



Workplace Health Promotion, Work Attitudes, and Self-Rated Health Among Business Process Outsourcing Employees in Bacolod City, Philippines

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International Journal of Interdisciplinary Viewpoints (2)8, 34-40, 2026

<https://doi.org/10.64612/ijiv.v2i8.134>

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Abstract

Workplace health promotion has become increasingly important in business process outsourcing (BPO) settings, where work schedules and organizational conditions may shape employees' work experiences and perceived health. This study examined work attitudes, self-rated health, perceived importance of workplace health initiatives, and perceived implementation of workplace health practices among BPO employees in Bacolod City, Philippines. A quantitative descriptive cross-sectional design was used with 363 employees from a private BPO organization selected through stratified sampling according to age, sex, length of service, and work schedule. Data were collected using a structured questionnaire adapted from Dowling (2015) and contextualized for the Philippine BPO setting. The instrument was reviewed by seven experts for content validity and pilot-tested with 30 BPO employees, producing a Cronbach's alpha of .928. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the data. Employees reported generally favorable work attitudes ($M = 3.64$, $SD = 0.65$) and very good self-rated health ($M = 3.59$, $SD = 0.87$). Workplace health initiatives were rated very important ($M = 4.35$, $SD = 0.77$), while perceived implementation of workplace health practices was comparatively lower, although still rated rather much ($M = 3.41$, $SD = 1.07$). Differences in descriptive patterns were observed across work shifts and length-of-service groups. The findings highlight a distinction between employees' recognition of the importance of workplace health initiatives and their perceptions of implementation. The study provides context-specific evidence that may inform workplace health promotion planning in Philippine BPO organizations.

Keywords

workplace health promotion, work attitudes, self-rated health, employee well-being, business process outsourcing

How to Cite

Gestosani, M., & Palma, F. I. (2026). Workplace Health Promotion, Work Attitudes, and Self-Rated Health Among Business Process Outsourcing Employees in Bacolod City, Philippines. *International Journal of Interdisciplinary Viewpoints*, 2(8), 34-40.

<https://doi.org/10.64612/ijiv.v2i8.134>

Received: 26 May 2026

Accepted: 30 July 2026

Published: 30 August 2026

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Peer Review Statement

This article underwent a double-anonymous peer review process in accordance with the editorial policies of the *International Journal of Interdisciplinary Viewpoints*. Both authors and reviewers remained anonymous throughout the review process.

Open Access Statement

The *International Journal of Interdisciplinary Viewpoints* is a fully open-access, peer-reviewed journal. All articles are freely available online immediately upon publication without subscription or access fees.

Funding Statement

The authors received no financial support for the research, authorship, and/or publication of this article.

Conflict of Interest

The authors declared no conflicts of interest.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions

The authors contributed to conceptualization, methodology, investigation, writing—original draft preparation, writing—review and editing, and supervision. The authors approved the final manuscript.

Ethics Statement

This study was conducted in accordance with ethical standards.

INTRODUCTION

Workplace health promotion (WHP) has increasingly developed from a focus on individual health behaviors toward a broader organizational approach that addresses the conditions under which employees work, maintain their health, and

participate sustainably in employment. This shift recognizes that employee well-being is influenced by the interaction between occupational demands and organizational resources, including supportive policies, health-promoting programs, safe working conditions, and opportunities for recovery (Sorensen et al., 2021; Aust et al., 2023). The global burden associated with work-related diseases and injuries further underscores the importance of preventive and health-protective approaches within workplaces (Takala et al., 2024). Contemporary WHP research also indicates that organizational interventions can influence psychosocial working conditions and multiple dimensions of worker well-being when they are appropriately designed and implemented (Fox et al., 2022; Aust et al., 2023). Consequently, workplace health promotion is increasingly understood as an organizational responsibility that extends beyond the provision of isolated wellness activities to the development of work environments that support employee health and sustainable participation (Alonso-Nuez et al., 2022; Bhoir & Sinha, 2024).

The relevance of WHP is particularly evident in the Business Process Outsourcing (BPO) industry, where employees operate within work environments characterized by intensive digital tasks, continuous customer interaction, performance monitoring, and non-standard work schedules. These conditions may create occupational demands involving psychosocial pressure, prolonged computer use, fatigue, sleep disruption, and limited opportunities for recovery (Gumasing et al., 2023; Schulte et al., 2024). Research on workplace health promotion further suggests that organizational responses should consider both physical and psychosocial dimensions of employee well-being, particularly in occupations involving demanding work organization and employment arrangements (Gunn et al., 2022; Coco et al., 2023). In the Philippine context, these concerns are particularly relevant because BPO employees have been reported to experience occupational and psychosocial health challenges, while workplace wellness initiatives may not be implemented consistently across organizational settings (Candelario et al., 2024). Understanding employees' work attitudes and self-rated health alongside their perceptions of workplace health initiatives and practices is therefore important for examining how workplace health promotion is experienced within the Philippine BPO environment.

Despite growing scholarship on occupational health and employee well-being, important gaps remain in the existing literature. Much of the research has emphasized occupational risks and adverse outcomes, whereas comparatively less attention has been given to the simultaneous examination of employees' work attitudes, self-rated health, perceived importance of workplace health initiatives, and perceived implementation of workplace health practices. There is also a contextual gap because much of the available evidence has emerged from settings outside the Philippines, limiting the direct applicability of findings to BPO organizations operating under different labor, organizational, and workplace conditions. Although Philippine research has documented occupational health concerns among BPO workers, there remains a need for empirical evidence describing how employees evaluate workplace health promotion across demographic and work-related characteristics (Candelario et al., 2024). Furthermore, research indicates that the effectiveness of workplace health promotion depends not only on whether programs are available but also on whether they correspond with employees' expectations and are experienced as accessible and responsive (Foncubierto-Rodríguez et al., 2024). Addressing these empirical and contextual gaps can provide a more comprehensive understanding of workplace health promotion within demanding service-sector environments.

Accordingly, this study described workplace health promotion perceptions, work attitudes, self-rated health, and workplace health practices among employees of a private BPO organization in Bacolod City, Philippines. Specifically, it examines employees' perceptions of these dimensions according to selected demographic and work-related characteristics, including age, sex, work shift, and length of service. The study is significant because its findings may provide organizational decision-makers and workplace health practitioners with contextual evidence for strengthening employee-centered health promotion strategies in BPO environments. Its contribution lies in distinguishing employees' recognition of the importance of workplace health initiatives from their perceptions of how extensively such practices are implemented. Given the quantitative descriptive cross-sectional design and reliance on self-reported perceptions, the findings are intended to describe the current experiences of the participating workforce rather than establish causal relationships. Nevertheless, the study provides contextual evidence that may inform the development of more accessible, consistent, and responsive workplace health practices in the Philippine BPO sector.

METHODOLOGY

Design

This study employed a quantitative descriptive cross-sectional research design to describe work attitudes, self-rated health, perceived importance of workplace health initiatives, and perceived implementation of workplace health practices among employees of a private business process outsourcing (BPO) organization in Bacolod City, Philippines. The descriptive design was appropriate because the study sought to document employees' perceptions and experiences without manipulating the study variables. A cross-sectional approach was used because data were collected during a single period, allowing the researchers to describe patterns in the responses of the participating workforce according to selected demographic and work-related characteristics. Because the study was descriptive and cross-sectional, the findings are interpreted as observed patterns rather than evidence of causal relationships, temporal changes, or statistically significant differences among groups.

Participants and Sampling

The study was conducted in a private BPO organization located in Bacolod City, Philippines, providing contact center services to international clients. The participants comprised 363 active BPO employees assigned to different work schedules, including opening, mid, and closing shifts. Stratified sampling was utilized to obtain representation across selected employee characteristics, including age, sex, length of service, and work schedule. Employees who were active during the data-

collection period were eligible to participate, whereas employees who were unavailable during survey administration were excluded. The final sample consisted of 363 employees. The sampling procedure was intended to provide representation across relevant demographic and work-related categories within the participating organization. However, the available manuscript does not specify the total employee population, the sampling fraction, the allocation of respondents to each stratum before data collection, or the specific procedure used to select participants within each stratum. These details should be added if they are available in the original research records to allow readers to assess the sampling process and the representativeness of the sample.

Instrument

Data were collected using a structured questionnaire adapted from Dowling (2015) and modified to contextualize the items for the Philippine BPO setting. The questionnaire consisted of four sections: demographic characteristics, work attitudes, self-rated health, and perceived workplace health initiatives and workplace health practices. The adaptation was intended to maintain the relevant domains of the original instrument while making the items appropriate to the organizational and occupational context of the participating BPO employees. Content validity was assessed through expert evaluation by seven reviewers from public and private educational institutions in Bacolod City, Philippines. The instrument obtained an overall validity rating of 4.45. A pilot test involving 30 BPO employees who were excluded from the final sample was subsequently conducted to assess the reliability of the questionnaire. The resulting Cronbach's alpha of .928 indicated high internal consistency for the instrument as a whole. For conceptual clarity, self-rated health is treated in this study as a subjective indicator of employees' perceived health rather than as a clinical measure or a comprehensive multidimensional measure of employee well-being. Similarly, perceived workplace health initiatives and perceived implementation of workplace health practices represent employees' assessments of workplace health support rather than independently verified organizational program records. This distinction is important when interpreting the findings because the study measures employee perceptions rather than objectively audited workplace conditions.

Scoring and Interpretation

Mean scores were interpreted according to the verbal categories established for the respective measures. The manuscript currently reports categories including "Often," "Very Good," "Good," "Very Important," "Rather Much," and "To Some Extent." The numerical cut-off ranges corresponding to these verbal interpretations should be inserted into the final manuscript based on the original questionnaire or scoring protocol. These cut-offs are not sufficiently documented in the current version and therefore should not be reconstructed without reference to the original instrument.

Collection

Data collection was conducted after obtaining approval from the management of the participating BPO organization. The validated questionnaire was administered during employees' available periods, including scheduled breaks, training sessions, and non-working hours, to minimize disruption to organizational operations. Before completing the questionnaire, participants were informed about the objectives of the study, the voluntary nature of participation, confidentiality procedures, and their right to withdraw without penalty. Completed questionnaires were retrieved, coded, and prepared for statistical analysis. The data-collection procedure was applied consistently among eligible participants to support systematic collection of responses and minimize interference with employees' regular work responsibilities.

Analysis

Data were analyzed using IBM Statistical Package for the Social Sciences (SPSS), Version 23. Frequency and percentage distributions were used to summarize the demographic characteristics of the respondents. Means and standard deviations were calculated to describe work attitudes, self-rated health, perceived importance of workplace health initiatives, and perceived implementation of workplace health practices. Descriptive results were presented for the overall sample and according to age, sex, work shift, and length of service. The corresponding mean scores were interpreted using the verbal categories established for each measure. Because the study employed a descriptive cross-sectional design and the reported statistical procedures were limited to descriptive statistics, comparisons among demographic and work-related groups are presented as descriptive variations rather than statistically tested differences. No claims concerning statistical significance, predictive relationships, or causal effects are made. This analytical approach is consistent with the stated purpose of describing employees' perceptions within the participating organization.

Ethical Considerations

The study adhered to ethical principles concerning informed consent, voluntary participation, confidentiality, and responsible management of research information. Participants provided informed consent before completing the questionnaire and were informed of the purpose of the study, the voluntary nature of participation, and their right to refuse or discontinue participation without penalty. Responses were anonymized and securely managed to protect participants' confidentiality. The collection and management of participant information were conducted in accordance with the Philippine Data Privacy Act of 2012 (Republic Act No. 10173). The collected information was used solely for research purposes, with procedures implemented to protect participant privacy and welfare. The present manuscript does not identify the name of an institutional research ethics committee or provide an ethics approval/reference number. If formal ethics approval was obtained, the committee name and approval number should be inserted here before final submission. If formal institutional ethics review was not undertaken, the manuscript should accurately describe the ethical authorization and safeguards that were actually applied rather than implying an approval that was not obtained.

Limitations and Rigor

The findings should be interpreted in light of several methodological limitations. First, the cross-sectional design captures employees' perceptions during the period of data collection and therefore cannot establish changes over time or causal relationships. Second, the study was conducted in one private BPO organization in Bacolod City, which limits the

transferability of the findings to other BPO organizations, employment arrangements, and geographic settings. Third, the study relied on self-reported responses; consequently, the findings represent employees' perceptions and may be affected by individual response tendencies or other sources of self-report bias. Methodological rigor was supported through the use of stratified sampling, expert assessment of the questionnaire, pilot testing, reliability analysis, and standardized descriptive statistical procedures. The instrument received an overall validity rating of 4.45 and demonstrated a Cronbach's alpha of .928. These procedures support the consistency of the measurement and data-collection process. Nevertheless, the reported reliability coefficient represents the questionnaire as a whole; if reliability coefficients for individual subscales are available, these should also be reported to provide stronger evidence regarding the internal consistency of each construct.

RESULTS AND DISCUSSION

Work attitudes represent employees' perceptions and evaluations of their work experiences and are particularly relevant in BPO environments characterized by customer interaction, computer-based tasks, performance monitoring, and non-standard work schedules. Organizational resources and psychosocial working conditions may shape how employees experience these occupational demands (Aust et al., 2023; Fox et al., 2022). Examining work attitudes across demographic and work-related characteristics therefore provides descriptive information about the consistency of favorable work experiences within the participating workforce.

The respondents reported generally favorable work attitudes, with an overall mean of 3.64 ($SD = 0.65$), interpreted as "Often." The same verbal interpretation was observed across all age, sex, work-shift, and length-of-service categories. Younger employees reported a higher descriptive mean than older employees, while male employees reported a slightly higher mean than female employees. Among work-shift groups, the mid-shift employees obtained the highest mean, whereas the closing-shift group recorded the lowest. Employees with 0–2 years of service reported the highest mean among tenure groups, while employees with 7–8 years of service recorded the lowest. These differences represent descriptive variations and should not be interpreted as statistically significant group differences because inferential tests were not conducted.

The generally favorable work-attitude pattern is consistent with research emphasizing the importance of organizational resources and psychosocial working conditions in supporting positive employee experiences (Aust et al., 2023; Fox et al., 2022). Research involving BPO organizations has also examined workplace happiness as an important dimension of employees' experiences within this occupational context (Roy & Konwar, 2023). Workplace health promotion, supportive organizational practices, and healthy work environments may further contribute to sustainable employee experiences (Alonso-Nuez et al., 2022; Sorensen et al., 2021). The lower descriptive ratings observed among some longer-serving and closing-shift employees therefore identify groups that may warrant further investigation rather than demonstrating that work schedule or tenure causes differences in work attitudes.

Table 1
Work Attitudes of Business Process Outsourcing Employees According to Demographic Characteristics

Variable	Category	n	M	SD	Interpretation
Age	Younger employees	253	3.68	0.66	Often
	Older employees	110	3.56	0.61	Often
Sex	Male	130	3.69	0.64	Often
	Female	233	3.62	0.65	Often
Work Shift	Opening Shift	146	3.61	0.61	Often
	Mid Shift	80	3.81	0.73	Often
	Closing Shift	137	3.58	0.63	Often
Length of Service	0–2 years	104	3.85	0.64	Often
	3–4 years	125	3.57	0.57	Often
	5–6 years	106	3.55	0.69	Often
	7–8 years	28	3.54	0.73	Often
Overall	—	363	3.64	0.65	Often

Self-rated health provides a subjective assessment of how employees perceive their overall health within their working and social environments. This measure is relevant to occupational research because employees' perceptions of health may reflect their experiences of physical demands, psychosocial conditions, and organizational circumstances. In BPO settings, these considerations are particularly relevant because employees may encounter prolonged computer-based work, customer-related demands, performance pressures, and non-standard schedules (Candelario et al., 2024; Schulte et al., 2024). Self-rated health should therefore be interpreted as a subjective assessment rather than a clinical diagnosis or comprehensive measure of all dimensions of employee well-being.

The respondents reported an overall self-rated health mean of 3.59 ($SD = 0.87$), interpreted as "Very Good." The same interpretation was observed across age, sex, and work-shift categories. Younger employees reported a slightly higher mean than older employees, while male and female employees reported similar means. Among work-shift groups, the mid-shift group recorded the highest mean, whereas opening- and closing-shift groups recorded comparatively lower means. Across length of service, the 0–2-year group reported the highest mean at 3.44 ($SD = 0.83$), while the 3–4-, 5–6-, and 7–8-year groups each recorded a mean of 3.36 and were interpreted as "Good." These patterns represent descriptive differences only and do not establish statistically significant differences between groups.

The favorable self-rated health observed in the study is consistent with research emphasizing the interaction between occupational conditions and organizational resources in shaping employee health and well-being (Gorgenyi-Hegyes et al., 2021; Sorensen et al., 2021). Workplace health promotion can address organizational and psychosocial conditions in

addition to individual health behaviors (Alonso-Nuez et al., 2022; Aust et al., 2023). However, favorable self-rated health should not be interpreted as evidence that occupational health risks are absent, because a general subjective assessment may not capture specific ergonomic, psychosocial, or work-related health concerns (Gunn et al., 2022; Takala et al., 2024). The variation observed across length-of-service groups therefore provides a basis for future research using more specific health indicators and longitudinal designs.

Table 2
Self-Rated Health of Business Process Outsourcing Employees According to Demographic Characteristics

Variable	Category	n	M	SD	Interpretation
Age	Younger employees	253	3.62	0.93	Very Good
	Older employees	110	3.51	0.70	Very Good
Sex	Male	130	3.60	0.87	Very Good
	Female	233	3.58	0.87	Very Good
Work Shift	Opening Shift	146	3.54	0.83	Very Good
	Mid Shift	80	3.74	0.98	Very Good
	Closing Shift	137	3.54	0.84	Very Good
Length of Service	0–2 years	104	3.44	0.83	Very Good
	3–4 years	125	3.36	0.95	Good
	5–6 years	106	3.36	0.90	Good
	7–8 years	28	3.36	1.13	Good
Overall	—	363	3.59	0.87	Very Good

Workplace health initiatives represent organizational efforts to promote employee health, prevent work-related health problems, and support sustainable participation in employment. Their relevance is particularly evident in BPO environments because employees may encounter psychosocial demands, intensive computer use, customer-related pressures, and non-standard work schedules. Contemporary research emphasizes that employee health and well-being are influenced by organizational practices and working conditions rather than solely by individual health behaviors (Alonso-Nuez et al., 2022; Bhoir & Sinha, 2024). Assessing employees' perceptions of the importance of these initiatives therefore provides insight into how workplace health is valued within the participating organization.

The respondents rated workplace health initiatives as "Very Important," with an overall mean of 4.35 (SD = 0.77). This interpretation was consistent across all age, sex, work-shift, and length-of-service groups. Female employees reported a higher descriptive mean than male employees, while the opening-shift group recorded the highest mean among work-shift categories. The 7–8-year length-of-service group reported the highest descriptive mean among tenure groups. Despite these variations in mean scores, all groups remained within the same verbal interpretation category. The findings therefore indicate a broadly consistent recognition of the importance of workplace health initiatives across the participating workforce.

The high importance ratings are consistent with research that conceptualizes workplace health promotion as an organizational responsibility involving integrated health-support practices (Bhoir & Sinha, 2024; Gorgenyi-Hegyes et al., 2021). Research also indicates that employees' responses to workplace health programs may depend on whether initiatives correspond with their expectations and organizational needs (Foncubierta-Rodríguez et al., 2024). The present findings further demonstrate that workplace health is highly valued across the participating employee groups. This provides an important basis for examining whether the perceived implementation of workplace health practices corresponds with the high level of importance employees assign to such initiatives.

Table 3
Perceived Importance of Workplace Health Initiatives Among BPO Employees According to Demographic Characteristics

Variable	Category	n	M	SD	Interpretation
Age	Younger employees	253	4.38	0.74	Very Important
	Older employees	110	4.28	0.85	Very Important
Sex	Male	130	4.21	0.77	Very Important
	Female	233	4.43	0.76	Very Important
Work Shift	Opening Shift	146	4.40	0.69	Very Important
	Mid Shift	80	4.27	0.72	Very Important
	Closing Shift	137	4.34	0.88	Very Important
Length of Service	0–2 years	104	4.38	0.72	Very Important
	3–4 years	125	4.29	0.72	Very Important
	5–6 years	106	4.29	0.81	Very Important
	7–8 years	28	4.72	0.97	Very Important
Overall	—	363	4.35	0.77	Very Important

Perceived implementation refers to the extent to which employees experience workplace health practices as part of their actual organizational environment. This construct is distinct from perceived importance because employees may place high value on workplace health initiatives while perceiving their implementation as less extensive or consistent. Examining both dimensions provides a descriptive basis for assessing whether employees' expectations concerning workplace health correspond with their reported workplace experiences. Previous research emphasizes that workplace health promotion depends not only on the availability of programs but also on their accessibility, continuity, implementation, and alignment with employee needs (Alonso-Nuez et al., 2022; Aust et al., 2023; Foncubierta-Rodríguez et al., 2024).

The respondents reported an overall mean of 3.41 (SD = 1.07) for perceived implementation of workplace health practices, interpreted as “Rather Much.” This overall mean was descriptively lower than the perceived importance rating of workplace health initiatives (M = 4.35, SD = 0.77). This difference is best described as a descriptive gap between perceived importance and perceived implementation rather than as a statistically tested discrepancy. Variation was also observed across work shifts and length of service. The mid-shift group reported the highest implementation mean (M = 3.82, SD = 1.00), whereas the closing-shift group reported the lowest (M = 3.16, SD = 1.04). Among tenure groups, employees with 0–2 years of service recorded the highest mean (M = 3.82, SD = 0.99), while employees with 7–8 years of service recorded the lowest (M = 2.98, SD = 1.03). These findings indicate that perceptions of implementation varied across employee groups.

The descriptive difference between the importance assigned to workplace health initiatives and the perceived extent of implementation is consistent with literature emphasizing the importance of accessibility, continuity, organizational integration, and alignment with employee expectations in workplace health promotion (Alonso-Nuez et al., 2022; Aust et al., 2023; Foncubierta-Rodríguez et al., 2024). The relatively large standard deviation for perceived implementation (SD = 1.07) also indicates variability in employees’ responses, suggesting that workplace health practices were not perceived uniformly across the participating workforce. The lower ratings observed among some work-shift and length-of-service groups should not be attributed to specific causes because those explanatory factors were not directly measured. Instead, these patterns provide a basis for future research examining accessibility, consistency, and employee experiences of workplace health practices across different work arrangements.

Table 4
Perceived Implementation of Workplace Health Practices Among BPO Employees According to Demographic Characteristics

Variable	Category	n	M	SD	Interpretation
Age	Younger employees	253	3.44	1.11	Rather Much
	Older employees	110	3.35	0.95	To Some Extent
Sex	Male	130	3.36	1.01	To Some Extent
	Female	233	3.44	1.10	Rather Much
Work Shift	Opening Shift	146	3.43	1.06	Rather Much
	Mid Shift	80	3.82	1.00	Rather Much
	Closing Shift	137	3.16	1.04	To Some Extent
Length of Service	0–2 years	104	3.82	0.99	Rather Much
	3–4 years	125	3.36	0.96	To Some Extent
	5–6 years	106	3.19	1.15	To Some Extent
	7–8 years	28	2.98	1.03	To Some Extent
Overall	—	363	3.41	1.07	Rather Much

Conclusion and Recommendations

The study found that employees of the participating private BPO organization generally reported favorable work attitudes and very good self-rated health. These favorable interpretations were observed across age, sex, work shift, and length of service, although descriptive variations in mean scores were evident among employee groups. Employees consistently regarded workplace health initiatives as very important, with an overall mean of 4.35 (SD = 0.77). In comparison, perceived implementation of workplace health practices obtained a lower overall mean of 3.41 (SD = 1.07), interpreted as “Rather Much.” The findings therefore indicate a descriptive difference between the importance employees assign to workplace health initiatives and the extent to which they perceive workplace health practices as implemented. The study contributes context-specific evidence concerning workplace health promotion among BPO employees in Bacolod City while recognizing that its cross-sectional descriptive design does not permit causal or statistical-significance conclusions.

Based on the findings, BPO organizations may consider strengthening the accessibility, consistency, and responsiveness of workplace health practices across employee groups and work schedules. Particular attention may be given to ensuring that health-related initiatives are accessible to employees assigned to opening, mid, and closing shifts and remain relevant throughout different stages of employment. Organizations may also consider integrating preventive health support, psychosocial resources, ergonomic practices, and employee feedback mechanisms into existing workplace health programs. These approaches should be periodically evaluated against employees’ reported experiences to determine whether workplace health initiatives remain accessible and responsive to the operational conditions of BPO work.

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