

# University Educator and Staff Well-being and Common Mental Health Symptoms during the COVID-19 Pandemic in the Philippines

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## Abstract

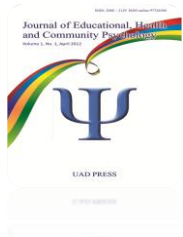
Educators and staff adapted to work-from-home setup amidst the covid-19 pandemic. The transition to full-online classes and services leads to poor mental health. The current study explored the association of educator and staff personal characteristics, well-being, and mental health. 326 university employees completed the demographic profile, mental health, and well-being scales. Various hierarchical regression was conducted to determine if personal characteristics and well-being predict common mental health symptoms (depression, anxiety, and stress). Series of multivariate analyses of variance (MANOVA) was conducted to determine the difference between the levels of mental health symptoms according to mental health category, and personal characteristics. The results support the hypothesis with psychological and emotional well-being inversely predicting depression, anxiety, and stress. However, social well-being failed to serve as a significant determinant of common mental health symptoms. MANOVA obtained a significant difference with common mental health symptoms and mental health category and personal characteristics.

**Keywords:** Employee well-being; mental health symptoms; personal characteristics.

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## Introduction

COVID-19 pandemic caused a drastic shift in the academic, force faculty, staff, and administrators to adopt a work-from-home setup. These changes disrupted the daily life, habits, and sleeping patterns of employees that heightened their depression, anxiety, and stress levels (Banna et al., 2020; Majumdar et



al., 2020; Tan et al., 2020). Amidst the increasing risk of developing depression, anxiety, and stress caused by the quarantine implementation and disruption of lifestyle educational institutions continued to balance academic life and infection control (Banna et al., 2020; Cleland et al., 2020; Paulino et al., 2020; Tan et al., 2020). To continue delivering the instructions, universities are expected to create support technologies to continue teaching and learning (Van et al., 2010). However, aside from the work-related worries, educators and staff also face issues with their life, and families (Cleland et al., 2020).

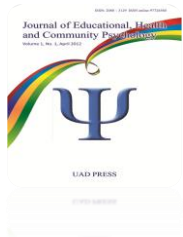
Exploring the immediate effect of COVID-19 on the mental health of educators and staff can help scholars and practitioners understand their concerns and implement programs (Roy et al., 2020; Cleland et al., 2020). Existing literature on Covid and university employee and educator mental health has been limited with the understanding of depression, anxiety, and stress (i.e. Majumdar et al., 2020; Paulino et al., 2020; Talidong & Toquero, 2020). There is a lack of literature that explore different kinds of well-being (psychological, social, and emotional), personal characteristics (marital status, employee status, employee position, gender, marital status), and mental health (depression, anxiety, and stress) of university educator and employee during the pandemic (Atilas et al., 2021; Cleland et al., 2020; Talidong & Toquero, 2020). Thus, this study explored the influence of personal characteristics, well-being, and mental health issues of educators and staffs during the COVID-19 pandemic.

#### *Increasing Risk of Mental Illness*

The disruption on the daily caused by COVID-19 heightened the development of depression, anxiety, and stress within universities (Majumdar et al., 2020; Paulino et al., 2020). Developing poor mental health can hinder work productivity affecting instructional support and quality of universities (Berndt et al., 2000; Hindman & Bustamante, 2019; Plaisier, 2007; Preece et al., 2006; Roberts et al., 2016).

#### *Anxiety*

Educators and staff feel anxious about teaching, learning, selection, assessment, and educational needs (Cleland et al., 2020). They deal with work-related anxiety by practicing virtual learning, communicating with the professional community, adhering to quarantine requirements, and engaging with purposeful



activities (Talidong & Toquero, 2020; Cleland et al., 2020; Van et al., 2010). Several feel anxious during the crisis, some overextended their teaching and making them feel exhausted (Cleland et al., 2020).

### *Depression*

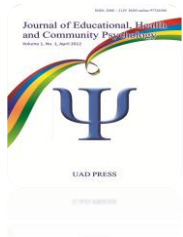
The heightened levels of depression symptoms can hinder work productivity (Preece et al., 2006). Depressive symptoms of educators can influence the support and instructional quality they provide (Hindman & Bustamante, 2019; Roberts et al., 2016). Access and guidance to curriculum plans and implementation can help educators adapt and decrease depressive symptoms (Hindman & Bustamante, 2019). The shift to online classes created new educational needs that can increase the risk for educators and staff to develop symptoms of depression (Cleland et al., 2020; Tan et al., 2020).

### *Stress*

The disruption in education caused by COVID-19 led to a reported increase in stress levels (Banna et al., 2020; Paulino et al., 2020). Other than the usual occupational stress of educators from workload management and student behavior (Ferguson et al., 2012), the pandemic forced a shift to online classes creating different accommodations in education (Atiles et al., 2021; Cleland et al., 2020). For example, the transition to online classes requires the use of information and communication technology for teaching and administrative task (Kosir et al., 2020). To effectively adapt to these needs educators have to receive online teaching training, obtain access to technology, communicate with parents, and abundant access to educational materials (Atiles et al., 2021).

### *Employee Mental Health*

Despite this evident increase in reports of common mental health symptoms (i.e., anxiety, depression, and stress) during the pandemic, exploring the role of positive mental health amidst the pandemic is equally important (Arslan et al., 2020; Yamaguchi et al., 2020). In the tripartite mental health model, Keyes (2009) argued that it takes a combination of psychological, emotional, and social well-being to be considered mentally healthy. He also proposed that individuals with combined high levels of these three dimensions are distinguished to be "flourishing" in life while those with combined low levels of these



three are deemed to be "languishing" in life. Individuals who are neither "flourishing" nor "languishing" are identified as "moderately mentally healthy".

### *Psychological Well-being*

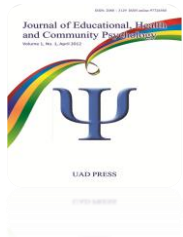
The first of the three dimensions is psychological well-being (PWB), which is defined as the subjective evaluation of an individual's optimal functioning (Westerhof & Keyes, 2010). PWB further consists of six basic elements of positive functioning which are deemed important for striving to become a better person and to realize one's potential (Ryff, 1989; Ryff & Keyes, 1995). These six basic elements are self-acceptance, purpose in life, autonomy, positive relations with others, environmental mastery, and personal growth. Collectively, these elements of PWB are centered on an individual's reflection of his or her optimal functioning and fulfillment.

### *Emotional Well-being*

Another essential component of the tripartite mental health model is emotional well-being (EWB) which is regarded as a balance of one's experience of positive and negative affect, and an overall cognitive judgment of satisfaction with life (Langeland, 2014). Throughout the years, researchers have been interested in the importance of assessing the impact of many different stressors on a person's EWB which could later aid the development of various mental health interventions. As mentioned by Restubog et al. (2020), the COVID-19 pandemic does not only pose significant challenges to one's work and career, and everyday activities but it also does have long-term implications on individuals' EWB. However, it must be noted that initial feelings of distress and anxiety are considered to be both normal under such circumstances. For instance, changes in mood, concentration, irritability, reduced productivity, and the like are possibly some of the repercussions brought by the stress of experiencing the pandemic (Vinkers et al., 2020).

### *Social Well-being*

One of the components of the tripartite mental health model is social well-being (SWB). It was defined by Keyes (1998) as the perceptions and experiences of people in different social circumstances which



also include our responses to social challenges. It also refers to an individual's satisfaction with the society to which he belongs. Furthermore, Keyes (1998) identified five dimensions of SWB, | The first dimension is social integration referring to a person's evaluation of the quality of relationships in the society. Another is social acceptance; it is a person's acceptance of other people as well as having the confidence and comfort to interact with others. The person's evaluation of worth in society is called social contribution while the belief in the possible progress of society is social actualization. Lastly, social coherence refers to the person's appraisal of society.

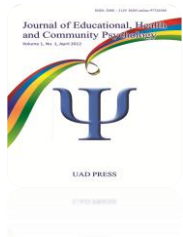
### *Present Study*

The present study intends to assess the personal characteristics, common mental health symptoms, and well-being of Filipino university staff and educators during the lockdown. The objectives investigated a) if the personal characteristics and well-being determine the development of common mental health symptoms, and b) explore the possible differences between the levels of common mental health symptoms according to their well-being categories (positive mental health categories: languishing, flourishing, moderate mental health), and personal characteristics (marital status, employee status, employee position, gender, marital status).

## **Method**

### *Participants and Procedure*

Data were collected from August to December 2020 in the Philippines, via an online survey. The survey link was anonymously sent by email using the university mailing list to faculties, staff, and admin of one university in the Philippines. The online survey included the informed consent, demographic profile, and survey forms. The informed consent explained that participation in the study is voluntary and, they can withdraw at any point. There was also no foreseen risk. However, the survey items require recall of previous experiences regarding mental health and work experience that may bring discomfort. There are no incentives or remuneration in completing the survey. All information in the study will be stored in a secured drive using the university account for at least 5-years.



In the survey, the final sample was 326 staff and educators. Most of the participants were 205 females (62.9%), and were aged 21 to 71 ( $M = 37$ ,  $SD = 10.789$ ). Most of the participants have expressed normal levels of depression (172, 52.8%), anxiety (131, 40.2%), and stress (225, 69%). While 216 (63%) reported flourishing mental health (Table 1).

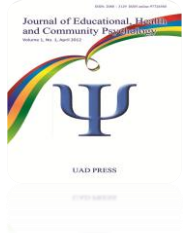
### Measures

Depression, Anxiety, and Stress Scale (DASS-21) is a self-report scale consisting of 21-items that ask the participants to rate how they are feeling for the past week (Lovibond & Lovibond, 1995). DASS-21 is composed of 3 factors with 7-items for each factor, depression (I couldn't seem to experience any positive feeling at all), anxiety (I was aware of dryness of my mouth), and stress (I found it hard to wind down). It follows a 4-point Likert format from 0 (did not apply to me) to 3 (applied to me very much or most of the time). Depression, Anxiety, and Stress scales respectively obtained good interrim internal consistency of .905, .817, and .901.

Mental Health Continuum Short Form (MHC-SF) was used to explore employee well-being. It is a self-report, 14-item questionnaire, using a 6-point Likert scale ranging from "Never" to "Every Day". The 3 subscales are represented by prototypical items of different well-being constructs; psychological well-being (that your life has a sense of direction or meaning to it, 6-items), emotional well-being (Interested in Life, 3-items), and social well-being (that you had something important to contribute to society, 5-items) (Keyes, 2009). Psychological, Emotional, and Social Well-being respectively obtained good interim internal consistency of .912, .865, and .879.

### Results

The descriptive statistics among the participant's demographic information was computed followed by a correlation between variables. Series of hierarchical regression was conducted with depression, anxiety, and stress as the dependent variable. In step 1, age, sex, employee position, employee status, and marital status were included. Step 2 included psychological, social, and emotional well-being. A



multivariate analysis of variance was used to determine if there is a significant difference among the levels of depression, anxiety, and stress vary according to the well-being category (positive mental health categories: flourishing, moderate, and languishing) and personal characteristics (marital status, employee status, employee position, gender, marital status).

Table I  
Demographic Profile (N= 326)

Age		
M	SD	Range
37	10.789	21-71
Number of Children		
M	SD	Range
1.206	1.426	0-6
Number of People in the Household		
M	SD	Range
4.632	1.9	0-12
Sex		
	Frequency	Percentage
Male	121	37.1
Female	205	62.9
Total	326	100
Marital Status		
	Frequency	Percentage
Common-Law	4	1.2
Legally Separated	3	.9
Married	161	49.4
Never Married	146	44.8
Separated	6	1.8
Widowed	6	1.8
Total	326	100
Position		
	Frequency	Percentage
Admin	20	6.1
Faculty	228	69.9
NTP	78	23.9
Total	326	100

Employment Status		
	Frequency	Percentage
Full-time Contractual	4	1.2
Full-time Probationary	127	39
Full-time Regular	189	58
Part-time	6	1.8
<b>Total</b>	<b>326</b>	<b>100</b>
Depression		
	Frequency	%
Normal	172	52.8
Mild	54	16.6
Moderate	52	16
Severe	28	8.6
Extremely Severe	20	6.1
<b>Total</b>	<b>326</b>	<b>100</b>
Anxiety		
	Frequency	%
Normal	131	40.2
Mild	28	8.6
Moderate	82	25.2
Severe	32	9.8
Extremely Severe	53	16.3
<b>Total</b>	<b>326</b>	<b>100</b>
Stress		
	Frequency	%
Normal	225	69
Mild	32	9.8
Moderate	36	11
Severe	23	7.1
Extremely Severe	10	3.1
<b>Total</b>	<b>326</b>	<b>100</b>
Mental Health Continuum Classifications for all Participants		
	Frequency	%
Flourishing	216	66.3
Moderate Mental Health	98	30.1
Languishing	12	3.7
<b>Total</b>	<b>326</b>	<b>100</b>

### *Association Between Common Mental Health Symptoms and Well-being*

All correlations (see table 2) between the variables are significant. Well-being variables obtained strong and positive associations with each other. While common mental health symptoms obtained moderate



to a strong negative association with well-being variables. While all mental health symptoms have positive and strong associations with each other.

Table 2  
 Mental Health, Depression, Anxiety, and Stress Intercorrelations

	1	2	3	4	5	6
1. Emotional Well-being	-					
2. Social Well-being	.765***	-				
3. Psychological Well-being	.790***	.811***	-			
4. Depression	-.683***	-.670***	-.747***	-		
5. Anxiety	-.486***	-.444***	-.507***	.751***	-	
6. Stress	-.662***	-.605***	-.682***	.884***	.823***	-
M	11.635	17.681	23.478	10.356	10.668	11.785
Sd	2.993	5.397	5.465	9.105	8.555	9.275
$\alpha$	.865	.879	.912	.905	.817	.901

Note: N=326; \*\*\*  $p < .001$  (1-tailed)

### *Employee Well-being as Determinants of Common Mental Health Symptoms*

To test the association between common mental health symptoms and well-being various hierarchical regression analyses were conducted. Step 1, personal characteristics of the employees were entered, at Step 2 well-being variables were entered. Personal characteristics were entered at step 1 to examine if they can influence the development of common mental health symptoms. While well-being variables were entered at step 2 to determine if the employees' current well-being affects the manifestation of common mental health symptoms (Table 3).

Only the employment status at step 1 in predicting depression obtained significant results with all personal characteristics. Well-being variables predicted depression, anxiety, and stress aside from social

well-being. Significant accounted variance changes occurred with the inclusion of well-being variables in the analyses.

Table 3  
*Summary of Regression Coefficients*

Variable	Depression		Anxiety		Stress	
	$\beta$	SE	$\beta$	SE	$\beta$	SE
<b>Step 1</b>						
Sex	-.185	1.071	-.915	1.023	-.269	1.102
Marital Status	-.459	.371	.262	.354	-.347	.381
Employment Status	1.601**	.557	.441	.532	1.099	.573
Position	-.087	.975	.168	.931	.406	1.003
<b>Step 2</b>						
Sex	.325	.710	-.546	.882	.228	.808
Marital Status	.072	.248	.582	.307	.147	.282
Employment Status	.509	.371	-.266	.461	.078	.423
Position	.338	.648	.468	.804	.789	.737
Emotional Well-being	-.631**	.192	-.598*	.238	-.599**	.218
Social Well-being	-.188	.112	-.053	.139	-.148	.127
Psychological Well-being	-.809***	.116	-.505**	.144	-.780***	.132
Step 1 R <sup>2</sup>	.026		.008		.013	
Step 2 R <sup>2</sup>	.580		.279		.480	
$\Delta R^2$	.554		.271		.467	

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

#### *Differences Between Common Mental Health Symptoms According to Positive Mental Health Categories*

Employee mental health status, employment status, position, and marital status obtained significant differences according to their depression, anxiety, and stress levels (table 5).

Table 4

*Split Descriptive Statistics of Common Mental Health Symptoms according to Mental Health, Employment Status, Employee Position, and Marital Status*

	Mental Health	M	SD	N
Depression	Languishing	30.167	9.628	12
	Moderate	16.551	8.676	98
	Flourishing	6.444	5.642	216
	Total	10.356	9.105	326
Anxiety	Languishing	22.333	10.508	12
	Moderate	14.612	9.019	98
	Flourishing	8.231	6.901	216
	Total	10.669	8.555	326
Stress	Languishing	29.333	7.691	12
	Moderate	17.286	8.908	98
	Flourishing	8.315	6.937	216
	Total	11.785	9.274	326
	Employment Status	M	SD	N
Depression	Full-time Contractual	6	2.828	4
	Full-time Probationary	13.575	10.497	127
	Full-time Regular	8.286	7.462	189
	Part-time	10.333	8.524	6
	Total	10.356	9.104	326
Anxiety	Full-time Contractual	8.5	5.744	4
	Full-time Probationary	12.898	9.457	127
	Full-time Regular	9.111	7.395	189
	Part-time	14	13.856	6
	Total	10.669	8.555	326
Stress	Full-time Contractual	11	5.033	4
	Full-time Probationary	14.583	10.211	127
	Full-time Regular	9.852	8.094	189
	Part-time	14	11.798	6
	Total	11.785	9.275	326
	Position	M	SD	N
Depression	Admin	9.7	8.951	20
	Faculty	11.474	9.851	228
	NTP	7.256	5.518	78
	Total	10.356	9.105	326
Anxiety	Admin	11.0000	9.459	20
	Faculty	11.5614	9.274	228
	NTP	7.9744	4.851	78
	Total	10.6687	8.555	326
Stress	Admin	10.9	8.571	20
	Faculty	12.947	10.108	228
	NTP	8.615	5.416	78

	Total	11.785	9.274	326
	Marital Status	<i>M</i>	<i>SD</i>	<i>N</i>
Depression	Common-Law	4	3.266	4
	Legally Separated	2	2	3
	Married	7.876	7.32	161
	Never Married	13.507	10.191	146
	Separated	12.333	5.989	6
	Widowed	6.667	5.888	6
	Total	10.356	9.105	326
Anxiety	Common-Law	7.5	4.123	4
	Legally Separated	10	8.718	3
	Married	9.217	7.537	161
	Never Married	12.26	9.498	146
	Separated	15.67	8.335	6
	Widowed	8.333	5.125	6
	Total	10.669	8.555	326
Stress	Common-Law	5.5	3.416	4
	Legally Separated	5.333	4.619	3
	Married	9.851	8.374	161
	Never Married	14.164	9.931	146
	Separated	16.333	6.86	6
	Widowed	8.667	6.772	6
	Total	11.785	9.275	326

In table 4, employees with languishing mental health obtained extremely severe levels of depression and anxiety; and severe levels of stress. Employees with Flourishing mental health reported normal levels of depression and stress; and mild anxiety. For the employment status, Full-time probationary employees reported a higher level albeit the normal levels of depression and anxiety; and mild stress with part-time, full-time, regular, and full-time contractual employees. Non-teaching personnel (NTP) obtained the lowest level with normal levels of depression and stress; mild anxiety. Faculty members reported the highest levels with a mild level of depression and stress; and moderate stress. For marital status, employees who were never married reported the highest level in their group with mild levels of depression. Meanwhile, employees who are separated from their spouses reported the highest levels of anxiety and stress with severe and mild levels, respectively.

Table 5

*Multivariate Test of Common Mental Health Symptoms according to Mental Health, Employment Status, Employee Position, and Marital Status*

	Wilk's $\Lambda$	F	df1	df2	partial $\eta^2$
Mental Health	.552	37.053***	6	642.	.257
Employment Status	.904	3.653***	9	778.947	.033
Position	.955	2.482*	6	642	.023
Marital Status	.864	3.179***	15	878.259	.047

Note:  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$

Employee mental health status, employment status, and position have obtained significant differences in their depression, anxiety, and stress levels. While employee marital status only obtained significant differences in their depression and stress levels (table 6).

Table 6

*Tests of Between-Subjects Effects of Common Mental Health Symptoms according to Employment Status, Employee Position, and Marital Status*

	Dependent Variable	SS	df	Mean Square	F	p-value	partial $\eta^2$
Mental Health Continuum	Depression	11775.479	2	5887.740	125.385	.000	.437
	Anxiety	4439.863	2	2219.931	37.063	.000	.187
	Stress	9261.710	2	4630.855	80.008	.000	.331
Employment Status	Depression	2201.780	3	733.927	9.552	.000	.082
	Anxiety	1174.885	3	391.628	5.577	.001	.049
	Stress	1732.236	3	577.412	7.090	.000	.062
Position	Depression	1042.810	2	521.405	6.502	.002	.039
	Anxiety	750.132	2	375.066	5.259	.006	.032
	Stress	1107.339	2	553.670	6.661	.001	.040
Marital Status	Depression	2916.049	5	583.210	7.767	.000	.108
	Anxiety	933.053	5	186.611	2.613	.025	.039
	Stress	1894.159	5	378.832	4.651	.000	.068

Note: Bonferoni correction - significant at  $p < .025$

The Tukey posthoc analysis (table 7) revealed that mean scores for Depression, Anxiety and Stress obtained significant difference between all classifications of mental health, with Languishing being significantly different to Moderate and Flourishing Mental Health, and Moderate Mental Health to Flourishing according the level of depression, anxiety, and stress. Employees with Languishing mental health obtained highest levels of depression, anxiety, and stress from severe to extremely severe. While, flourishing with the lowest level with normal to mild level (see table 4 for split descriptive).

Table 7  
 Comparison Between Mean Differences of Common Mental Health Symptoms according to Mental Health Category

Dependent Variable	Mental Health Continuum		Mean Difference	SE
Depression	Languishing	Moderate	13.616***	2.095
		Flourishing	23.722***	2.032
	Moderate	Flourishing	10.106***	.835
Anxiety	Languishing	Moderate	7.721**	2.367
		Flourishing	14.102***	2.295
	Moderate	Flourishing	6.381***	.942
Stress	Languishing	Moderate	12.048***	2.327
		Flourishing	21.018***	2.256
	Moderate	Flourishing	8.971***	.926

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

In table 8, depression, anxiety, and stress of Full-time Regular and Full-time Probationary employees are significantly different. Full-time Probationary employees expressed higher levels of common mental health symptoms, ranging from mild to moderate (see table 4 for split descriptive).

**Table 8**  
*Comparison Between Mean Differences of Common Mental Health Symptoms according to Employment Status*

Dependent Variable	Employment Status		Mean Difference	SE
Depression	Full-time Contractual	Full-time Probationary	-7.575	4.451
		Full-time Regular	-2.286	4.429
		Part-time	-4.333	5.658
	Full-time Probationary	Full-time Regular	5.289***	1.006
		Part-time	3.241	3.662
		Full-time Regular	-2.048	3.635
Anxiety	Full-time Contractual	Full-time Probationary	-4.398	4.255
		Full-time Regular	-.611	4.234
		Part-time	-5.5	5.409
	Full-time Probationary	Full-time Regular	3.786***	.961
		Part-time	-1.102	3.501
		Full-time Regular	-4.888	3.475
Stress	Full-time Contractual	Full-time Probationary	-3.583	4.582
		Full-time Regular	1.148	4.559
		Part-time	-3	5.825
	Full-time Probationary	Full-time Regular	4.731***	1.035
		Part-time	.583	3.77
		Full-time Regular	-4.1481	3.742

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

**Table 9**  
*Comparison Between Mean Differences of Common Mental Health Symptoms according to Position*

Dependent Variable	Position		Mean Difference	SE
Depression	Admin	Faculty	-1.774	2.0883
		NTP	2.443	2.244
	Faculty	NTP	4.217**	1.175
Anxiety	Admin	Faculty	-.561	1.969
		NTP	3.026	2.1167
	Faculty	NTP	3.587*	1.108
Stress	Admin	Faculty	-2.047	2.126
		NTP	2.285	2.285
	Faculty	NTP	4.332**	1.196

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

In terms of position (Table 9), significant differences between Faculty and Non-teaching personnel (NTP) have been observed with Faculty members experiencing higher levels of common mental health symptoms, ranging from mild to moderate (see table 4 for split descriptives).

**Table 10**  
*Comparison Between Mean Differences of Common Mental Health Symptoms according to Marital Status*

Dependent Variable	Marital Status	Marital Status	Mean Difference	SE
Depression	Common-Law	Legally Separated	2	6.618
		Married	-3.876	4.386
		Never Married	-9.507	4.391
		Separated	-8.333	5.59
		Widowed	-2.667	5.593
	Legally Separated	Married	-5.876	5.0492
		Never Married	-11.507	5.053
		Separated	-10.333	6.127
		Widowed	-4.667	6.127
Married	Never Married	-5.6311***	.99	
	Separated	-4.458	3.602	



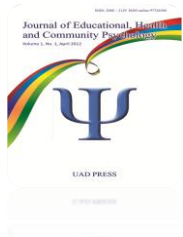
		Widowed	1.209	3.602
	Never Married	Separated	1.173	3.609
		Widowed	6.84	3.609
	Separated	Widowed	5.667	5.003
Stress	Common-Law	Legally Separated	.167	6.893
		Married	-4.351	4.5681
		Never Married	-8.664	4.574
		Separated	-10.833	5.825
		Widowed	-3.167	5.825
		Legally Separated	Married	-4.518
		Never Married	-8.831	5.264
		Separated	-11	6.381
		Widowed	-3.333	6.381
	Married	Never Married	-4.313***	1.031
		Separated	-6.482	3.752
		Widowed	1.184	3.752
	Never Married	Separated	-2.169	3.759
		Widowed	5.498	3.759
	Separated	Widowed	7.667	5.21

Note:  $p < .05^*$ ,  $p < .01^{**}$ ,  $p < .001^{***}$

Table 10 shows the significant difference between married and never married employees, never married employees reported higher levels of depression, and stress than married employees, they experienced moderate levels (see table 4 split descriptive statistics).

## Discussion

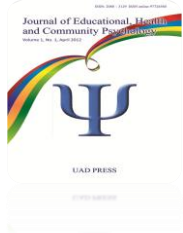
The study intends to explore if the employee's well-being determines their depression, anxiety, and stress levels. The results show that the employee's psychological and emotional well-being inversely predicts depression, anxiety, and stress; an increase in their well-being leads to lower levels of depression, anxiety, and stress. A significant difference with the common mental health symptoms of employees according to mental health category, employment status and position, and marital status was also found.



### *Employee Well-being as Determinants of Common Mental Health Symptoms*

Psychological well-being inversely predicts common mental symptoms (depression, anxiety, and stress). Psychological well-being was also the best determinant of employee depression and stress. Results support existing studies with psychological well-being's inverse association with depression, anxiety, and stress (Daniels & Guppy, 1994; Liu et al., 2009; Wood & Joseph, 2010; Terry et al., 1993). The disruption caused by COVID-19 influenced the employees' psychological well-being as it affects their optimal functioning in fulfilling their duties (Cleland et al., 2020; Hindman & Bustamante, 2019; Roberts et al., 2016). Universities face an unfamiliar work environment by shifting to full-online classes making educators and staff more vulnerable to common mental health symptoms (Cleland et al., 2020; Talidong & Toquero, 2020). Even though universities provide training and support for educators and staff the abrupt transition hamper their effective adaptation in using educational resources, online teaching, use of technology, and communication (Atilas et al., 2021; Kosir et al., 2020). Hampering employee functioning affects psychological well-being making them unproductive and experience depression, anxiety, and stress symptom (Ceri & Cicek, 2021; Iasevoli et al., 2020; Rajkumar, 2020). Instability with the environment can harm the employee's environmental mastery, inhibiting them to manage their environment according to their needs since they have to manage between occupational and personal demands in the pandemic (Ceri & Cicek, 2021; Knoesen, & Naude, 2017; Ryff, 1989; Ryff & Keyes, 1995). Not only with environmental mastery but all elements of psychological well-being have been affected during the pandemic (Ceri & Cicek, 2021; Iasevoli et al., 2020; Rajkumar, 2020).

Emotional well-being inversely predicts common mental symptoms (depression, anxiety, and stress). Emotional well-being predicted employees' anxiety the most. Health protocols that affect the personal sense of freedom influence emotional well-being, people tend to be less satisfied with life and experience negative effects when prohibited to go out of their homes (Pfefferbaum & North, 2020). Not only health protocols but even occupational demands can affect an individual's personal sense of freedom. The shift from face-to-face classes to full-time online education disrupts the daily habits of educators because educators tend to overextend working on teaching preparations (Cleland et al., 2020). The decrease in emotional well-being caused by the pandemic heightens anxiety levels and other common mental health

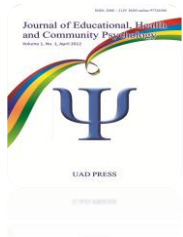


symptoms. The uncertain situation as seen by the shortage of testing and treatment, financial problems, inconsistent and vague information from authorities accounts for lower emotional well-being (Lades et al. 2020; Langeland, 2014; Pfefferbaum & North, 2020; Restubog et al., 2020; Yang & Ma, 2020).

Social well-being failed to predict common mental health symptoms. Results indicate that an individual's perception and experiences of different social events and responses to social challenges (Keyes, 1998) and even though support from peers and supervisors are important in maintaining positive mental health (Collie et al., 2017), social well-being failed to predict the depression, anxiety, and stress levels of university employees. The health protocols. Implementation of strict protocols decreased the time spent outdoors, and shifting to a work-from-home set-up contributes to mental health issues (Lades et al., 2020; Pfefferbaum & North, 2020). This shift leads to social changes contributing to mental health problems (Saladin et al., 2020). However, even isolated from peers, people continuously interact virtually through social media and other platforms. Even physically isolated, online interactions can help foster the connection (Van Bavel et al, 2021). It is also important to consider demographic profiles, personal and family characteristics (Misheva, 2015) since the effects of social media and online interaction can vary among ages and usage (Bekalu et al., 2019).

#### *Differences in Common Mental Health Symptoms*

The significant difference in the levels of depression, anxiety, and stress according to the mental health category shows that individuals who are experiencing languishing mental health are more likely to experience severe levels of depression, anxiety, and stress. As expected those individuals experiencing moderate and flourishing mental health reported normal to moderate levels of stress. The findings are in line with existing studies on the influence of mental health and common mental health symptoms. A study conducted with postdoctoral fellows also found a significant difference in the depression, anxiety, and stress levels among those with flourishing and languishing mental health (Gloria & Steinhardt, 2013). It seems that an increase in mental health leads to a decrease in common mental health symptoms. Flourishing individuals experience fewer common mental health symptoms while languishing individuals may develop more symptoms that affect their daily functioning (Keyes, & Brim, 2002; Keyes, 1998).

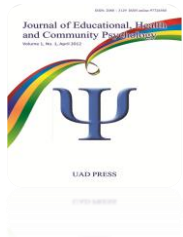


Full-time regular employees experienced significantly lower levels of depression, anxiety, and stress than full-time probationary employees. Findings are consistent with existing studies. Tenured employees experience job security and stability which result to lower mental health issues (Posel et al., 2021; Ruffolo et al, 2021). The security of being tenured helps employees face the instability of the pandemic compared to probationary employees wherein economic challenges have to arise (Goldfarb et al., 2021; Hamouche, 2020). Meanwhile, Faculty members reported significantly high levels of depression, anxiety, and stress compared to NTPs. Faculty members are expected to provide instruction and accommodate the well-being of their students while managing their stress (Cleland et al, 2020; Minkos & Gelbar, 2020). Educators tend to over-extend their working hours to prepare for their classes making them feel exhausted (Cleland et al., 2020). The implementation of full-online classes required different educational needs, requiring educators to adapt and implement a relevant curriculum in a short period (Hindman & Bustamante, 2019; Tan et al., 2020), such as using and adapting to new technology to cater to educational needs while preparing for their classes (Atilas et al., 2021; Kosir et al., 2020).

Married employees reported lower levels of depression, anxiety, and stress compared to an employee who never married. Findings are consistent with married individuals reporting lower levels of mental health issues (Brown et al., 2005; Pieh et al., 2020; Williams et al., 2017). According to Brown et al. (2005), non-married individuals tend to have fewer economic resources, less social support, and poor physical health resulting in poor mental health. And receiving social support serves as a social safety net that can help married individuals to experience less common mental health symptoms (Williams et al., 2017).

### **Implications**

The study has practical and theoretical contributions. We have expanded the literature on employee mental health using psychological, emotional, and social well-being as determinants of depression, anxiety, and stress within the academe. We demonstrated the significant role of the mental health continuum to

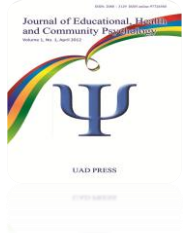


grasp a complete understanding of mental health and mental health issues. Scholars may explore possible mediating, or moderating variables to explain the mechanisms between mental health and mental health issues. They may conduct longitudinal studies to track the development of mental health during the pandemic. Furthermore, a qualitative study can be conducted to explore the experiences and insights of educators and staff in dealing with their mental health.

In practice, the study also has implications for educators and educational institutions. Educators may continuously reach out to there if they are facing difficulties in dealing with online education. They can also set specific logout times to avoid extended working hours. While, educational institutions may provide more flexible work hours, provide a manageable workload, and provide e-learning training to maximize the productivity of employees. Institutions can also provide educators basic training on how to deal with the personal stress and mental health issues of students.

## Conclusion

In conclusion, employee's well-being significantly determines their depression, anxiety, and stress levels. Psychological well-being having an inverse relationship with all common mental health symptoms. Psychological well-being was also the best determinant of depression and stress. This shows that optimal functioning and learning how to manage the environment according to one's needs affects the development of mental health symptoms. Emotional well-being has an inverse relationship with all common mental health symptoms and also be the best determinant of stress. The pandemic leads to uncertainty affecting life satisfaction and increasing negative affect, leading to the development of mental health issues. The results with social well-being failed to support the hypothesis. Even isolated, people maintain social connections using social media and other platforms which opens the discussion for control variables that can explain their association. The significant difference with the levels of mental health according to the mental health category reflects show an increase in mental health would lead to a decrease in common mental symptoms. Tenured employees tend to experience lower levels of common health symptoms, while faculty members are more likely to experience high levels than NTPs.



Married employees expressed lower levels of common mental health symptoms than employees who have not married.

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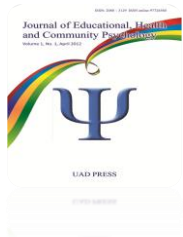
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