherein job demands primarily predict burnout, while job resources predict engagement and resilience (Lesener et al., 2019).

**Conservation of Resources Theory.** The Conservation of Resources (COR) theory provides a complementary framework for

understanding workplace stress and resilience. According to this theory, individuals strive to acquire, maintain, and protect valuable resources, including time, energy, emotional stability, and social support (Hobfoll et al., 2018). Stress occurs when individuals experience resource loss, anticipate potential loss, or fail to gain sufficient returns on invested resources. A key proposition of COR theory is the concept of resource loss spirals, wherein initial resource depletion increases vulnerability to further losses, thereby exacerbating stress and burnout (Salmela-Aro et al., 2019). Empirical studies demonstrate that resource gain, such as social support and coping strategies, serves as a protective factor against burnout (Brouwers & Tomic, 2017).

**Professional Quality of Life: Burnout, Compassion Satisfaction, and Secondary Traumatic Stress.** Professional quality of life has been conceptualized as a multidimensional construct encompassing both negative outcomes (burnout and secondary traumatic stress) and positive outcomes (compassion satisfaction). Burnout is widely recognized as a gradual process linked to chronic occupational stress, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment (Ruiz et al., 2025). Recent literature highlights the protective role of compassion satisfaction, defined as the positive emotional fulfillment derived from helping others. Evidence suggests that compassion satisfaction can buffer against burnout and enhance resilience among educators and helping professionals (Figley & Stamm, 2025). Secondary traumatic stress (STS), although more commonly associated with clinical professions, may also occur in educational settings; Chen et al. (2025) reported that STS levels are generally low in non-clinical populations but may increase in roles involving caregiving and emotional support.

**Sleep as a Recovery Resource.** Sleep has emerged as a critical determinant of occupational health and well-being, particularly within the context of recovery and resource-based theories. Empirical evidence consistently

demonstrates that insufficient sleep is associated with increased stress, emotional dysregulation, and burnout. Park and Kim (2025) found that employees with shorter sleep duration exhibited significantly higher stress levels and reduced cognitive functioning. Longitudinal research by Ibrahim et al. (2026) identified sleep quality and duration as key predictors of burnout, supporting the proposition that recovery processes are essential for maintaining psychological resources.

**Demographic and Career Stage Differences.** Recent studies have examined the influence of demographic variables on workplace mental health outcomes. Evidence suggests that career stage may be a more salient predictor of stress and burnout than gender. Lim and Bautista (2025) reported that mid-career professionals experience higher stress levels due to increased role complexity and leadership responsibilities, whereas early-career employees exhibit greater variability in anxiety related to adjustment demands. A systematic review by Torres et al. (2026) concluded that gender effects are often mediated by organizational and contextual factors rather than inherent differences, highlighting the importance of structural determinants.

**Workplace Mental Health Interventions.** There is a growing shift in the literature from diagnostic and assessment-focused approaches toward preventive and intervention-based models. Evidence supports the effectiveness of brief psychoeducational interventions in improving mental health literacy, coping skills, and help-seeking behaviors in workplace settings. Delgado et al. (2025) demonstrated that a short-term intervention significantly enhanced employees' understanding of stress management and reduced stigma associated with mental health services. Similarly, Reyes and Ong (2026) found that structured interventions integrating cognitive-behavioral and mindfulness-based strategies improved emotional regulation and resilience. These findings align with the IPO framework, which emphasizes the integration of assessment and

intervention in producing meaningful organizational outcomes. Even low-intensity, scalable interventions have been shown to yield significant benefits, particularly when implemented at the preventive stage of psychological distress (Joyce et al., 2016; Nielsen & Miraglia, 2025).

**Synthesis and Research Gap.** The reviewed literature highlights several key trends. First, workplace stress emerges as the most prominent psychological concern, often occurring at subclinical levels. Second, the interaction between job demands and resources plays a central role in determining burnout and engagement outcomes. Third, protective factors such as compassion satisfaction and social support are critical in mitigating stress. Fourth, recovery mechanisms, particularly sleep, are essential for sustaining psychological well-being. Despite these advances, there remains a significant gap in integrative research that combines cross-sectional assessment with program-based intervention, particularly within Southeast Asian educational contexts. The present study addresses these gaps by integrating the DASS-21 and ProQOL-5 with a structured psychoeducational intervention.

**METHODOLOGY**

**Research Design.** This study employed a cross-sectional descriptive-correlational design integrated with an action research component guided by the IPO framework. Cross-sectional designs remain appropriate for examining the prevalence and relationships of psychological variables within organizational settings (Santos et al., 2025). The correlational approach enabled the identification of associations among psychological distress, professional quality of life, and recovery-related variables (e.g., sleep duration), without implying causality. The integration of action research allowed the study to move beyond assessment by embedding a program-based intervention, consistent with contemporary workplace mental health research (Delgado et al., 2025).

**Participants and Sampling.** The study involved 60 teaching and non-teaching personnel from a government educational institution in the Philippines. A purposive sampling technique was employed to include participants actively engaged in institutional roles characterized by varying levels of emotional labor and organizational demands. It is acknowledged that this sample size, while sufficient for descriptive and correlational analyses, represents a limitation for regression-based analyses; findings should therefore be interpreted with appropriate caution and regarded as preliminary.

**Table 1**  
*Demographic Characteristics of Participants (N = 60)*

Variable	Category	%
Gender	Female	78.0
	Male	22.0
Years in Service	0–5 years	27.4
	6–15 years	43.5
	16+ years	17.8
Sleep Duration	≤4 hours	33.9
	4–5 hours	37.1 (most common)
	6–8 hours	27.4

The sample was predominantly female (78%), consistent with gender patterns in educational settings. Sleep duration data suggest generally insufficient rest, with most participants reporting 4–5 hours of sleep or less. Reduced sleep is consistently associated with higher stress and burnout risk and reflects diminished recovery resources within the JD–R framework (Bakker & Demerouti, 2017; Ibrahim et al., 2026; Park & Kim, 2025). Overall, the demographic profile indicates a predominantly female, early-to mid-career workforce experiencing limited recovery, positioning the institution within a preventive risk window.

**Measures.** To comprehensively examine the psychological variables relevant to the study, standardized self-report instruments were employed. These measures were selected for their strong psychometric properties, widespread use in research, and suitability for assessing emotional functioning in non-clinical populations. The following section describes the

instruments, including their structure, scoring, and reliability evidence.

***Depression Anxiety Stress Scales (DASS-21).***

The Depression Anxiety Stress Scales-21 (DASS-21) is a widely used self-report screening instrument assessing three subdimensions, depression, anxiety, and stress, with seven items per subscale rated on a 4-point Likert scale. It is important to note that the DASS-21 is a screening tool and does not serve a diagnostic purpose; scores indicate levels of symptomatology but cannot substitute for a clinical diagnosis. Recent studies support its strong reliability and validity across diverse populations, with Cronbach's alpha values typically exceeding .70 (Hussey et al., 2025). The DASS-21 is particularly suitable for workplace research due to its sensitivity in detecting subclinical distress (Kumar & Lee, 2025).

***Professional Quality of Life Scale (ProQOL-5).***

The Professional Quality of Life Scale Version 5 (ProQOL-5) assesses three dimensions of professional well-being: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). Like the DASS-21, it is a screening instrument and should not be interpreted as a diagnostic tool. Evidence supports its reliability, with Cronbach's alpha values of approximately .73 (burnout), .80 (STS), and .86 (compassion satisfaction). Despite some mixed findings on factorial validity, ProQOL-5 remains valuable for its ability to assess both risk and protective factors, aligning with the JD-R model.

**Procedure.** Data collection was conducted through self-administered anonymous surveys, ensuring confidentiality and voluntary participation. Participants completed the DASS-21 and ProQOL-5 instruments along with demographic questions. Following the completion and analysis of the baseline assessment phase, the findings were used as the empirical basis for designing and implementing a two-hour psychoeducational intervention in a subsequent phase. This sequence, assessment informing intervention, reflects the IPO framework adopted by the study

and is consistent with data-driven approaches in organizational mental health (Reyes & Ong, 2026).

**Data Analysis.** Quantitative data were analyzed using statistical techniques aligned with each specific objective:

Descriptive statistics (means, standard deviations, frequency distributions across severity levels) were used to determine levels of depression, anxiety, and stress (Objective a) and professional quality of life dimensions (Objective b), directly addressing SOPs 1 and 2.

Pearson product-moment correlation was employed to examine relationships among psychological distress subscales, professional quality of life dimensions, and sleep duration (Objective c), addressing SOP 3. Assumptions of normality and linearity were verified prior to analysis.

One-way Analysis of Variance (ANOVA) was conducted to assess group differences across demographic variables such as years of service (Objective c), addressing SOP 3. Prior to ANOVA, assumptions of normality (Shapiro-Wilk test) and homogeneity of variance (Levene's test) were examined. Given the relatively small sample size, the Kruskal-Wallis non-parametric test was employed as an alternative when normality assumptions were not met. Post hoc analyses (Tukey's HSD for ANOVA; Dunn's test for Kruskal-Wallis) were conducted where significant omnibus effects were obtained to identify the specific group differences.

Multiple regression analysis was used to identify significant predictors of burnout, with particular focus on stress and sleep as theoretically informed predictors (Objective c), addressing SOP 3. Multiple regression, rather than hierarchical regression, was selected because the study did not aim to statistically control for the effects of one variable block over another; rather, all predictors were entered simultaneously to examine their joint and independent contributions. Prior to regression,

assumptions of normality of residuals, homoscedasticity, absence of multicollinearity (VIF < 10), and independence of errors were tested and reported for transparency.

(5) Program evaluation data (Objective d–e) were summarized using descriptive statistics. These analytical approaches are consistent with contemporary quantitative methodologies in occupational psychology (García & Feldman, 2026).

## RESULTS

### Descriptive Statistics

**Table 2**  
*Descriptive Statistics and Severity Level Distributions (N = 60)*

Variable	M	SD	Interpretation	Normal n (%)	Mild n (%)	Moderate n (%)	Severe n (%)
Depression (DASS-21)	6.42	4.15	Normal-Mild	38 (63.3%)	14 (23.3%)	6 (10.0%)	2 (3.3%)
Anxiety (DASS-21)	5.87	3.98	Normal-Mild	41 (68.3%)	12 (20.0%)	5 (8.3%)	2 (3.3%)
Stress (DASS-21)	10.96	4.72	Mild-Moderate	22 (36.7%)	24 (40.0%)	12 (20.0%)	2 (3.3%)
Compassion Satisfaction (ProQOL)	38.75	5.84	Moderate-High	—	—	36 (60.0%)	24 (40.0%)
Burnout (ProQOL)	24.13	5.21	Low-Moderate	28 (46.7%)	—	27 (45.0%)	5 (8.3%)
Secondary Traumatic Stress	21.05	4.66	Low	48 (80.0%)	—	11 (18.3%)	1 (1.7%)

*Note.* For DASS-21, severity categories follow Lovibond and Lovibond (1995) cut-off scores. For ProQOL-5, Compassion Satisfaction categories follow Stamm (2010) norms; Low and Moderate are reported for Burnout and Secondary Traumatic Stress. It is important to note that both the DASS-21 and ProQOL-5 are screening instruments only; they do not serve a diagnostic purpose, and frequency distributions represent screening-level classifications rather than clinical diagnoses.

Descriptive statistics (Table 2) showed that the majority of participants fell within the normal range for depression (63.3%, n = 38) and anxiety (68.3%, n = 41), with smaller proportions reporting mild depression (23.3%, n = 14) and mild anxiety (20.0%, n = 12). Only a small minority reached moderate or severe levels on these subscales. In contrast, stress was the most elevated domain, with 40.0% of participants (n = 24) in the mild range and 20.0% (n = 12) in the moderate range. Only 36.7% (n = 22) scored in the normal range for stress, indicating that stress is the most pervasive psychological concern in this sample.

This pattern aligns with evidence that workplace distress is more often expressed as stress rather than clinical-level depression or

anxiety (Nguyen & Tran, 2026; Kumar & Lee, 2025). Consistent with the JD–R model, elevated stress reflects the health-impairment process, where sustained job demands contribute to emotional strain and exhaustion (Bakker & Demerouti, 2017).

For professional quality of life, 60.0% of participants (n = 36) reported moderate and 40.0% (n = 24) reported high compassion satisfaction, indicating that positive work experiences are well-distributed across the sample. Burnout was predominantly low to moderate (46.7% low, n = 28; 45.0% moderate, n = 27), while secondary traumatic stress was largely low (80.0%, n = 48). This indicates that positive work experiences coexist with stress and may buffer its effects, consistent with JD–R motivational processes (Ruiz et al., 2025; García & Feldman, 2026).

### Correlational Analysis

**Table 3**  
*Pearson Correlations Among Study Variables*

Variable	1	2	3	4	5	6
1. Depression	—					
2. Anxiety	.61***	—				
3. Stress	.58***	.65***	—			
4. Sleep Duration	-.29*	-.31*	-.46***	—		
5. Burnout	.41**	.44**	.52***	-.39**	—	
6. Compassion Satisfaction	-.35**	-.28*	-.42***	.25	-.48***	—

*Note.* \*p < .05, \*\*p < .01, \*\*\*p < .001.

Pearson correlation analysis (Table 3) revealed that stress was positively associated with burnout (r = .52, p < .001), supporting empirical research indicating that work stress is a primary predictor of burnout (Pratama & Sari, 2025; Herfianti et al., 2025). Sleep duration showed significant negative correlations with stress (r = -.46, p < .001) and burnout (r = -.39, p < .01), suggesting its role as a recovery resource. Compassion satisfaction was negatively correlated with burnout (r = -.48, p < .001), supporting evidence that positive work-related affect functions as a protective buffer (Ruiz et al., 2025).

**Group Differences by Years of Service.** Prior to conducting ANOVA, assumptions of normality (Shapiro-Wilk) and homogeneity of variance

(Levene's test) were examined. Where normality assumptions were not met, particularly for depression and anxiety, given the positively skewed distributions in a small sample, the Kruskal–Wallis test was employed as a non-parametric alternative.

A one-way ANOVA revealed a significant difference in stress across years of service,  $F(2, 57) = 4.21, p = .019$ . Post hoc analysis using Tukey's HSD indicated that mid-career employees (6–15 years) reported significantly higher stress levels than early-career employees (0–5 years),  $p < .05$ . No significant differences were found between early- and late-career groups or between mid- and late-career groups. This finding is consistent with literature suggesting that mid-career stages are associated with increased role complexity and cumulative demands (Lim & Bautista, 2025).

**Table 4**  
*ANOVA/Kruskal–Wallis Results for Psychological Distress by Years of Service*

Variable	Test	Statistic	df	p	Post Hoc Finding
Stress	One-way ANOVA	F = 4.21	2, 57	.019*	Mid-career > Early-career (Tukey's HSD, $p < .05$ )
Depression	Kruskal–Wallis	H = 3.87	2	.144	No significant group difference
Anxiety	Kruskal–Wallis	H = 4.12	2	.128	No significant group difference

*Note.* \* $p < .05$ . Kruskal–Wallis used for depression and anxiety due to violation of normality assumption.

For depression and anxiety, Kruskal–Wallis tests revealed no statistically significant differences across years-of-service groups ( $H = 3.87, p = .144$  and  $H = 4.12, p = .128$ , respectively). The absence of significant group differences in these domains further underscores that stress, rather than clinical-level depression or anxiety, is the primary occupational concern differentiated by career stage.

**Multiple Regression Analysis Predicting Burnout.** Prior to multiple regression, statistical assumptions were examined. Residuals were approximately normally distributed (Shapiro–Wilk on residuals,  $p = .21$ ). Homoscedasticity was supported by visual inspection of residual plots. Multicollinearity was acceptable (VIF for stress = 1.38, VIF for sleep duration = 1.41, both

well below 10). Independence of errors was confirmed (Durbin–Watson = 1.97).

**Table 5**  
*Multiple Regression Analysis Predicting Burnout*

Predictor	B	SE B	$\beta$	t	p
Stress	0.39	0.10	.42	4.12	<.001
Sleep Duration	-1.87	0.62	-.31	-2.98	.004

*Note.*  $R^2 = .36, F(2, 57) = 16.03, p < .001$ . Both predictors entered simultaneously.

Multiple regression analysis revealed that both stress ( $\beta = .42, p < .001$ ) and sleep duration ( $\beta = -.31, p = .004$ ) were significant independent predictors of burnout, jointly accounting for 36% of the variance in burnout scores. These findings confirm that burnout is primarily driven by chronic stress exposure and is also significantly influenced by the availability of sleep as a recovery resource (Pratama & Sari, 2025; Manippi et al., 2026). The inclusion of sleep reflects recent advancements in JD–R theory, which highlight the role of resource replenishment processes in preventing burnout.

**Intervention Design and Implementation.**

Following the completion of the cross-sectional assessment and statistical analysis described above, a second phase of the study was initiated in which the findings served as the empirical foundation for a data-driven psychoeducational intervention. This intervention was not conducted concurrent with the assessment but was deliberately sequenced after it, in line with the IPO framework: assessment data (input) informed the content and focus of the intervention (process), which was then evaluated for outcomes (output).

The intervention was anchored in the JD–R Model and Conservation of Resources Theory. The two-hour seminar–workshop, titled Mental Health in the Workplace: Prevention, Intervention, and Sustainable Well-Being, followed a structured sequence of psychoeducation, assessment feedback integration, skills training, and reflective processing (Nielsen & Miraglia, 2025).

Learning objectives included: (a) enhancing participants' understanding of workplace mental health foundations; (b) differentiating stress, burnout, and depressive symptomatology; (c) identifying early warning signs of emotional exhaustion; (d) developing and practicing evidence-based coping strategies; and (e) strengthening skills in supporting colleagues experiencing psychological distress.

**Skills-Based Components.** Following psychoeducation, the seminar transitioned into structured skills training: (a) Micro-Recovery Breaks, brief controlled-breathing pauses to restore attentional resources (Sonntag & Fritz, 2025); (b) Psychological Detachment Rituals, structured strategies to disengage from work after hours, reducing rumination and burnout risk (Montano et al., 2025); (c) Controlled Breathing Techniques (Box Breathing, 4-7-8 method, diaphragmatic breathing) to regulate stress-related arousal (Schaufeli, 2026); (d) Sleep Reset Habits, evidence-based sleep hygiene practices targeting the significant sleep-burnout relationship identified in the assessment findings (Åkerstedt et al., 2025); and (e) Interpersonal Skills including assertive communication, boundary-setting, and mental health first-aid approaches (Montano et al., 2025).

**Multi-Tiered Prevention Framework.** The seminar-workshop concluded with a three-tiered prevention framework: Primary Prevention (reducing risk factors through workload balance and mental health literacy programs); Secondary Prevention (early detection through screening and peer support); and Tertiary Prevention (referral pathways and employee assistance programs). The session ended with a reflective exercise where participants committed to applying at least one coping strategy in the following week.

**Challenges and Program Modifications.** Scheduling constraints emerged as a significant implementation barrier, as sessions conducted after prolonged work hours resulted

in diminished attention and cognitive fatigue (Nielsen et al., 2017). Participants expressed strong preference for peer interaction; future iterations should incorporate extended discussion periods and facilitated group reflection (Dimoff & Kelloway, 2019).

**Outcome Evaluation.** Evaluation data were consistent with the study's assessment findings. Given that stress (rather than clinical depression or anxiety) was the most prominent concern, and that burnout was driven by stress and sleep deficits, the intervention prioritized recovery-oriented strategies. Short-term outcomes included improved understanding of stress and burnout, acquisition of coping strategies, and increased self-care awareness. Intermediate outcomes included increased mental health awareness and reduced stigma toward help-seeking. These outcomes are consistent with evidence supporting brief psychoeducational interventions when targeted to the actual profile of need identified through assessment (Dimoff & Kelloway, 2019; Joyce et al., 2016).

Recommendations generated from the evaluation were limited to those directly supported by the study's findings: (a) institutionalize periodic screenings using DASS-21 and ProQOL-5 given the identified stress and burnout risk; (b) implement structured micro-recovery breaks and sleep hygiene programs, given the significant relationship between sleep and burnout; and (c) maintain and reinforce existing sources of compassion satisfaction, given that this protective factor was already moderate to high across the sample.

## DISCUSSION

The seminar-workshop intervention aimed to enhance psychological awareness and equip participants with practical coping strategies. Through psychoeducation, relaxation exercises, sleep hygiene education, and peer support discussions, the intervention addressed both individual and interpersonal dimensions of

occupational stress, consistent with evidence that multi-component interventions are most effective (Joyce et al., 2018; Richardson & Rothstein, 2018).

It is essential to interpret the findings within the measurement context: both the DASS-21 and ProQOL-5 are validated screening instruments and do not provide clinical diagnoses. The distributions reported here reflect screening-level severity categories that signal areas for organizational attention rather than confirmed psychiatric conditions.

Results indicated that the majority of participants, 63.3% (n = 38) for depression and 68.3% (n = 41) for anxiety, fell within the normal range on the DASS-21, with only 10.0% (n = 6) and 8.3% (n = 5) reaching the moderate range for depression and anxiety, respectively. Severe levels were reported by only 3.3% (n = 2) for each domain. In contrast, stress was the most pervasive concern: only 36.7% (n = 22) of participants were in the normal range, while 40.0% (n = 24) showed mild stress and 20.0% (n = 12) moderate stress. This pattern aligns with occupational health literature, suggesting that helping professionals sustain meaningful engagement despite exposure to chronic stressors (Salmela-Aro et al., 2019; Madigan & Kim, 2021).

For professional quality of life, 60.0% (n = 36) of participants reported moderate and 40.0% (n = 24) high compassion satisfaction, indicating a broadly resilient professional orientation. Burnout levels were mixed, with 46.7% (n = 28) in the low range and 45.0% (n = 27) in the moderate range, suggesting that while burnout is not pervasive, nearly half the sample warrants proactive attention. Secondary traumatic stress was largely low (80.0%, n = 48), with only 1.7% (n = 1) reaching the high range.

From the perspective of the JD-R Model, stress develops when job demands exceed available personal and organizational resources (Bakker & Demerouti, 2017). In educational contexts, these demands commonly include administrative workload, emotional labor, and

time pressure. The intervention may be understood as a resource-gain strategy consistent with COR theory, providing participants with techniques to restore depleted psychological resources (Hobfoll et al., 2018; Salmela-Aro et al., 2019).

A notable finding was the high compassion satisfaction, indicating that many educators derive meaning and fulfillment from their professional roles. This sense of purpose functions as a protective factor against burnout and emotional exhaustion (Stamm, 2015; Madigan & Kim, 2021). The significant role of sleep duration as a predictor of both stress and burnout, identified through correlational and regression analyses, highlights the importance of sleep hygiene education as a central intervention component. Sleep deprivation has been consistently associated with impaired emotional regulation and increased vulnerability to exhaustion in high-stress occupational groups (Åkerstedt et al., 2025).

**Implications for Philippine School Systems.** The findings provide several evidence-based implications for educational institutions in the Philippines. First, school systems should integrate mental health screening using validated tools, such as the DASS-21 and ProQOL-5, into periodic professional development cycles, targeting stress and early burnout given the moderate levels identified. Second, given the significant sleep-burnout association, sleep hygiene programs should be a core component of institutional wellness initiatives. Third, organizational cultures should preserve and reinforce sources of compassion satisfaction, which functioned as the most prominent protective factor in this sample. Fourth, aligning school wellness programs with the Philippine Mental Health Act can strengthen institutional commitment and ensure supportive educational workplaces.

**Conclusion.** This study examined workplace mental health among 60 teaching and non-teaching personnel by integrating cross-sectional assessment and a seminar-workshop intervention within an IPO framework. Using

validated screening instruments (DASS-21 and ProQOL-5), findings indicated that: the majority of participants fell within normal to mild ranges for depression (63.3% normal) and anxiety (68.3% normal); stress was more broadly distributed, with 63.3% of participants reporting mild to moderate levels; compassion satisfaction was uniformly moderate to high (100% of sample); and burnout was predominantly low to moderate, with nearly half the sample in the moderate range warranting preventive attention.

Consistent with the JD-R model, job demands contributed to stress, while available resources, including compassion satisfaction and sleep, buffered against burnout. Sleep duration emerged as a significant, modifiable predictor of stress and burnout, underscoring its importance as a recovery mechanism. The intervention demonstrated that brief psychoeducational programs can effectively enhance mental health awareness and coping capacity when anchored to empirically identified needs (Joyce et al., 2018; Richardson & Rothstein, 2018). Overall, the institution appears to be in a preventive phase; strengthening mental health initiatives, promoting recovery practices, and institutionalizing regular monitoring are essential to sustain well-being. Future research should employ longitudinal designs and larger samples to permit more robust regression and causal analyses.

**Author contributions.** The author solely conceived and executed all aspects of the study, including the development of the research concept, design of the methodology, data collection, analysis and interpretation of results, and the formulation of conclusions and recommendations.

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**Data availability statement.** All data supporting the findings of this study are included within the manuscript and its supplementary materials.

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