ORIGINAL ARTICLE

Factors Associated with Subjective Well-being of Older Employees in the Academe: A Cross-sectional Study

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ABSTRACT

Background and Objective. Considering the vital roles of the aging workforce in the Philippine development as well as the unavailability of health data, there is a need to address gaps in the current state of employment and their quality of life, which may likewise improve their performance. This study aimed to assess the relationship of individual and workplace factors with the subjective well-being (SWB) of older employees in the academe in line with the University of the Philippines Wellness Initiatives for Seniors and Elders (UPWISE) Program.

Methods. The 69 randomly selected respondents were employees ages 50 years and above as of June 30, 2020, representing the faculty, administrative staff, including the research extension and professional staff (REPS) of the leading university in the Philippines. SWB was measured through the WHO-5, and its association with the identified individual and workplace factors was tested through Fisher's exact test. The resulting *p*-values were tested at a five percent level of significance.

Results. Almost ninety percent of the respondents had better SWB. When tested at a five percent level of significance, the SWB had no significant associations with 1) individual factors: perceived health condition (*p*-value = 0.34); diagnosed health condition (*p*-value = 0.97); individuals as care recipients (*p*-value = 0.85); as well as 2) workplace factors: new knowledge and skills (*p*-value = 0.37); overall growth and development (*p*-value = 0.11); value of work (*p*-value = 0.2); and work environment (*p*-value = 0.28).

Conclusion. With the lack of statistically significant associations, further research should be done with regard to other aspects of individuals and workplaces. This includes the relationship between individuals and their caregivers, including the support provided, the presence of existing health programs, personal growth efforts, working hours, and salaries. Qualitative studies may provide an in-depth understanding of the cultural factors associated with SWB in a developing country such as the Philippines.

Keywords: life satisfaction, happiness, aging, workplace, Philippines

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INTRODUCTION

The Philippines was identified as an ageing society based on the United Nations (UN) definition, as Filipinos aged 60 years and above are projected to account for at least 10 percent of the total population from 2025 to 2030.[1] Forty-six percent of the 9.2 million senior citizens are still engaged in economic activity.[2] Considering the vital roles of the aging workforce in national development, the university system administration recognized the need to address the gaps in current employment and the quality of life, among others. The Office of Academic Affairs commissioned the conduct of the University of the Philippines Wellness Initiatives for Seniors and Elders (UPWISE) Program. Moreover, there is an unavailability of health data from Filipino older employees – those who are fifty years old and above – that may be utilized as a basis for health programs. In line with UPWISE, Laude et al. and Castillo-Carandang et al. studied both working and retired employees ages 55 to 80 years in an academic community in the Philippines.[3,4] The former described their nutritional and frailty status, while the latter studied the aging, resilience, and vulnerability of selected faculty and staff using qualitative research methods.[3,4]

Existing studies regarding the subjective well-being (SWB) of seniors or those 60 years of age were rarely based in the Philippines, particularly in the academe, and more often conducted in European countries.[5-7] Carandang et al., however, conducted a cross-sectional study among community-dwelling senior citizens in the Philippines and determined the factors independently associated with SWB.[8] Well-being is the central foundation for creating and maintaining a healthy and productive society. It can be measured either objectively through literacy, income, and life expectancy, or subjectively, through perceptions and life experiences.[9] Compared to the objectively measured status of health, people's subjective assessment of their own health is more predictive of their well-being.[5]

With its multifaceted nature, SWB includes both the pursuit of pleasure and happiness, as well as that of human development and a purposeful life.[9] It is identified as a salient aspect of successful aging and is influenced by various economic, social, and health factors, as it undergoes continuous changes across an individual's lifetime.[10,11] Being employed at ages 55 years and above was found to be associated with greater well-being, particularly in the meaningfulness of society and personal growth.[12] With these, individual factors, such as a positive perceived health condition, a good diagnosed health condition, and adequate care received, as well as workplace factors, such as opportunities for new knowledge and skills, avenues for growth and development, having a sense of value of work, and a good work environment, may be positively associated with SWB.

This study contributes to the range of literature concerning the relationship of individual (i.e., perceived or diagnosed health condition, and individuals as care recipients) and workplace factors (i.e., new knowledge and skills, overall growth and development, value of work, and work environment) with the SWB of older employees in the academe from the perspective of those in the developing country. Considering the crucial role of the academe in nation building, there is a need to address gaps in the current state of employment and the quality of life of the aging workforce to improve their performance. This research may provide relevant information on these aspects as well as inform plans for the health of aging health workers in similar institutions.

OBJECTIVES

This research aimed to assess the relationship between individual and workplace factors on the SWB of older employees in the academe. It sought to attain the following specific objectives:

1. to determine the association of individual factors such as perceived health condition, diagnosed health condition, and individuals as care recipients on the SWB of older employees in the academe; and
2. to determine the association of workplace factors such as new knowledge and skills, overall growth and development, value of work, and work environment on the SWB of older employees in the academe.

CONCEPTUAL FRAMEWORK

A better perceived health condition is associated with higher SWB.[13] Moreover, both physical health and mental health directly and indirectly impact SWB, with social support as an intermediary. Long-term physical health problems often lead to mental health problems, which consequently negatively affect SWB and quality of life.[11]

As this connection between health and well-being grows with age, the necessity for social support for older adults, those aged 60 years and above, emerges as a mechanism for coping with such changes. Social support serves as an external resource through emotional support, substantive support, and information support avenues. This mitigates life stress and encourages positive emotional experiences, consequently helping to maintain or improve the quality of life.[11] Other mitigating factors include the other aspects of an individual's

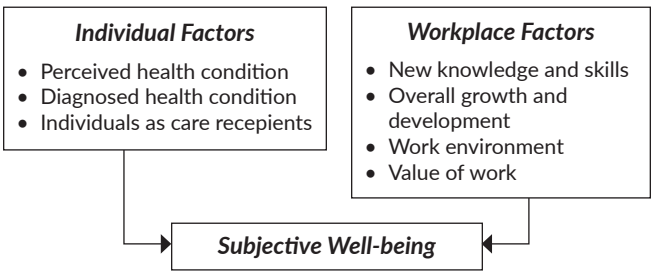

Figure 1. Factors associated with subjective well-being.

life, such as a good financial situation, bigger social networks, frequent social contacts, high-quality relationships, and participation in various activities.[5]

The informal care and amount of care received are important determinants of the SWB of individuals ages 65 years and above. High-quality relationships positively affect the SWB and life satisfaction of older people and their chances of receiving support.[5] Through social networks, people may adopt the habits of those around them, such as those that particularly concern their physical and mental health. People who are surrounded by supportive and empowering relationships have higher rates of subjective happiness as well as lower morbidity and mortality rates.[14]

Furthermore, people spend a significant portion of their lives in their workplace, upholding such to be of worthy undertaking as well in the context of SWB. Job satisfaction indicates the manifestation of the degree of happiness people have with their posts, rooted in the gratification of the various needs of an employee. Acting as a predictor, it has a significant relationship with SWB.[15] It includes two dimensions, namely, affective and cognitive satisfaction. The former focuses on emotions and feelings of employees about their job, while the latter centers on evaluations and satisfaction with certain aspects of their job. Job satisfaction also depends on reward factors such as salary, career growth, and prestige, or non-reward factors such as working conditions, job security, promotion opportunities, and relationships with coworkers and supervisors.

In this paper, job satisfaction is viewed in its specific aspects as workplace factors, that is, opportunities for new knowledge and skills, work environment, opportunities for overall growth and development, as well as the value of work. These are non-reward factors, with the first two falling under cognitive satisfaction and the last two classifying as affective satisfaction.[7] These factors, namely, new knowledge and skills, work environment, opportunities for overall growth and development, and value of work in general, may be associated with SWB (Figure 1).

MATERIALS AND METHODS

Study Design

The UP Manila Wellness Initiatives for Seniors and Elders (UPMWISE) Project 1: Collaborations and assessments of health and well-being was a cross-sectional study. The data used in this paper were from the UPMWISE Project 1.[16]

Setting

The site of the study is a state-funded university with a specialization in health sciences studies. With seven colleges, the premier university has a total human resource complement of 1,954 in the academic units as of June 30, 2020. Almost half (or 44.4%) of these employees are aged 50 years and above.[16] Hence, the age group considered for this study was 50 years and above.

Sample and Data Collection

Previous studies have shown that there is a low participation rate among individuals ages 60 years and above.[17] Some studies used oversampling to compensate for non-response.[18,19] Learning from the UPWISE program with subjects ages 55 years and above, which was conducted in two previous sites or campuses, and adjusting for about 30% non-response, replacements were likewise invited to participate.[16]

The list of employees composed of the Faculty, Administrative Staff, including the Research, Extension, and Professional Staff or REPS from the university's Human Resource and Development Office (HRDO) as of March 24, 2022, was the sampling frame. The inclusion criteria are current (regular and non-regular) Faculty, Administrative staff, and REPS ages 50 years and above as of June 30, 2020, who can communicate in writing and respond to questions personally; have access to the internet and can use online channels during data collection; and are able to provide consent. Retired or resigned employees were excluded.

Out of the 480 eligible employees, 223 were sampled with a 95% confidence level, with 30 percent randomly selected replacements. Proportionate allocation by employment classification ensured representation (Table 1).

The online survey was conducted from September 2, 2022 until October 14, 2022, using Google Forms. The informed consent form and survey link were sent via email to eligible participants.

Participants who did not respond after three reminders or valid callbacks were replaced by randomly selected replacements. As shown in Table 1, a total of 71 employees responded: 41 faculty, 21 administrative staff, and nine REPS. Only 69 respondents were analyzed due to incomplete responses of the two participants (Figure 2).

Table 1. Eligible Employees and Online Survey Participants by Employee Classification

Employee Classification	Employees aged 50 years and above	Sample Size	Replacements	Online Survey Participants
Faculty	298	138	41	41
Administrative Staff	161	76	23	21
REPS	21	9	3	9
Total	480	223	67	71

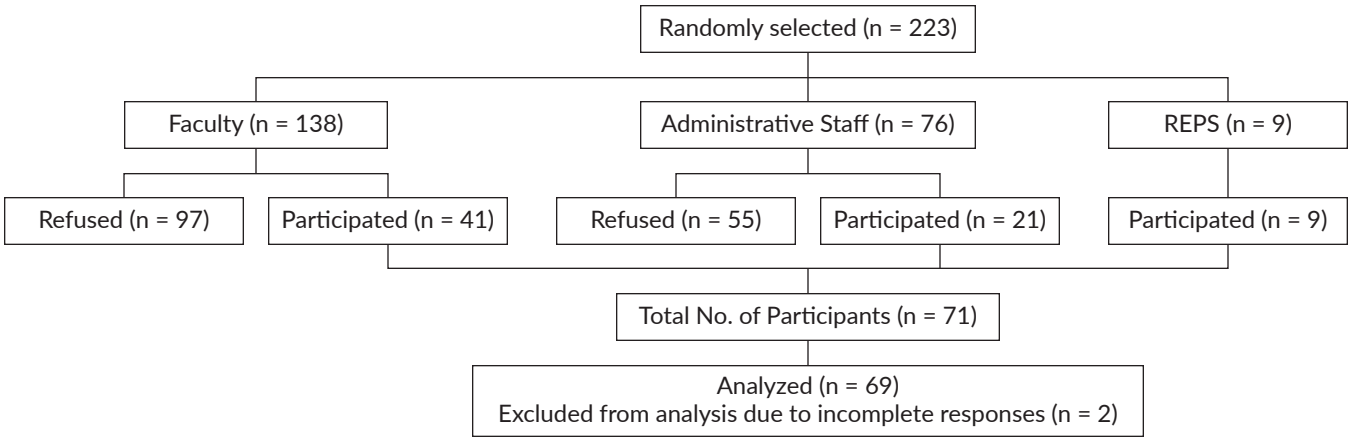

Figure 2. Flow diagram of online survey participants.

UPMWISE Project 1 improved the survey form of the UPWISE program in accordance with its relevance to the campus and employees' situation, as well as the objectives of the study. For example, the block on housing was excluded because, in general, there is no housing for employees in this unit. On the other hand, the Filipino version of the WHO-5, translated by R. Carandang, was added to determine well-being.

The original survey instrument of the UPWISE program was validated by a psychometrician. The revised UPMWISE Project 1 instrument was reviewed in collaboration with professionals with various expertise and specializations (i.e., sociology, occupational health, family and community medicine, biostatistics). It likewise underwent pilot testing.

Data Processing and Analysis

The individual and workplace factors were operationally defined as the participants' responses to the respective questions, as well as agreements or disagreements with the statements in the online survey, as shown in Table 2.

The WHO Five Well-being Index or WHO-5 was used to measure SWB. The responses of each participant in the five statements were converted to their respective numerical score as shown in Table 3. The WHO-5 score of each participant was added, and the total was multiplied by 4. The resulting scores were then categorized as either better SWB or poorer SWB. Scores equal to or greater than 50 were categorized as better SWB, while those lower than 50 were categorized as poorer SWB.[20]

Given the small sample size, Fisher's exact test was used to determine the association between the SWB and independent variables: individual and workplace factors. The results were generated through the OpenEpi software, and the *p*-values were tested at a 5 percent level of significance.

Ethical Considerations

The UPM Research Ethics Board (REB) approved the implementation of this study (UPMREB 2022-0092-01). Informed consent forms were provided to the respondents prior to the online survey. All data in the questionnaire was kept strictly confidential and utilized for research purposes only. To uphold anonymity, codes were assigned to the respondents instead of their names.

RESULTS

As shown in Table 4, 61 percent of the respondents were 50-59 years of age, while 39 percent were 60 years old and older. There were more female than male respondents, 77 percent and 23 percent, respectively. Most of the respondents were Roman Catholic, 84 percent. Forty-two percent had doctoral degrees or units. Others had master's units or degrees, 36 percent, while some reached a college level or graduated, 22 percent. Sixty-eight percent of the respondents were formally married, while 25 percent were never married.

For the SWB of employees, 90 percent exhibited better SWB, as presented in Table 5.

Association between Individual Factors and SWB

Eighty-one percent of the employees who perceived themselves as healthy had better SWB, while 43 percent who perceived themselves as unhealthy had poorer SWB. Similarly, 24 percent of employees who were undiagnosed with a medical illness had better SWB. For those who were sick or with diagnosed health condition, 86 percent had poorer SWB. In terms of the care received, 94 percent of employees without caregivers had better SWB. Individual factors such as perceived health condition (p-value = 0.34), diagnosed health condition (p-value = 0.97), and individuals as care recipients (p-value = 0.85) are not statistically significant with SWB at a 5 percent significance level. A summary of these results is shown in Table 6.

Association between Workplace Factors and SWB

As shown in Table 7, ninety percent of those who agreed that there are opportunities for new knowledge and

Table 2. Operational Definitions of Factors

Factors	Responses to the Questions and Agreements/ Disagreements to the Statements
Individual Factors	
Perceived health condition	*"Sa pangkalahatan, paano po ninyo ilalarawan ang estado ng inyong kalusugan sa kasalukuyan?" (In general, how would you describe the state of your current health?)*
• Unhealthy	*"Hindi gaanong mabuti ang kalusugan," (Health is not quite good)*
• Healthy	*"Malusog na malusog" (Very healthy)* *"Higit sa karaniwan ang kalusugan" (Health is above average)* *"Malusog" (Healthy)*
Diagnosed health condition	*"Mayroon po ba kayong kasalukuyang sakit na na-diagnose ng doktor?" (Do you currently have an illness that has been diagnosed by a doctor?)*
• Yes	*Oo*
• No	*Hindi*
Individuals as care recipients	*"Pag-usapan po natin ngayon ang inyong sarili. Kayo po ba ay mayroong tagapag-alaga?" (Now let's talk about yourself. Do you have a caregiver?)*
• Yes	*Oo*
• No	*Hindi*
Workplace Factors	
New knowledge and skills	*"Ang unibersidad o opisina ay nagbibigay sa mga empleyadong edad 50 pataas ng mga pagkakataon upang maglapat ng bagong kaalaman at kasanayan." (The office or the university provides opportunities for new knowledge and skills for employees aged 50 years old and above.)*
• Agree	*"Lubos na sumasang-ayon" (Strongly agree)* *"Sumasang-ayon" (Agree)*
• Disagree	*"Hindi sumasang-ayon" (Disagree)* *"Lubos na hindi sumasang-ayon" (Strongly disagree)*
Overall growth and development	*"Sa pangkalahatan, nasisiyahan ako sa mga oportunidad patungkol sa paglago at pag-unlad na ibinibigay ng opisina o unibersidad para sa mga empleyadong edad 50 pataas." (Overall, I am satisfied with the opportunities for growth and development that the office or the university provides for employees aged 50 years old and above.)*
• Agree	*"Lubos na sumasang-ayon" (Strongly agree)* *"Sumasang-ayon" (Agree)*
• Disagree	*"Hindi sumasang-ayon" (Disagree)* *"Lubos na hindi sumasang-ayon" (Strongly disagree)*
Work environment	*"Mairerekomenda o maimumungkahi ko ang aking lugar ng trabaho sa iba bilang isang magandang lugar upang magtrabaho para sa mga edad 50 pataas." (I would recommend or suggest my workplace as a good place for work for those aged 50 years and above.)*
• Agree	*"Lubos na sumasang-ayon" (Strongly agree)* *"Sumasang-ayon" (Agree)*
• Disagree	*"Hindi sumasang-ayon" (Disagree)* *"Lubos na hindi sumasang-ayon" (Strongly disagree)*
Value of work	*"Nakikita kong makabuluhan ang trabahong ginagawa ko." (I find the work I do to be meaningful.)*
• Agree	*"Lubos na sumasang-ayon" (Strongly Agree)* *"Sumasang-ayon" (Agree)*
• Disagree	*"Hindi sumasang-ayon" (Disagree)* *"Lubos na hindi sumasang-ayon" (Strongly disagree)*

Table 3. WHO Five Well-being Index (WHO-5)

Statements	Responses and Corresponding Scores
"Ako'y nakaramdam ng saya at sigla." (I have felt cheerful and in good spirits.)	• *"Nangyari sa lahat ng panahon" (All of the time)* (5 points) • *"Parating nangyari" (Most of the time)* (4 points) • *"Madalas nangyari" (More than half of the time)* (3 points) • *"Minsan nangyari" (Less than half of the time)* (2 points) • *"Madalang nangyari" (Some of the time)* (1 point) • *"Hindi sumagot" (Did not answer)* (0 point)
"Ako'y nakaramdam ng kapayapaan at katiwasayan." (I have felt calm and relaxed.)	
"Ako'y nagiging aktibo at masigasig." (I have felt active and vigorous.)	
"Nagising ako nang sariwa at mahimbing ang tulog." (I woke up feeling fresh and rested.)	
"Napupuno ang bawat araw ko ng mga bagay na aking kinagigiliwan." (My daily life has been filled with things that interest me.)	

Table 4. Socio-demographic Characteristics of Respondents

Socio-demographic characteristics of respondents	n = 69	
	f	%
Age (years)		
50-59	42	61
≥60	27	39
Sex		
Female	53	77
Male	16	23
Religion		
Roman Catholic	58	84
Other Christian denominations	9	13
Islam	1	1
No religion	1	1
Highest educational attainment		
College level/graduate	15	22
Master's degree/units	25	36
Doctoral degree/units	29	42
Civil status		
Formally married	47	68
Living-in	2	3
Never married	17	25
Widowed	3	4

skills had better SWB. Moreover, those who agreed that the university offers opportunities for growth and development had better SWB, with 79 percent, while 57 percent of those who disagreed had poorer SWB. Of those who agreed that the work they do is valuable, 100 percent had better SWB, while of those who disagreed, 14 percent had poorer SWB. Likewise, of those who agreed that the university may be recommended for its good working environment, 82 percent exhibited a better SWB. Workplace factors, including new knowledge and skills (p-value = 0.37), overall growth and development (p-value = 0.11), the value of work (p-value = 0.20), and work environment (p-value = 0.28) do not have a statistically significant association with SWB at a 5 percent level of significance.

Table 5. Subjective Well-being of Respondents

Variable	f	%
Poorer SWB	7	10
Better SWB	62	90
Total	69	100

Table 6. Individual Factors Associated with SWB

	Poorer SWB		Better SWB		Total		*p*-value
	f	%	f	%	f	%	
Perceived health condition							
Healthy	4	57	50	81	54	78	0.34
Unhealthy	3	43	12	19	15	22	
Diagnosed health condition							
Yes	6	86	47	76	53	77	0.97
No	1	14	15	24	16	23	
Individuals as care recipients							
Yes	1	14	4	6	5	7	0.85
No	6	86	58	94	64	93	

Table 7. Workplace Factors Associated with SWB

	Poorer SWB		Better SWB		Total		*p*-value
	f	%	f	%	f	%	
New Knowledge and Skills							
Agree	5	71	56	90	61	88	0.37
Disagree	2	29	6	10	8	12	
Overall Growth and Development							
Agree	3	43	49	79	52	75	0.11
Disagree	4	57	13	21	17	25	
Value of Work							
Agree	6	86	62	100	68	99	0.20
Disagree	1	14	0	0	1	1	
Work Environment							
Agree	4	57	51	82	55	80	0.28
Disagree	3	43	11	18	14	20	

DISCUSSION

From the results, there were no significant statistical associations found between the identified individual or workplace factors and SWB.

Individual Factors and SWB

As mentioned earlier, SWB includes the pursuit of pleasure and happiness, and that of human development, as well as a purposeful life.[9] Perceived health condition involves only the individual's perception of their own health status.[21] In this study, both perceived and diagnosed health conditions did not have a statistically significant association with SWB. These results are in contrast with the study by Matić and Musil, where self-perceived health dimensions, particularly general health and mental health, had a positive association with an individual's overall SWB.[6] Moreover, a study by Ngamaba et al. showed that health status is positively associated with higher SWB.[22] This difference may be attributed to the environment in which an individual resides. Matić and Musil conducted their research among high schools and dormitories in Zagreb, Croatia.[6] Ngamaba et al. conducted a systematic search using Web of Science, Medline, Embase, PsycInfo, and Global Health and meta-analyses using a random-effects model. The relationship between health status and SWB was significantly stronger in developing countries compared to developed countries.[22]

In the current study, employees have direct access to various health experts and medical professionals from whom they may seek immediate medical help, reducing the worries that come with receiving treatments. The university is known for its excellence in the medical field, which also allows its employees to avail different facilities. This provides them with wider access to the knowledge of the implications of various behaviors that may affect their health. Thus, there are little to no concerns in terms of the employees' access to medical professionals and health centers. Moreover, employees who reported perceiving themselves as healthy had better SWB, drawing upon the prominence of these privileges as well as the availability of health benefits and programs. The university health service works in coordination with the Department of Family and Community Medicine under the Family Health Unit for consultations of geriatric cases. As such, a physical exam (PE) is conducted annually, and an enhanced hospitalization program or e-Hope benefit is also available to employees.

With respect to the care received by the employees, being care recipients did not have a statistically significant association with SWB. In contrast to the study by Abramowska-Kmon et al. there is a positive relationship between receiving regular informal care and the SWB among older people or those aged 65 years and above.[5] However, sex appeared to be significantly associated with SWB. Males receiving informal care were negatively associated with the SWB in Southern European countries. Other identified factors that may serve as moderators of SWB include the relationship between the caregivers and care recipients, the individual characteristics, the expectations of the care recipients, and the amount and quality of the provided care.[5] The results of this study may be attributed to these moderating factors, aside from not needing care at this age, 50 years and above.

Among the five care recipients, their caregivers include their spouses, children, grandchildren, housemates, and professional caregivers. This variance in the individual from whom they receive care is vital, as discussed earlier. The effects of caregivers on one's well-being differ among care recipients. More likely, care provided by caregivers who are close and comfortable with the recipient would leave positive effects. Furthermore, the care received may be perceived differently by individuals aged 65 years and above; they may either feel a sense of relief or dwell on the thought that they are losing their independence, consequently lowering their self-esteem and confidence in their abilities.[5] Hence, there is a need to be mindful of the care recipients' thoughts and comfort with regard to receiving care.

Workplace Factors and SWB

Employees who agreed that the university provides avenues for new knowledge and skills, opportunities for overall growth and development, and a good working environment had better SWB. Similar results were found for those who agreed that the work they do is valuable. However, there are no statistically significant associations between these workplace factors and SWB. For instance, in the case of the opportunities for acquiring new knowledge and skills, a study by Li et al. showed that learning engagement significantly enhances the SWB of disadvantaged older adults (50 years old and above).[23] A significant positive relationship was found as well between all dimensions of learning engagement and SWB.[23]

As opposed to non-disadvantaged older adults, learning engagement had a more significant contribution to the SWB of those who are disadvantaged. Disadvantaged groups are categorized into physically disadvantaged and socially disadvantaged; the latter being primarily brought about by institutional issues.[23] The contrasting results of the current study, having found no statistically significant association between acquiring new knowledge or skills and SWB, and the research by Li et al. may be attributed to particular activities in our study site. The work environment is supportive of social inclusion in the academe, which establishes environmental conditions not parallel to "disadvantaged groups." Various office activities, such as team building and anniversaries, are held, to which all employees are encouraged to join. Moreover, the university provides periodic health checks; lectures and workshops; group exercises or Zumba; including seminars on the needs of senior citizens, and even the establishment of a "social club".

The opportunities for overall growth and development, work environment, and value of work and their relationship with SWB were not found to be statistically significant.

The results were inconsistent with prior research. In the study by Cannas et al., job satisfaction, which is dependent on workplace factors including opportunities for growth and development, work environment, and value of work, was found to increase SWB.[7] The opportunities for growth and development may be attributed to the additional role of the existence of meaning in life as a mediating factor in the relationship between personal growth initiative and SWB. Freitas et al. found that greater intentional effort for self-development and growth leads to a greater presence of meaning in life, which consequently results in better SWB.[24] The current study did not delve deeper into the personal growth efforts of the respondents; it simply focused on older employees' satisfaction with the opportunities for growth and development provided by the university, limiting further insights.

Moreover, in terms of the participants' satisfaction with their work environment not being statistically significant to SWB, the contrasting results may be due to the specific nature of the work environment. Arata et al. found that, while the perceived quality of the office environment was positively correlated with SWB, results suggested that work environments that encouraged interactions with other workers and opportunities for their refreshment had a much greater importance to SWB.[25] In the campus where the study was conducted, one of the major concerns was the lack of spaces for employees and students. Several buildings were still under construction or renovation, and offices were obliged to move to temporary areas, reducing the conduciveness of the campus for work or study. The limited space may have affected the interactions with other workers, which may have played a role in the satisfaction with their work environment and SWB.

Lastly, as a factor of job satisfaction, the statistically insignificant relationship between the value of work and SWB may be attributed to other intermediaries such as gender or religious perception of life quality, work duration, and salaries earned in the context of intertemporal labor substitution.[7] While individuals may perceive their work as valuable, the compensation they receive from doing such work may play a role in their SWB. These aspects of the older employees' nature of work were not delved into in this study and should be taken into consideration in further studies so that the relationship between these workplace factors and SWB can be better understood.

CONCLUSIONS AND RECOMMENDATIONS

Due to the low participation rate and small sample size, caution in the interpretation of the results of the study is warranted. While no statistically significant associations were found between the identified individual or workplace factors and SWB, older employees who perceived themselves as healthy and were undiagnosed with a disease had better SWB. The same case was exhibited by those who found their work valuable and exhibited that the university had a good working environment, and offered opportunities for new knowledge and skills, as well as growth and development. Thus, the university should continue investing in health programs and benefits for employees and consider enhancing the work environment.

The lack of statistically significant associations prompts further studies on the correlation between the other characteristics of individuals or aspects of workplaces and SWB. The relationship between the older employees and their caregivers, as well as the regularity and quality of caregiving and their connection with SWB, needs to be explored and described to gain qualitative insights. In terms of workplace factors, the personal growth efforts, work durations, and salaries need to be studied further in relation to SWB. The nature of the older employees' work environment, whether supportive of social interactions or not, may also be considered. Lastly, qualitative studies may provide an in-depth understanding of the cultural factors associated with SWB in a developing country such as the Philippines.

Limitations of the Study

This study covered the assessment of individual and workplace factors on the older employees' SWB, which was determined and identified from the participants' scores using WHO-5. Its scope included only the identified individual or workplace factors and their association with the older employees' SWB. The questionnaire offers categories of answers that help the respondent recall.

It is neither an in-depth study of SWB nor an account of the comprehensive factors affecting SWB. Apart from the low participation rate of qualified respondents in the online survey, there was not enough representation for individuals with poorer SWB. Given the study limitations, caution is needed in the interpretation of data, including its generalizability. The participants were drawn from a public university specializing in the health sciences. As such, the findings may not fully represent older employees in private institutions, companies, or industries with different job characteristics or the nature of work. Further studies with more diverse samples would strengthen the external validity of the results.

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Statement of Authorship

Both authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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