



Role of inter-institutional partnerships in promoting holistic employee wellness programs: A convergent mixed-methods study across three public universities in Metro Manila, Philippines

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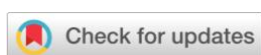
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ABSTRACT

Background: Employee wellness has become an increasingly essential concern in higher education; yet, many public universities continue to struggle with implementing comprehensive and sustainable wellness initiatives. Inter-institutional partnerships offer opportunities to strengthen these efforts through shared resources and coordinated programming.

Objectives: This study examined how such partnerships support the development of holistic employee wellness programs across three public universities in Metro Manila.

Methods: Using a convergent mixed-methods design, quantitative data were collected from 150 employees through an 18-item validated survey and analyzed using descriptive statistics and chi-square tests to assess institutional differences in awareness, participation, and perceived effectiveness. Qualitative data from six key informants were analyzed using grounded theory techniques to identify themes related to institutional practices and collaborative mechanisms.

Results: Findings indicated significant variations among institutions in employee awareness, participation levels, and perceptions of program effectiveness. Despite the availability of wellness initiatives, participation remained limited, mainly due to workload demands, time constraints, and scheduling challenges. Qualitative themes highlighted four central factors influencing the implementation of wellness: institutional support, holistic wellness orientation, program personalization, and persistent participation barriers. These themes helped explain why engagement levels differed among institutions.

Conclusions: Overall, inter-institutional collaboration contributes positively to wellness program development, but its impact depends on strong institutional support, program relevance, and clear communication. Enhancing coordination and tailoring activities to employee needs may improve future wellness outcomes.

Keywords: employee wellness, higher education, institutional collaboration, mixed-methods, workplace health promotion.

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INTRODUCTION

Employee wellness has become a strategic priority in modern organizations, including those in the higher education sector. Universities are now faced with the demand to ensure the physical, mental, social, and emotional health of their employees, along with the increasing risks of work fatigue, stress, and post-pandemic wellness instability. However, in practice, many public universities—especially in developing countries—face challenges in providing comprehensive and sustainable wellness programs due to limited resources, a lack of experts, and low employee participation rates. This condition is also evident in public universities in Metro Manila, where the implementation of wellness programs is still sectoral and not institutionally integrated, thereby reducing their impact on employee welfare.

The urgency of this research is even stronger because various studies confirm that investing in wellness programs has a significant impact on productivity, job satisfaction, and organizational performance. For example, [Earnest & Church \(2020\)](#) demonstrate that well-designed workplace wellness programs can reduce the risk of illness, enhance mental well-being, and lower institutional healthcare costs. In addition, the [WHO \(2022\)](#) reports that institutions with strong wellness support can improve employee retention and foster a healthier, more collaborative work culture. However, the implementation of wellness in higher education is often hampered by a lack of cross-institutional collaboration that would enable the sharing of resources, experts, and program innovations.

Recent international research confirms the importance of collaboration as a key strategy in strengthening wellness programs in educational settings. A study by [Alturaysi \(2024\)](#) in Sweden found that inter-unit partnerships and leadership support increase the effectiveness of workplace health programs. Meanwhile, Garstka et al. (2014) emphasize that cross-institutional collaboration increases institutional trust and expands the scope of health services at universities. In the context of workplace wellness, [Wojcik et al. \(2022\)](#) report that external involvement—particularly from government and health agencies—can reduce barriers to participation and improve program accessibility. Additionally, [Linnan et al. \(2019\)](#) emphasize that institutions that partner with other organizations tend to have more comprehensive wellness programs tailored to the needs of their employees.

However, despite international evidence showing the significant benefits of collaboration, research on inter-institutional partnerships for employee wellness programs in Philippine universities is still very limited. Previous studies have focused more on student health or mental health issues without exploring the mechanisms of collaboration between universities, government, and external organizations ([Locke et al., 2012](#); [Richter Sundberg et al., 2024](#)). There have been few studies examining how institutional partnerships can help overcome capacity constraints, increase employee participation, and improve the sustainability of wellness programs. Thus, a clear research gap exists regarding the contribution of cross-institutional partnerships to the design, implementation, and effectiveness of employee wellness programs at public universities.

This study aims to fill the gap by systematically analyzing the role of cross-institutional collaboration in developing holistic and sustainable wellness programs at three public universities in Metro Manila. The novelty of this research lies in the use of a convergent mixed-methods design that combines quantitative analysis of employee participation levels with qualitative exploration of institutional

collaboration practices. This approach has not been widely used in university wellness research in Southeast Asia, thus providing methodological and substantive contributions to the study of occupational health policies in higher education.

The objectives of this study are (1) to identify the level of awareness and involvement of employees in wellness programs at three public universities; (2) to analyze how inter-institutional partnerships support or hinder program implementation; and (3) to develop a conceptual model for optimizing wellness through institutional collaboration. Theoretically, this study contributes to the development of literature on inter-organizational collaboration and occupational health in the education sector. Practically, the findings of this study are expected to inform decision-making by university leaders, policymakers, and partner institutions in designing more responsive, inclusive, and sustainable wellness programs, thereby strengthening institutional resilience and employee well-being in the long term.

METHODS

Study Design and Participants

This study employed a convergent parallel mixed-methods design, integrating quantitative and qualitative data to obtain a comprehensive understanding of employee wellness program engagement in three public universities in Metro Manila. The design allowed simultaneous collection and independent analysis of quantitative survey data and qualitative interview data before merging results during interpretation.

The study involved teaching and non-teaching personnel from three public universities, referred to as University A, University B, and University C. Participants were eligible if they were full-time employees with at least one year of service. Contractual staff and employees on extended leave were excluded. Recruitment was conducted through purposive sampling with assistance from institutional HR offices using email invitations and reminders.

A total of 150 valid survey responses were collected from 200 distributed questionnaires, yielding a 75% response rate. The distribution was as follows: University A (n = 60), University B (n = 45), and University C (n = 45). For the qualitative component, six key informants from wellness or HR units participated in semi-structured interviews. Their selection was based on their direct involvement in the planning, implementation, or evaluation of employee wellness programs within their respective institutions.

Ethical approval statement

The research adhered to ethical principles of voluntary participation, confidentiality, and informed consent. All participants were fully informed of the study's objectives, procedures, potential risks, and their right to withdraw at any time without penalty. Written informed consent was obtained prior to data collection.

Personal identifiers were removed from all survey and interview data and replaced with coded labels to maintain anonymity. Interview sessions were conducted privately and recorded only with participant permission. Audio files were stored securely and deleted following transcription.

Ethical approval was granted by the Institutional Review Board (IRB) of the lead university prior to the commencement of data collection. All procedures complied with national and institutional guidelines for research involving human participants.

Research Instruments

Quantitative data in this study were collected using an 18-item structured survey instrument developed from key literature on employee wellness engagement. The instrument assessed four core domains of wellness—physical, mental–emotional, social, and financial well-being—representing the multidimensional nature of workplace wellness. Each item was rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), allowing respondents to indicate the extent to which statements reflected their experiences. To ensure the instrument's validity, three experts in human resource development and workplace wellness reviewed the items for clarity, relevance, and alignment with the study's objectives. Reliability testing further confirmed that the survey demonstrated strong internal consistency across all domains, with Cronbach's alpha coefficients of .84 for physical wellness, .86 for mental–emotional wellness, .81 for social wellness, .79 for financial wellness, and an overall coefficient of .87.

For the qualitative component, data were generated through semi-structured interviews designed to complement and deepen the quantitative findings. The interview guide focused on key areas such as collaborative mechanisms between institutions, the perceived effectiveness of external partnerships, barriers affecting employee participation, and institutional practices shaping the design and delivery of wellness programs. Sample questions included, "How does your institution collaborate with external partners for wellness initiatives?" and "What challenges do employees face when participating in wellness programs?" Interviews were conducted in a private setting, audio-recorded with participant consent, and later transcribed verbatim. To protect confidentiality, all transcripts were anonymized prior to analysis.

Data Analysis

Quantitative data were analyzed using SPSS Version 28. The analysis began with descriptive statistics, including frequencies and percentages, to summarize the demographic characteristics of respondents such as age, sex, employment status, and departmental affiliation. Descriptive statistics were also used to present levels of awareness, participation, and perceived effectiveness of employee wellness programs across the three universities.

To determine whether there were statistically significant differences among the institutions in terms of demographic distribution, program awareness, participation levels, and perceived effectiveness, chi-square tests of independence were applied. The chi-square results for each variable are presented in the corresponding tables in the results section, reflecting whether institutional differences were significant at the $p < .05$ level. Effect size for chi-square analyses was reported using Cramer's V to indicate the practical significance of the observed associations.

For the qualitative component, interview transcripts were analyzed using NVivo 12 following a grounded theory approach. The analysis involved three phases: open coding to identify initial concepts, axial coding to explore relationships among categories, and selective coding to integrate categories into broader themes. Two independent coders reviewed all transcripts, reaching an inter-coder reliability of 82%, indicating strong agreement. The themes generated from qualitative analysis support and enrich the quantitative findings presented in this study.

RESULTS

1. Demographic Profile of Respondents

The demographic characteristics of the respondents from the three public universities are summarized in Table 1. The age distribution of respondents across the three universities reveals that the most significant proportion of employees falls within the “51 years and above” category, comprising 29.33% (n = 44) of the total sample. This trend is particularly evident in University C, where 38% of respondents fall into this age group, compared with 32% in University B and 18% in University A. The younger age groups (26–30 and 36–40 years old) each represent 13.33% of the total sample, while the remaining age brackets (31–35, 41–45, and 46–50 years old) each account for 14.67%. These patterns indicate that the workforce across the three universities is generally mature and experienced.

Table 1. Respondents Profile in Terms of Age

Age	University A		University B		University C		Overall	
	f	%	f	%	f	%	f	%
26-30	3	6.00	8	16.00	9	18.00	20	13.33
31-35	12	24.00	4	8.00	6	12.00	22	14.67
36-40	12	24.00	5	10.00	3	6.00	20	13.33
41-45	9	18.00	6	12.00	7	14.00	22	14.67
46-50	5	10.00	11	22.00	6	12.00	22	14.67
51 and above	9	18.00	16	32.00	19	38.00	44	29.33
Total	50	100.00	50	100.00	50	100.00	150	100.00

Note.; f = frequency; % = percentage.

Table 2. Respondents Profile in Terms of Sex

Gender	University A		University B		University C		Overall	
	f	%	f	%	f	%	f	%
Male	22	44.00	15	30.00	33	66.00	70	46.67
Female	28	56.00	35	70.00	17	34.00	80	53.33
Total	50	100.00	50	100.00	50	100.00	150	100.00

Note.; f = frequency; % = percentage.

In terms of gender (Table 2), the distribution is relatively balanced, with a slightly higher proportion of female employees (53.33%) than male employees (46.67%). However, institutional differences are notable: University B shows a female-dominated workforce (70%), University C also has more female respondents (34 out of 50; 68%), and University A, meanwhile, shows a more balanced distribution (56% female vs. 44% male). These differences may reflect varying institutional hiring patterns or departmental compositions, which could shape perspectives on wellness needs, participation, and accessibility.

Table 3. Respondents Profile in Terms of Employment Status

Employment Status	University A		University B		University C		Overall	
	f	%	f	%	f	%	f	%
Full Time	31	62.00	15	30.00	31	62.00	77	51.33
Part Time	1	2.00	13	26.00	0	0.00	14	9.33
Contractual	18	36.00	22	44.00	19	38.00	59	39.33
Total	50	100.00	50	100.00	50	100.00	150	100.00

Note. f = frequency; % = percentage.

In terms of employment status (Table 3), the majority of respondents were permanent employees (51.33%) and contract employees (39.33%), while part-time employees were relatively few (9.33%). This reflects a stable workforce. The

departmental distribution (Table 4) reveals a variety of job functions, with the largest concentrations in VP Academic (27.33%) and HRDO (18.67%). Regarding the length of service (Table 5), most respondents (58%) had worked for more than 11 years, indicating that the research population is dominated by experienced employees who are likely familiar with institutional wellness policies.

Table 4. Respondents Profile in Terms of Department

Department	University A		University B		University C		Overall	
	f	%	f	%	f	%	f	%
HRDO	14	28.00	8	16.00	6	12.00	28	18.67
Dean's Office	3	6.00	5	10.00	1	2.00	9	6.00
Pres. Office	0	0.00	0	0.00	3	6.00	3	2.00
VP Acad	15	30.00	18	36.00	8	16.00	41	27.33
Registrar	3	6.00	16	32.00	3	6.00	22	14.67
GSO/UFMO	15	30.00	3	6.00	0	0.00	18	12.00
Budget Office	0	0.00	0	0.00	5	10.00	5	3.33
ICT Office	0	0.00	0	0.00	24	48.00	24	16.00

Note. *f* = frequency; % = percentage.

Table 5. Respondents Profile in Terms of Length of Service

Length of Service	University A		University B		University C		Overall	
	f	%	f	%	f	%	f	%
1 to 5 years	12	24.0	5	10.0	20	40.0	37	24.67
6 to 10	16	32.0	1	2.0	9	18.0	26	17.33
11 and above	22	44.0	44	88.0	21	42.0	87	58.00
Total	50	100.00	50	100.00	50	100.00	150	100.00

Note. *f* = frequency; % = percentage.

2. Awareness of Employee Wellness Programs

Levels of awareness and participation in wellness programs varied considerably across the three universities, as presented in Table 6. Respondents from University A demonstrated the highest level of understanding, with 100% indicating that they were aware of the wellness programs. In contrast, only 26% of employees from University Band 48% from University C reported being aware, suggesting substantial disparities in how information about wellness initiatives is communicated within each institution. A similar pattern is observed in program participation rates: 92% of University A respondents reported participating in wellness programs, compared with 34% in University B and 48% in University C. These findings suggest that UMAK has stronger program dissemination and engagement mechanisms. In contrast, PLMAR exhibits notably low awareness and participation, highlighting potential gaps in outreach or institutional support for wellness initiatives.

Table 6. Awareness and Participation in Wellness Programs by University

Statement	Response	University A		University B		University C		Overall	
		f	%	f	%	f	%	f	%
Are you aware of the wellness programs?	Yes	50	100.00	13	26.00	24	48.0	87	58.00
	No	0	0.00	37	74.00	26	52.0	63	42.00
Have you participated in any wellness programs?	Yes	46	92.00	17	34.0	24	48.0	87	58.00
	No	4	8.00	33	66.0	26	52.0	63	42.00

Note. *f* = frequency; % = percentage.

3. Employee Participation in Wellness Programs

Participation levels varied across the three universities, as summarized in [Table 7](#). University A showed the highest proportion of employees who regularly participated in wellness programs (52%), suggesting strong institutional engagement and well-established program implementation. In contrast, University C and University B reported higher proportions of employees who rarely participated, at 58% and 42% respectively, indicating lower or inconsistent engagement levels. At the overall level, employee participation revealed a polarized pattern, with “Regularly” and “Rarely” both accounting for 38.67% of the total responses, while occasional participation remained relatively low (22.67%). These variations suggest that although wellness programs are available, accessibility, program visibility, or workplace culture may differ across institutions, which in turn influences how frequently employees engage in wellness initiatives.

Table 7. Frequency of Participation in Wellness Programs by University

Frequency	University A		University B		University C		Overall	
	f	%	f	%	f	%	f	%
Regularly	26	52.00	23	46.00	9	18.00	58	38.67
Occasionally	16	32.00	6	12.00	12	24.00	34	22.67
Rarely	8	16.00	21	42.00	29	58.00	58	38.67
Total	50	100.00	50	100.00	50	100.00	150	100.00

Note. f = frequency; % = percentage.

4. Perceived Program Effectiveness

The results in [Table 8](#) show that respondents generally gave positive assessments of the effectiveness of the wellness programs organized by the three universities. Overall, the five effectiveness indicators received mean scores between 3.17 and 3.37, which fall into the “Agree” (A) or “Strongly Agree” (SA) category. This indicates that the wellness program is considered capable of meeting the physical, mental, and work-life balance needs of employees.

When viewed by institution, University A consistently showed the highest mean scores on all items (3.66–3.78, all “SA”), indicating that employees at that institution felt the benefits of the wellness program more strongly. Meanwhile, University B has the lowest mean value (around 2.64–2.76, “Agree” category), indicating that the program’s effectiveness is perceived as less than optimal at this institution. University C is in the middle with a mean value of around 3.22–3.42 (‘Agree’ to ‘Strongly Agree’).

The Composite Mean score of 3.27 (SA) confirms that, overall, the wellness program is perceived as effective, although there are variations in the level of effectiveness between universities.

5. Barriers to Employee Participation

[Table 9](#) presents the barriers that hinder employee participation in workplace wellness programs across the three universities. The most frequently reported obstacles were a lack of time (52%) and scheduling difficulties (56%), indicating that workload demands and conflicting schedules are the primary challenges affecting employee engagement. University A showed the highest proportion of respondents reporting time-related constraints, while University C recorded the highest incidence of scheduling issues. Less frequently cited barriers included lack of interest (8%) and a mismatch between program content and employee needs (2.67%), although these still highlight significant concerns regarding program relevance and employee

motivation. Overall, the results suggest that structural and contextual constraints remain the dominant factors limiting participation across institutions.

Table 8. Employee Perceptions of the Effectiveness of Wellness Programs in Addressing Physical, Mental, and Work-Life Balance Needs

Statement	University A			University B			University C			Overall	
	WM	SD	VI	WM	SD	VI	WM	SD	VI	Mean	VI
The wellness programs meet my physical health needs.	3.66	0.59	SA	2.64	1.19	A	3.22	0.71	A	3.17	A
The programs provide adequate mental health support.	3.66	0.63	SA	2.70	1.20	A	3.26	0.78	SA	3.21	SA
I feel more productive after participating in wellness activities.	3.76	0.56	SA	2.72	1.25	A	3.38	0.60	SA	3.29	SA
The wellness programs contribute to a positive work-life balance.	3.78	0.55	SA	2.74	1.31	A	3.58	0.50	SA	3.37	SA
There is sufficient variety in the programs offered.	3.74	0.56	SA	2.76	1.19	A	3.42	0.64	SA	3.31	SA
Composite Mean	3.72	0.52	SA	2.71	1.18	A	3.37	0.49	SA	3.27	SA

Note. *f* = frequency; % = percentage; *WM* = weighted mean; *SD* = standard deviation; *VI* = verbal interpretation; *SA* = Strongly Agree; *A* = Agree.

Table 9. Identified Barriers to Employee Participation in Workplace Wellness Programs

Barriers	University A		University B		University C		Overall	
	(n = 50)		(n = 50)		(n = 50)		(n = 150)	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Lack of Time	36	72	16	32	26	52	78	52.00
Lack of Interest	3	6	6	12	3	6	12	8.00
Programs are not related to my needs	1	2	3	6	0	0	4	2.67
Scheduling	32	64	19	38	33	66	84	56.00
Others	4	8	12	24	0	0	16	10.67

Note. *f* = frequency; % = percentage.

6. Qualitative Themes

Qualitative analysis using grounded theory revealed four overarching themes that explain how institutional dynamics shape employee engagement with wellness programs. The theme of institutional support highlighted the importance of leadership involvement, availability of resources, and administrative encouragement in influencing participation. Respondents emphasized that programs are more

effective when supported by proactive HR units and committed organizational leadership.

The second theme, holistic approach to wellness, illustrated the need for multidimensional initiatives that address physical, mental, social, and even financial well-being. Participants expressed that wellness programs must expand beyond physical activities and include psychological and emotional support mechanisms.

The theme of personalization emphasized employees' desire for programs tailored to their unique needs, schedules, and preferences. Respondents noted that one-size-fits-all initiatives often fail to engage diverse employee groups. Finally, the theme of barriers to participation revealed challenges such as heavy workload, lack of time, scheduling conflicts, and limited communication. These barriers further explain the quantitative findings on lower participation rates in some institutions.

DISCUSSION

The findings of this study highlight the central role of inter-institutional partnerships in strengthening workplace wellness initiatives across three public universities in Metro Manila. The quantitative results showed that employee profiles varied across institutions, yet levels of awareness and participation in wellness programs remained generally modest. This pattern aligns with previous research indicating that awareness alone does not guarantee participation, especially when employees perceive structural or personal constraints that limit their engagement (Grawitch et al., 2007; Parks & Steelman, 2008). The high prevalence of reported barriers—particularly a lack of time and scheduling conflicts—further supports this interpretation, echoing studies that show workload and time pressure are the most common deterrents to employee involvement in organizational wellness activities (Wolfe, 2025).

Qualitative findings reinforced and contextualized the quantitative trends by revealing four major themes: institutional support, holistic wellness orientation, personalization of initiatives, and barriers to participation. The emphasis on leadership involvement and resource support reflects the broader literature, which asserts that top-down endorsement significantly influences the success of organizational health promotion (Hauff, Felfe, & Klug, 2019; Yadav, Pandita, & Singh, 2022). Similarly, the preference for a multidimensional wellness approach is consistent with contemporary models that argue for integrating physical, psychological, and social well-being to enhance program relevance and effectiveness (Serrano-Martinez, 2020). The need for personalization, as articulated by participants, aligns with findings from adaptive wellness frameworks, which suggest that interventions tailored to employee characteristics demonstrate higher engagement and sustained outcomes (Korrapati, 2023).

The comparison with previous studies reveals both convergence and divergence. For example, while prior research often reports positive participation trends when partnerships exist between institutions or external agencies (Thomas, 2022), the current study found that partnerships alone were insufficient to ensure strong participation unless supported by flexible scheduling and consistent communication. This suggests that contextual workplace realities—such as complex administrative structures in universities—may moderate the benefits of collaborative wellness arrangements. Furthermore, although the literature commonly highlights the effectiveness of employee wellness programs in improving morale and productivity

(Ganu et al., 2017; Gubler et al., 2018), the relatively moderate perceived effectiveness scores in this study imply that employees may not fully experience or recognize the benefits of existing initiatives, possibly due to variability in implementation or limited program visibility.

These findings underscore several important implications. Institutions should prioritize robust communication strategies and program visibility to reduce informational barriers. More importantly, wellness initiatives should incorporate flexible formats—such as hybrid or asynchronous participation—to accommodate employees facing workload constraints. Strengthening collaboration among partner universities can further expand resource sharing and diversify program offerings. From a broader policy perspective, these results emphasize the value of institutionalizing wellness within human resource systems to ensure continuity, accountability, and equitable access.

Limitations of the study

This study, however, has its limitations. The reliance on self-reported data may introduce response bias, particularly in assessments of participation and perceived effectiveness. The sample was also limited to three public universities, which restricts generalizability to private institutions or non-academic organizations. Additionally, qualitative data were collected from a relatively small number of participants, which may not fully capture the diversity of experiences within each institution. Future research should consider longitudinal designs, experimental interventions, and broader multi-sector samples to deepen the understanding of how partnerships shape wellness outcomes.

CONCLUSIONS

The findings of this study highlight notable variations in employee awareness, participation, and perceived effectiveness of workplace wellness programs across the three public universities. While overall awareness and engagement levels indicate that wellness initiatives are present and generally valued, disparities across institutions reveal unequal dissemination of information and inconsistent program implementation. Participation gaps appear closely linked to structural constraints, particularly lack of time and scheduling conflicts, which emerged as the most frequently reported barriers. Despite these challenges, respondents perceived the programs as beneficial in supporting their physical health, mental well-being, productivity, and work-life balance, indicating that wellness initiatives hold substantial potential when delivered effectively. These outcomes underscore the need for more coordinated communication strategies, flexible scheduling, and program designs that better align with employee needs. Strengthening institutional commitment and ensuring equitable access can enhance employee engagement and optimize the impact of wellness programs in higher education settings.

DATA AVAILABILITY

The data supporting the results of this study were gathered through field-based observations and have been recorded by the researcher. Although the dataset is not openly accessible, it can be shared by the corresponding author upon reasonable and well-justified request.

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CONFLICT OF INTEREST

The authors affirm that they have no conflicts of interest that could influence the conduct, interpretation, or publication of this research.

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