

An Integrated Action Research on Health Security: Value-driven Organizational Framework Promoting Workplace Health and Wellbeing through an Improved Employee Benefits Package

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Abstract

This integrated action research explored the importance of promoting workplace health and well-being through a structured improvement plan on a Private Higher Education Institution in Bocaue, Bulacan. Guided by the World Health Organization's (WHO) Healthy Workplace Model, the research intervention revealed the significance of improving personal health benefits for employees. It also showed the significance of inclusive and reflective leadership and workplace values in formulating a structured improvement plan. The intervention furtherly revealed significant changes in employees' perception and behavior regarding health and well-being, directly affecting their financial decisions, satisfaction, professional growth, and personal security. Lastly, the research proposes the Value-driven Framework for Employee Health and well-being, outlining the overall success story, strategy, and intervention of the whole integrated action research.

Keywords: Workplace Health and Well-being; Health Security; Employee Health

I. Introduction:

The wealth of business depends on the health of workers.” (Neira, 2010)

A healthy workforce is a productive workforce. In 2015, a report of the Health Enhancement Research Organization (HERO) confirmed that employee health and wellbeing is directly affecting performance. This proves that the quality of life of our people in the organization, radiates the life of the organization itself, which is why, Human Resource Management today is clamored to no longer be considered as a cost-center of organizations, but be viewed as a profit-center.

Long narratives, and different studies over the years have significantly edified claims how people's health and wellbeing affect organization's performance, which is why more and more companies are investing in

employee wellness programs. The recent trends and threats in the workplace were shaped by the need to give attention and focus to the promotion of health and wellbeing for all.

But what is workplace health and wellbeing, to start on? The International Labour Organization (ILO) defines workplace wellbeing as the overall aspects of work life--- from the quality and safety of the physical environment, to how workers feel about their work, their working environment, the climate at work and work organization; as this should ensure that the people in the organization are safe, healthy, satisfied and engaged at work. This paved the way for the ILO's framework action to improve Health and Wellbeing in the Workplace.

In 1995, the joint Committee of ILO and World Health Organization (WHO) on Occupational Health put emphasis and adopted a comprehensive definition of the aim of improving occupational health, as:

"The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations"

On the other hand, the Global Wellness Institute (2018), advocates the definition of wellness as:

"Wellness is the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health."

Consistent to this call, ILO's Decent Work Agenda in 2015, identified four foundation pillars, which includes: employment creation, social protection, rights at work, and social dialogue, as the vantage points of the new 2030 Sustainable Development Goals. Social Protection according to ILO includes people's access to health care services that they need.

According to the Report on Improving Wellness in Asia, by Yeung and Johnston for the Asian Development Bank (ADB) in 2020, it was pointed out that an estimated of only 5.2% of the total Asian workforce experience workplace wellness programs or services, where a majority of beneficiaries are employees from multinational companies, a clear demonstration that the concept of workplace wellness is still not a widespread concept in the region, especially among developing countries.

In the Philippines, Workplace Health and Wellbeing became a prominent focus among organizations because of the pandemic. Radical changes happened to the labor market because of the COVID-19, all sectors were forced to put a premium on the greatest asset of all---its people. It became essential to prioritize health again (Katigbak, 2022), in an article in 2022 that puts premium on important aspect of health in the workplace.

Like the rest of the world, schools in the private sector too were heavily struck by the effects and challenges brought by the pandemic.

II. Organizational Context:

The study was conducted at Dr. Yanga's Colleges, Inc. (DYCI), Wakas, Bocaue, Bulacan, Philippines, a private higher education institution.

As a family-owned school, DYCI continues to live out its founder's and foundress' aspiration, and that is to make DYCI a school for the marginalized; giving a fighting chance for the poor to afford private education, where no student will be neglected or left behind. This is translated through the school's positioning commitment:

“Magis Quam, Schola Familia!” or “More than a School, A Family!” --- an earnest call to ensure that all individuals, from students, personnel, and stakeholders are members of a loving Family.

With **Nurturance** as one of its major work values, DYCI emphasizes very strongly in ensuring our stakeholders, from our most important resources --- our employees, our students, and other stakeholders are well-taken care of. This is being facilitated consistently through the series of innovation the school implements. During the pandemic, the school realized its plan of ensuring that “No DYCIan will be left behind”, a call that is imprinted in the very values of the institution, to be more for others.

A home for more than ten thousand students (10,000) and over two hundred fifty (250) personnel, from its two main departments, Basic Education and College. For the last seventy-two years in the industry, DYCI has developed and continues to develop as a progressive educational institution, yearning to its value positioning of being “More than a School, A Family”.

During the pandemic, the school's heavy effort was placed to ensure the welfare of its employees. Different initiatives were implemented, and the school exhausted all creative means to support our employees; from the three (3) tranches of food packages, continued salaries despite the temporary closure of the school, rice subsidies, and most importantly, our call that no employee should lose their job. DYCI also exerted an effort as a private school to offer our facilities, and our campuses for the Government's vaccine roll out. Safety and Health Protocols were immediately crafted, policies on disease prevention, and flexible work arrangements were implemented. But despite all these measures, several employees still contracted the virus.

In the report of the Health Services Unit, for 2020, eight (8) employees tested positive. In 2021, forty-two (42) employees were reported to be COVID Positive or were advised to quarantine. In 2022, where cases already declined, the school still tallied eleven (11) cases. In all these cases, two (2) were reported to be hospitalized for more than a week.

Aside from COVID-19 cases, the Workplace Sickness and Accident Report generated by the Health Services Team tallied sixteen (16) people for minor accident cases for 2021, and sixty-three (63) minor accidents for 2022. Among common health concerns of employees are common flu-like symptoms, headaches, high blood pressure, and allergies. On the other hand, the Social Security Report for Sickness Applications, accounted for eighteen (18) employees for 2021, and fourteen (14) in 2022.

While it can be said that it is common to be tested positive during all those times, what the HRMD, the researcher and the collaborators reflected is that during all those times, employees were all afraid, and were anxious. Even people and officers in the administration, were anxious, thinking how we can further assist their needs, and how can the financial assistance being given to our employees be sufficient to cover up their medical expenses. In the accounts of the Finance Department, more than two hundred thousand worth of

assistance were extended to our employees, for COVID related initiatives.

In these series of conversations, the lead action researcher and collaborators even dealt with the common reasons for Cash Advance Applications at the Finance Office, where it was also identified that forty percent (40%) of these advances were for emergency medical needs. In one of our casual conversations, an employee mentioned that:

“Kailangan ko po kasing magpa-laboratory, kaso wala pa pong sweldo ‘kaya magadvance po muna ako”

(I don't have yet the salary to finance my medical laboratory needs, which is why I decided to apply for a cash advance)

Having observed the trend, and heard firsthand from our employees, the researcher and collaborators came up with identifying the issue at hand. It was then agreed that the real concern which the team want to address, to supplement and to support our employees is by helping them have social security at work, aside from the existing mandated social benefit, where they can access the medical services that they need, without being financially burdened, and it will be made possible by adding medical coverage for employees.

Thus, the main objective of this study, after thorough consultation and meetings with collaborators, is to improve the Health Benefit Package of employees of the institution, with the end goal of promoting workplace health and wellbeing.

The researcher serves as the Human Resource Management and Development (HRMD) Director of the institution. Reporting directly under the guidance of the Vice President for Administration, the HRMD Director is responsible for the overall direction and management of human resources, leading functional areas on recruitment, employee benefits and compensation, employee engagement, training and development, planning, implementation, monitoring, and evaluation of activities related to human resource development of the organization.

DYCI-HRMD's Concept of Quality Service Delivery:

DYCI HRMD believes in the dignity of the human person and in the concept that the human person is the center of development. It also affirms that the people in the institution, if given enough empowerment and with ample opportunities for professional productivity in an environment with social and corporate justice and continuous professional development, can be a contributing asset of the institution. This belief is grounded on culture, teachings and inner beliefs against corporate injustice, inequality, and adamant treatment for professional growth.

DYCI HRMD also believes in harmonizing the roles of the Mother Institution, the School and its Trustees where the Institution shall fulfill its role in creating enabling environments for social and professional development through appropriate policies, rules and regulations; and respect and protect the rights of its employees; policies that are fair, responsible and on a level playing field where the employees can effectively participate. The Institution shall fulfill its role as advocate and facilitating agent of professional development of its entire employees.

HRMD Vision:

HRMD envisions a just, impartial, and honorable office that adheres to confidentiality, and decisively promotes professionalism to DYCI personnel, serving competent and dedicated professionals who are empowered by continuous professional development through sets of policies, projects, programs, and initiatives recognizing the diversity of persons, promoting healthy work environment, and living-out the spirit of a DYCIan family.

HRMD Mission:

HRMD is a proactive human resource office committed to continuous development of DYCI personnel, facilitating professionalism and partners to engage qualified individuals for quality education and sustainable institutional management. Its declared mission is to:

- Provide manpower services to institutional quality education,
- Support enhancement of academic and non-academic personnel towards long-term dedicated service to the institution,
- Engage Institution's top management and middle management to quality policy development and implementation, and in building a culture of workforce excellence.
- Acts a facilitator, partner, advocate and implementer of professional improvement among personnel and where appropriate.

As the immediate facilitator that ensures the quality of life of our people in the workplace, it is not only our responsibility, but our life to always find innovative means to manage, support and develop our Human Resources.

III. Research Significance:

This Integrated Action Research provides substantial contribution to the following areas:

Employee Engagement and Retention

Through this study, the HRMD is afforded a chance to continuously enhance its initiatives in ensuring employees' health and wellbeing in the organization. This will be utilized as a strategy for effective retention. As known, it is a critical issue among companies, and the academe is not exempted in this challenge.

According to the International Labour Organization (ILO)'s article on Improving Workplace Health, on a personal level, the promotion of health in the workplace is found to be an evident contributor of an (1) improved work environment, (2) improved social participation, (3) promoting health to families and communities, and (4) personal development and self-determination.

On the perspective of organizations like DYCI, the promotion of workplace health through improvement in the employee benefits package will be a component to: (1) improved workplace productivity and performance, (2) a better and longer working relationship, a strength for retention, and (3) reduction of human

resource related causes to business operations.

Human Resource Industry: Employee and Employers Relationship

This research outlines the importance of employee health and wellbeing not only for the purposes of company's productivity, but it is founded foremost to the understanding that humans are the central of all organizational developments. This emphasizes further that the quality of life of our people, determines the very quality of our organizations.

Human Resource practitioners, and teams of people managers, may consider the stories shared through this learning paper, as pathways for action and reflection. The narrative that enabled the organization, collaborators, and the researcher to successfully implement change, is made evident through the effective course of collaboration.

The experiences shared in this journey, may be found as inspirations, and exhaustible information to aid other practitioners in implementing change in their organization. The lived experiences of our employees may also be considered as testimonies which in the long run will edify advocacies and campaigns for Workplace Health and Wellbeing promotion, not only in the academic community, but even to other industries.

IV. Research Problem and Its Manifestations

- *Increasing Cases of Health-Related Concerns*

As workplace health became a prominent concern in the organization, we make sure that all health-related concerns were reported at the Health Services Unit. According to their generated report for Health-related concerns of employees, (16) people for minor accident cases were reported for 2021, and sixty-three (63) minor accidents for 2022. Among common health concerns of employees are common flu-like symptoms, headaches, high blood pressure, and allergies.

On the other hand, the Social Security Report for Sickness Applications, accounted for eighteen (18) employees for 2021, and fourteen (14) in 2022.

- *Limited Health Coverage for Employee with Partner Hospital*

Dr. Yanga's Colleges, Inc. signed a Memorandum of Agreement with Dr. Yanga's Hospital (DYH), for added benefits for employees, which covers:

For Admitted Employee-Patients:

- Ten percent (10%) discount in Room Accommodation
- Discount only from School Physicians

For Out-Patient Employees:

- Ten percent (10%) discount on professional fee of School Physicians
- Thirty percent (30%) discount on professional fee of School Physicians for Senior Citizens

- If seen or treated by the resident on duty, they will only pay 50% of the Professional consultation fee
- Five (5%) discounts on laboratory procedure

While the coverage helps, it is experienced by employees, and supported by the Health Team, that the coverage is limited, and insufficient to assist employee health needs, especially for basic laboratory works, and even on hospitalization. Quoting one of the collaborators statement:

“Kapag na-confine wala na yung discount sa laboratory, limited siya kaya may mga employee tayo na sa public nalang, yung iba naman ‘di nalang nagpapatingin kasi ang isip ay gagastos sila ng mahal”

(If the employee is for confinement, the laboratory discount can no longer be availed, which shows how limited is our hospital benefits, making our employees to choose public hospital or even worst, to no longer seek for medical attention due to possible financial burden)

The agreement with the partner hospital has been implemented since the year 2019.

- *Increasing Number of Cash Advances and Loans for Health-Related Concerns*

On the accounts of the Finance Department and DYCIFEA, employee cash advances that are related to health ballooned to seventeen (17) employees in 2021, from the accounted four (4) in 2020. In the second quarter of 2022, nine (9) employees were reported. Excluded in this report are the advances applied for family-health concerns, and other emergencies, which are related to the families of employees.

Aside from cash advances, the HRMD also compiled a report on the number of employee loan applications from DYCI's financial partners. In the combined report for Farmer's Bank and Robinsons bank for 2020, seven (7) employees declared that they are applying for a loan to cover up self-health needs. In 2021, it increased to ten (10), to assist emergency health needs.

While the number is small compared to the total number of manpower, the researcher, and the collaborators, jointly agreed to include this as manifestation, given that these numbers are still lives and families. In both instances, the school also extends financial assistance to employees who were quarantined and hospitalized.

Accordingly, after series of meetings, Focus Group Discussions, and different levels of consultations, coursed through the facts, and manifestations, supported by evidence and reports from different levels of the organization; the researcher and collaborators agreed that **the issue at hand is the insufficiency of the employee health benefits package of Dr. Yanga's Colleges, Inc.**

The Research Problem seeks to improve the employee health coverage, to promote health and wellbeing through a value-driven management initiative.

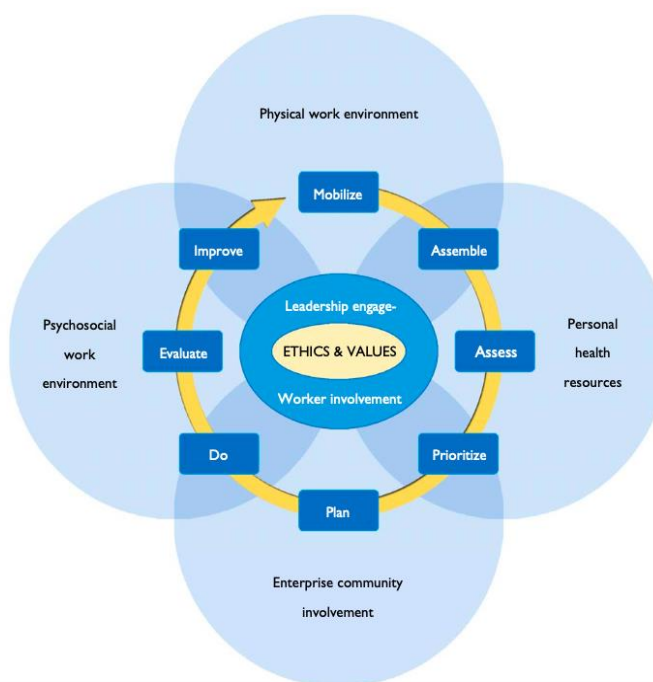
V. Conceptual Framework

World Health Organization's (WHO) Healthy Workplace Model

Workers' health, safety and well-being are vital concerns to hundreds of millions of manpower globally, World Health Organization (WHO) (2010). With this WHO crafted a comprehensive framework for the creation of successful, and sustainable employee health programs, at any industry, at any size.

The Health Workplace Model serves as a framework that outlines four (4) critical areas of concern, and eight (8) steps as to how to promote Workplace Health, and Safety for all. The model covers: Health, safety and wellbeing concerns in the Physical, Psychosocial work environment; Personal Health Resources, and Companies' Involvement to better families and communities.

Figure 1: WHO Health Workplace Model (2010)



Personal Health, as model, refers to are the health services,

resources, opportunities, flexibility and otherwise supportive environment that organizations provide for its workers to support or motivate their efforts to improve or maintain healthy personal, physical and mental health.

defined in the resources that information,

As to the researcher's application of the model, the lead writer evaluated the current set up of the institution, citing specific initiatives consistent to the critical areas cited. Accordingly, the action researcher identified that the current activities facilitated by the institution is anchored on the critical points shared in the above framework. Significantly, a review on the existing programs and initiatives was employed to measure up connectedness from the concepts shared in the framework, to wit:

Area 1: Physical Work Environment

In terms of ensuring the safety of our people, DYCI provided and converted physical work areas into conducive workstations which DOH-DOLE-OSH confirmed standard. Not only conforming with standard protocols and procedures, DYCI also infused its innovative stints through its technology-aided interventions to supplement and ensure employee's safety in the workplace.

The school was also one of the first establishments in the municipality which was given the Safety Seal during the surge of COVID, best demonstrating the school's commitment to safety workplace standards.

Area 2: Psychosocial Work Environment

As DYCI positions itself as a family for all, we ensured that the school continues to be a safe learning environment for all including all our people. As part of the school's continued commitment, the wellbeing programs implemented for students were also facilitated for employees. Through the collaboration of the HRMD, Health Services and Guidance Team, wellbeing programs were regular promoted and implemented. The regular conduct of Employee HOME (Hear Out My Everything) Time, which allows employees for informal and personal conversations, also strengthened the psychosocial wellbeing of our people. In the annual inspection of the Department of Labor and Employment, the School was also commended for its programs on Stress Management, Character and Values Formation and Employee Consultations.

Area 3: Personal Health Resources

The school is currently tied-up with its partner hospital which offers perks for employees. Aside from the existing partnership, all employees are also covered for Basic Life and Accident Insurance by Prudential Guarantee.

Area 4: Enterprise Community Involvement

For community involvement, the Department of Labor and Employment during its visit also sought for the programs of the institution that aids and supports the families of employees and other stakeholders. As part of DYCI's value-creation, the school continues to strengthen its partnership with various community stakeholders, from fellow schools, governments, non-government organizations among others, to help in providing pathways for improvements and innovations with the school's growing family for the community.

The benefits that employees also enjoy directly affecting their families, like the Scholarships and discounts for employees for their children, and grandchildren, rice subsidies, food packs and other interventions for employees were also commended by the DOLE.

With the specific sets of activities that the school engaged with regards to community immersion, the institution established its own external affairs unit that ensures fruitful and engagement partnership with community stakeholders like PARAYA (Pamayanan, Paaralan at Parokya), and by college engagements to external stakeholders edifies the school's responsive take to help the community.

The action research's goal is to improve the health benefit package of employees, and this model aids the

researcher in formulating interventions that are consistent to address the pressing issue at hand, with a focus to the weakest area assessed, which is Area 3: Personal Health Resources.

VI. Research Methodology and Methods of Inquiry

The research methodology to address the identified gaps is formed through an insider Action Research (AR). This will be the central framework and principle to be used for this authorship.

Action Research according to Reason and Brandbury (2008) is:

“a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview.” (Reason & Brandbury, cited in Coghlan and Brannick, 2014, p.5)

The researcher closely worked with collaborators, through different conducts of face-to-face engagements, such as meetings, huddle sessions, focus-group-discussion, and semi-structured interviews.

Throughout the Action Research cycle, the concept should focus on (1) research in action, rather than about action; (2) collaborative and participative to form solutions to the identified issue. Serving as means, and the end of a new development in the organization, possible outcomes of an initial study could lead to another cycle, and other cycle means, another exploration, and another learning.

The researcher also employed three-person inquiry; through ORJI, Ladder of Inference, Forcefield Analysis and Meta-learning.

The whole project presented two complete cycles, this “cycle” as defined by Coghlan & Brannick in 2014 (p.9), “there is a continuing spiral of steps, where action involves taking the first steps, and the fact-finding involves evaluating the first steps, seeing what was learned and creating the basis for correcting the next steps”?

Each cycle will be discussed thoroughly. Such a method is grounded in collaboratively identifying the issue in the organization, acting, solving, and learning from it.

VII. Stories and Outcomes: Research Discussion

With the collaborators, the two action cycles were completed to address the issue the insufficiency of the Health Benefits Package for our employees. The narration forms the context of the organization shares the focus of the action researcher and the collaborators.

It was in the afternoon of February 2022, when the researcher noticed from the usual generated reports for Attendance, Tardiness, Undertime (ATU) that several employees filed for sick leave. Having the concern about what might be happening, the researcher immediately asked our Health Services Team to provide the list of employees who were reported to be sick, or those that were advised to go home due to health reasons.

From here, different conversations, meetings as reflected in the earlier parts of the paper.

After the series of conversations held, the researcher and my collaborators shared that the first cycle should focus on improving the existing memorandum of agreement of the school and the partner hospital.

CYLE 1:

Planning Action in Cycle 1:

Planning action follows from exploration of the context and purpose of the project, and construction of the issue, and is consistent with them. (Brannick, 2014). After identifying the issue, the researcher shared about possible solutions and plans for the Cycle 1 interventions. In line with the framework models as discussed, improving the Health Benefits Package as the immediate issue.

With this, hereunder shares the planned intervention jointly agreed by the action researcher and collaborators.

Table 1: *Planned Intervention for Cycle 1*

Activities	Persons Involved	Duration
Meeting with Health Services Team and Collaborators	Action Researcher and Collaborators	Week 2 - February
Identification of the need for improvement of the Memorandum of Agreement: A Review of the existing agreement	Action Researcher and Collaborators	Week 3 - February
Meeting - Negotiation with the Partner Hospital	Action Researcher, Health Services Team and Finance	Week 1 - March
Finalization of the MOA	Action Researcher and Collaborators, and Legal Affairs	Week 2 - March
Signing of the Memorandum of Agreement	Action Researcher, Board of Directors, Health Services Team	Week 3 - March

Taking Action in Cycle 1:

As planned, a series of meetings were employed with the end goal of improving the existing memorandum of agreement with the partner hospital. We held the meeting with our Health Services Team on February 12, 2022 in order to understand through the reported numbers, how can the improvement be made.

Another meeting was held on 22 February 2022, together with the collaborators, to seek for their opinions, and considerations about the plan of improvement. During the meeting, an extensive review of the existing partnership was made, considering many factors involving the operations of the School and the Partner Hospital. We then agreed to endorse the matter to the attention of the School's Board of Directors.

The Top Management of the school supported the intention of the review and directed the researcher

and collaborators to facilitate a conversation with the partner hospital, to understand on what grounds and boundaries, an improvement can be possibly made.

March 2, 2022, the researcher, together with some collaborators initiated a meeting with the partner hospital. In here, the partner hospital agreed to also facilitate a counter review of the memorandum, to improve the benefits the employees.

On 14 March 2022, we received a call from the hospital for another set of conversation. As we discussed, the hospital positively took the request for an improvement in the existing coverage in the memorandum. Accordingly, they will add five (5%) percent discount on the existing coverages.

After this, collaborators and the researcher immediately called for the legal team to prepare the finalized MOA, for the hospital's review and approval.

23 March 2022, we received the approved MOA from the hospital. We endorsed the document to the Board of Directors for appropriate action. It was in 30 March 2022, when we received a copy of the improved agreement with the following coverage:

For Admitted Employee-Patients:

- Twenty percent (20%) discount in Room Accommodation
- Discount only from School Physicians

For Out-Patient Employees:

- Twenty percent (20%) discount on professional fee of School Physicians
- Thirty percent (30%) discount on professional fee of School Physicians for Senior Citizens
- If seen or treated by the resident on duty, they will only pay 50% of the Professional consultation fee.
- Ten percent (10%) discount on laboratory procedure

Evaluating Action in Cycle 1:

Accordingly, on the Cycle 1, we evaluated the agreed interventions taken, to ensure its impact to the current situation at hand. the researcher asked our collaborators about the improvement made on the existing memorandum on our evaluation meeting held last 06 May 2022.

The follow-up meeting was intended to also afford time for observation, and reports generation while the improvement was made. Accordingly, based on the report of the Health Services Team, only two (2) employees were reported by the hospital to avail of the discounts.

According to the ATU reporting, nine (9) employees filed for sick leave. On the weekly monitoring report from the Health Services Team, from April 1 to May 7, they advised twelve (12) employees to go home, due to health related concerns. From this number, they directed four (4) employees to seek medical consultation, with the partner hospital, only two (2) followed the indorsement, while the one (1) stayed at

home, and the other sought another hospital to attend on health needs.

In the evaluation meeting, our collaborator expressed the position of those they advised to visit the partner hospital:

“Naku, ayaw nila magpacheck at laboratory sa ospital kasi malaki pa rin daw ang gastos. Naimprove nga natin yung MOA kaso, maliit pa rin yung coverage”

“Employee(s) is still thinking of the financial burden, than taking medication. We improve the coverage of the MOA but it is still insufficient”

On the other hand, the Finance reiterated that the intervention made is the most possible means to offer as of that time. She shared however that the coverage is still limited.

Evaluating the intervention further, we asked if there were Cash Advances made relative to the health cases raised. The in-charged shared that three (3) employees filed for advances, stating personal health as immediate reason.

With these sequences, the intervention made is successful in terms of incrementally improving the coverage of the existing memorandum but unsuccessful with the position of lessening employee advances related to health and has not significantly impacted the security of employee related to financial constraints brought by health-related concerns.

The critical ability of genuine concern comes in. As **Nurturance** is the workplace driving value, the position of **being a family**, should be complemented with benefits that would enable our employees to afford health security. A second cycle is needed, to promote health security, and test it on worker-level experience.

CYLE 2:

Constructing Action – Cycle 2:

Accordingly, from Cycle 1, Collaborators and the researcher agreed that a refocus should be exhausted to bridge existing gaps. As the improvement in the existing MOA is still insufficient to address employees' needs for personal health security. Thus, the researcher reflected our action through ORJI:

Table 2: *ORJI Cycle*

ORJI	How the researcher perceived the situation
<u>Observation</u>	
What did the researcher observe?	- The coverage in the existing MOA improved, which turns the intervention to be successful, in terms of incrementally changing its stipulation.
Can the researcher describe it?	- The intervention did not cause any financial repercussion for the school, but we were able to improve the benefit coverage.
	- Still evident are advances that are related to personal health of employees.

Emotional Reaction

How did the researcher react? What feelings aroused with the researcher?

- The researcher was happy to change the existing coverage. However, the researcher and collaborators are still dissatisfied, given that the coverage is still perceived as insufficient.
- Disappointed to know that the relief, especially on our end, is still not achieved.

Judgment

What was the researcher's judgment about what happened? What thoughts or evaluations did the event trigger?

- There are critical areas which may be missing out and should be dealt deeper.
- The first intervention may help the employees but has exhibited very low engagement, however it fueled the researcher to seek for further investigation and add further collaborators to promote better insights generation.

Intervention

What did the researcher do about it? How did the researcher intervene?

- Another round of intervention, with the collaborators to improve the health benefits package.

From the perspective of people involved in the solution-generation, the changed has not significantly affected the psychological perspectives not only of employees but even the researcher and the collaborators.

The same emotional anxiety, whenever an employee would be hospitalized remained. The health security, perceived by both parties is clearly still not heavily affected by the first intervention.

Table 3: *Ladder of Inference*

Ladder of Inference	Researcher's perception of the situation
<i>The researcher takes ACTIONS based on my belief</i>	- The action we committed is insufficient
<i>The researcher adopts BELIEFS about the person and situation</i>	- Improving the MOA is the only thing organization can afford at that time;
<i>The researcher draws CONCLUSIONS</i>	- The HSU would express that the increments are still insufficient
<i>The researcher makes ASSUMPTIONS</i>	- They may express the insufficiency as a barrier to improving the health and wellbeing of employees
<i>The researcher adds MEANINGS</i>	- The Finance is having a hard time to decide and support especially if the pursuit would incur financial repercussions.
<i>The researcher selects DATA from what the researcher observes</i>	- This is a pressing concern, and we should not stop with what we employed
<i>The researcher OBSERVES data and experiences</i>	- The researcher's collaborators are clueless of the next step to take.

With these, the researcher visited the School President to also report. The researcher reported the current improvements made and discussed with him the observations in the current situation. Being a very active

leader, the President immediately called on a meeting, together with the Finance Department. On the said meeting, he outrightly showed support in improving the health package of employees and aided that the school will be doing its best to finance interventions that would help employees.

The President made strong convictions relating the initiative to the organization's mission of being *Magis Quam, Schola Familia*. He put emphasis that the initiative must be implemented as this would help the organization retain its talents, while securing effectively, stability especially during uncertain times.

In here, the researcher called for another series of dialogues with our collaborators. The researcher shared with the collaborators the position of the School President about the current issue. From there, we exchange ideas, with what other significant interventions may be employed.

In constructing for the second cycle, the action researcher anchored the action to inquire from Torbert's Framework on Four Parts of Speech.

As described by Coghlan and Brannick (2014), there are four parts of speech as useful to the action inquiry role, which are Framing, Advocating, Illustrating, and Inquiring. This was applied in one of the conversations held. After Cycle 1, the researcher and collaborators discussed like a family.

From here, the construct to act for action in Cycle 2, revealed the inclusion of health cards for employees.

Planning Action – Cycle 2:

After which, the researcher and collaborators outlined the series of activities that are needed to be accomplished, as reflected in the table below:

Table 4: *Planned Activity for Cycle 2*

Activities	Persons Involved	Duration
Scouting of Health Service Providers	Action Researcher and Health Services Team	Week 2 - May
Series of Proposal Meetings and negotiations with Health Service Providers	Action Researcher Health Services and Finance	Week 1 - June
Evaluation of Proposals and Recommendation to the Board of Directors	Action Researcher, Health Services Team and Finance	Week 1 - July
Consultation with Employees	Action Researcher Collaborators and Employees	Week 1 - August

Selection of Health Provider and Board Meeting	Action Researcher, Finance, Health Services and Board of Directors.	Week 2 - August
Finalization of Health Provider, and Employee List of enrollees	HRMD	Week 3 - August
Approval and effectivity of coverage for Employee	Board of Directors and Employees	Week 4 - August

Taking Action in Cycle 2:

Fueled with the desire to improve the health benefits package, the researcher and my collaborators facilitated joint efforts to ensure that all activities relative to the pursuit will be facilitated promptly, according to schedule.

Initially, more than two weeks of scouting, HRMD and HSU were able to scout for seven (7) different players, namely: Maxicare, Avega, InLife, CareHealth Plus, CocoLife, AXA and Intellicare.

On June 7, 2022, the team was able to conduct are first proposal meeting with the providers. A series of negotiations, tailoring to the needs of the organization was also executed. For the proposal meetings, Health Services Team, Finance and HR were tasked. The series of proposals were facilitated in varied dates of June 2022.

On July 8, 2022 the Action Researcher, HSU, and Finance started to conduct dialogues, for the proposal to be indorsed with the Board of Diretors of the School. In the process of doing the evaluations, an employee consultation was also facilitated. This is to ensure that all levels in school will be informed about the plan, and not only be informed, but will be engaged with the plan.

In the series of consultations, which was facilitated for three batches, the HRMD reiterated on the current employee benefits, and shared about as well the ongoing plan of adding health cards for employees. The employees, overwhelmingly expressed their support about the current pursuit, as our employees said, and the researcher quote:

“ayan, kailangan natin iyan, kasi talagang nakakatakot magkasakit ngayon, saka sobrang stressful, hindi lang sa katawan lalo na sa balsa, kaya sobrang makakatulong iyan”

(we need that (health card) because we know how hard it is to get sick lately, not only physically burdening but more financially).

“Hindi ko naman gustong magamit yan, pero matutuwa akong magkaroon ng ganyan kasi for peace of mind yan, lalo na kung may mga emergency health situations...”

(...definitely I would never want to use that, but I am happy for that (health card) gives peace of mind, especially for emergency health situations)

“Ang laki pa ng proposal ninyong coverage, mahal na mahal talaga tayo dito sa DYCI, kasi yung iba alam ko PHP. 100,000 lang, sa atin, PHP. 200,000 pa ang ginawa ninyo nakakatuwa naman”

(The coverage compared to others is way better. We have PHP. 200,000 for the coverage, the I'm very delighted)

After the series of consultations with the employees, we prepared the documents for the review and approval of our Board. As a family-owned entity, our Board of Directors called us to sit down, and share with them our own takes about the providers. They are very open and transparent to tell us, that to expedite the process of having the health cards included, the best possible way is through an immediate recommendation from the Team. The School President strongly urged the team to provide all possible details, especially in terms of finances. He emphasized the need to have a good and smooth relationship with the provider so that the services will be efficiently availed by our employees.

In the series of exchanges that had happen, the researcher and my immediate collaborators (HSU and Finance) aired our joint recommendation. We also facilitated a collaborative stint with our partner hospital to know the standing of these service providers, in terms of payments, and reimbursements on medical benefits.

On August 19, 2022, the most awaited realization came. We were blessed to finally signed the Agreement with our Health Service Provider (Insular Life – InLife). Immediately after this, we were flooded with messages from our employees. Thanking the school for this special benefit. The School President also shared his joy, as the health card as he mentioned is one of the first planned program of the school since 2010, yet was not realized for couple of years due to different reasons.

Officially on August 23, 2022 our employees were effectively covered. After this we took time to orient our Employee about the usage of the health Cards. The health Services Team facilitated the benefits orientation.

Evaluating Action in Cycle 2:

Like the first cycle, the researcher and my collaborators conducted an exchange about the second intervention employed. We observed the trend and sought for the reports from units involved.

During the first evaluation in October 2022, my collaborators shared that as of the time of reporting, no employee was reported to have not been covered by health service provider. As of the time of reporting, there were two employees of the institution who undergone minor surgery which were both covered by the health card.

The Health Services Team also reported to have an increase in number of employees who were requesting for a scheduled check-up with School Physicians and doctors from the hospital. Which, as interpreted by the Health Services Unit as a good indication of Health Awareness for employees.

On the side of the Finance, we again sought for their report on Cash Advances related to Personal Health, and they gladly shared the following data:

Table 5: Reports on Cash Advances

Report on Cash Advances Application related to Personal Health	
May 2022	2
June 2022	3
July 2022	1
August 2022	1
Intervention was made	
September 2022	0
October 2022	0
November 2022	0
December 2022	0

After the cards were released to the employees, the Finance Department shared that they have not received any Cash Advance Applications that are related to personal health. Additionally, on loan applications, the same office reiterated no more loan applications related to health, were reported.

A follow-up discussion was made last February 2, 2023, to see the effectiveness of the intervention on a longer span. As the project was implemented for the last six (6) months, the lead researcher and collaborators would want to know how the intervention supplemented and answer the current needs. Together with this, the HRMD also conducted the regular satisfaction survey, as another basis of evaluation.

The Health Services Team shared that from the months after the implementation of the project, an increase in health related inquiries from employees was observed. Accordingly, as quoted:

“...ngayon nga ang dami na nating mga inquiries from employees, kasi kaunting kibo ngayon basta may maramdaman sila, gusto nila magtungo sa partner hospital o kaya magpa-laboratory, kasi naging super conscious na nila ngayon...”

(... now we're receiving more health related inquires from the usual. Our employees are more aware, and are health conscious...)

Since September 2022, until the last evaluation on February 2023 no more cash advances related to health were reported by the Finance Office.

Lastly, in the survey conducted by the HRMD on employees' satisfaction, they raised high satisfaction with the inclusion of Health cards as part of the Employee Benefits, with the overall score of **4.76 over five, “Very Satisfactory”**, citing that the health cards have helped them afford self-health awareness and security.

Table 6: *Comparative Employee Satisfaction Results from 2017 to 2022.*

School Year	Average Rating	Descriptive Equivalent
2022 (September 2022)	4.76	Very Satisfactory (VS)
2021 (October 2021)	4.40	Very Satisfactory (VS)
2020 (September 2020)	4.39	Very Satisfactory (VS)
2019 (March 2019)	4.23	Very Satisfactory (VS)
2018 (March 2018)	4.33	Very Satisfactory (VS)
2017 (March 2017)	4.38	Very Satisfactory (VS)
Grand Mean	4.42	Very Satisfactory (VS)

Shown in the above table is the historical ratings of Employee Satisfaction Survey (ESS) in the institution. An increase of .36 points was tallied for the last survey.

It is observed that the increase in the rating as dissected from the survey instrument that Compensation and Rewards and Recognitions, among other factors tallied to receive the biggest improvement with .80-point increase compared to the last ESS conducted in 2021, as reflected hereunder:

Table 7: *Year 2021 and 2022 Comparative Results on Employee Satisfaction*

Comparative per Factor	YEAR 2021		YEAR 2022	
WORK FACTORS	AVE	Descriptive Equivalent	AVE	Descriptive Equivalent
Work Condition (WC)	4.75	Very Satisfactory (VS)	4.87	Very Satisfactory (VS)
Work Assignment (WA)	4.35	Very Satisfactory (VS)	4.67	Very Satisfactory (VS)
Relationships (R)	4.50	Very Satisfactory (VS)	4.86	Very Satisfactory (VS)
Compensation (C)	4.15	Very Satisfactory (VS)	4.95	Very Satisfactory (VS)
Rewards/Recognitions (R/R)	4.30	Very Satisfactory (VS)	4.88	Very Satisfactory (VS)
Responsibility/Accountability (R/A)	4.40	Very Satisfactory (VS)	4.7	Very Satisfactory (VS)
Career Path (CP)	4.25	Very Satisfactory (VS)	4.66	Very Satisfactory (VS)
Decision-Making (DM)	4.50	Very Satisfactory (VS)	4.52	Very Satisfactory (VS)
GRAND MEAN	4.40	Very Satisfactory (VS)	4.76	Very Satisfactory (VS)

Comparatively, from the survey results of the employees, it was compensation, especially the inclusion of health cards, the improved health benefits, and coverage of employees, topped the reasons for the said satisfaction.

VIII. Extrapolation to a Broader Context and Conclusions:

In the entire project enabled the action researcher as a leader to be more critical, relational, and intentional in bring change in the organization. Thus, the researcher would love to share that in the process of reflection all throughout this academic endeavor. The researcher was able to craft a framework which emphasizes on the importance of Employee Health and Wellbeing from a top to bottom perspective.

Figure 2: Value-driven Framework on Employee Health and Wellbeing



A value-driven framework that centers DYCI's core values and reflective leadership can be a powerful foundation for effective change management in an organization. This framework is rooted in the idea that a strong alignment between organizational values and leadership behaviors can create an environment where change is not only accepted but embraced by employees.

Shared in this action research, the organization's leadership also served significantly, becoming the lead driver that lives out the organization's values.

The action research revealed that change in the organization is most potent with the support of the management. The leaders' traits are vital considerations in ensuring that change will happen in the organization.

When change initiatives are aligned with the company's core values, employees are more likely to see the changes as a natural progression of the organization's identity and mission. This alignment creates a sense of purpose and clarity in the change process, which creates shared value within the organization.

When shared values is created, stability and a sense of continuity are ensured. Employees are at ease that certain foundational beliefs remain unchanged within the institution, guiding the company and its people into a sustained and collaborative effort to maintain change. This enables organizations to reinforce or reemphasize core values help in the continuous development and strengthening of the organizational culture. This reinforces the importance of these values in day-to-day operations.

The study edifies and support claims how organizational core values play vital in implementing change in the organization, as studied by Cameron, K. S., & Quinn, R. E. (2011), providing insights as to how core values

influence organizational culture and how they can be leveraged to drive meaningful change. It even showed the critical link of healthy workplace practices to employee wellbeing and organizational improvements, as shared by Grawitch, M.J. et al. in 2006.

As a conclusion, it was made evidently in the study that the best retention strategies companies my exhaust are rooted from its very core, in the case of Dr. Yanga's Colleges, Inc., *Magis Quam Schola Familia*, is not just a positioning statement, but a niche --- a niche that best celebrates life, and best puts people at the center.

IX. References:

Coghlan, D. and Brannick, T. (2014). *Doing Action Research In Your Own Organization* (4th ed.), London, Sage Publications, 2014, 177 pp. ISBN 978-1-4462-7257-2 (pbk)

Health Enhancement Research Organization (2015). *Exploring the Value Proposition for Workplace Health: Business Leader Attitudes about the Role of Health as a Driver of Productivity and Performance*. Retrieved from: https://hero-health.org/wp-content/uploads/2015/02/HPP-Business-Leader-Survey-Full-Report_FINAL.pdf

World Health Organization (2010). *Global Recommendations on Physical Activity for Health*. Retrieved from: <https://www.who.int/publications/i/item/9789241599979>

World Health Organization (2010). *Healthy Workplaces: A Model for Action*. Retrieved from: <https://www.who.int/publications/i/item/9789241599313>

International Labour Organization (n.d.). *The Decent Work Agenda*. Retrieved from: <https://www.ilo.org/asia/decentwork/lang--en/index.htm>

International Labour Organization (2003). *Joint ILO/WHO Committee on Occupational Health – Report*. Retrieved from: <https://www.ilo.org/asia/decentwork/lang--en/index.htm>

Yeung, O. and Johnston, K. (2015). *Improving Workplace Wellness in Asia: A Business Case, Approaches and Successful Practices*. Retrieved from: <https://www.adb.org/sites/default/files/institutional-document/633886/adou2020bp-improving-workplace-wellness-asia.pdf>

Asian Development Bank (2020). ADB Outlook 2020. *Update on Wellness in Worrying Times*. Retrieved from: <https://www.adb.org/sites/default/files/publication/635666/ado2020-update-highlights.pdf>

Katigbak, T. (2022). Philstar Global. *Introspective: Work and wellbeing*. Retrieved from:

<https://www.philstar.com/business/2022/08/16/2202847/work-and-well-being>

Cameron, K.S., and Quinn, R. E. (2011). Diagnosing and Changing Organizational Culture: Based on the Competing Values Framework (3rd ed.). San Francisco: Jossey-Bass. Retrieved from: <http://dx.doi.org/10.4337/9781800888951>

Grawitch, M. et. Al. (2006). The Path to a Healthy Workplace: A Critical Review Linking Healthy Workplace Practices, Employee Well-being and Organizational Improvements. Retrieved from: DOI: 10.1037/1065-9293.58.3.129