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## HEALTH RISK PREVALENCE OF HEALTH AGENCY EMPLOYEES: TRENDS ANALYSIS, LIFESTYLE CONSCIOUSNESS AND QUALITY OF LIFE

**ROMELYN ESTHER C. TORRALBA**  
**ELTIMAR T. CASTRO, JR.**  
Father Saturnino Urios University

### ABSTRACT

This study aims to explore and understand the lifestyles and quality of life perceptions among the employees within the health agency. By examining the routines, behaviors, and attitudes of this population, the research seeks to investigate their lifestyle and self-perception in the context of a health-focused work environment. It endeavors to provide a comprehensive understanding of the interplay between profiles, occupational health, and quality of life, offering insights that could inform targeted interventions for this demographic. This study utilizes the FANTASTIC Lifestyle Questionnaire, modified version, to assess the lifestyle patterns of a group of individuals. Concurrently, the study employs the Western Balkan States Health-Related Quality of Life Survey to evaluate their perceptions of quality of life. Aiming to discern potential correlations between lifestyle factors and perceived quality of life, the research utilizes a quantitative approach with a sample of respondents. The anticipated findings will inform management and pertinent stakeholders, providing new insights and strategies to enhance the lifestyles and quality of life perceptions among the health employees.

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**Keywords:** *Obesity, Healthy Lifestyle, Quality of Life, Lifestyle Factors, Self-Perception, Life*

*Survey*

## INTRODUCTION

Globally, obesity has emerged as a significant public health challenge, affecting not only the general population but also healthcare workers (HCWs) who are at the frontline of patient care and health promotion. The prevalence of overweight and obesity among HCWs has reached alarming levels, with estimates indicating a combined prevalence of 65% in certain regions, such as the Gaza Strip, Palestine (Younis et al., 2023). This is notably higher than the general adult population indicates a concerning trend within the healthcare profession.

The ramifications of obesity extend beyond personal health, influencing the healthcare system's efficacy and the quality of patient care. Overweight and obesity are substantial contributors to poor health outcomes, including type 2 diabetes, cardiovascular diseases, and an array of non-communicable diseases, which could severely impact the performance and wellbeing of healthcare professionals (Younis et al., 2023). This is particularly troubling, as healthcare workers, who are meant to be advocates for health and wellness and serve as role models for patients, may find it challenging to counsel patients on weight management if they themselves are struggling with similar issues.

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The high prevalence of obesity in HCWs is partly due to lifestyle factors intrinsic to the healthcare profession, including irregular and extended work hours, high-stress environments, and sedentary work conditions. Additionally, higher income levels have been associated with an increased risk of obesity, substantiating the need for targeted interventions that address these unique occupational challenges (Younis et al., 2023).

The Philippines faces a growing obesity problem. According to the UNICEF (2022) as cited by the National Nutrition Council, data estimates that around 27 million Filipinos are obese. Adult overweight and obesity rates have nearly doubled in the past two decades, increasing from 20.2% in 1998 to 36.6% in 2019. This trend extends to teenagers as well, with prevalence rates of overweight and obesity more than doubling between 2003 (4.9%) and 2018 (11.6%).

Hence, to mitigate the burden of health risk prevalence on healthcare workers and the implications for healthcare service delivery, there is an imperative need to identify lifestyle and management interventions tailored specifically for this group. The healthcare sector's pursuit of initiatives that combine clinical efforts with community-wide strategies, exemplified by the Collaborate for Healthy Weight initiative in the U.S., shows promise in addressing the multifaceted nature of obesity prevention (Healthcare Obesity Prevention Recommendations: Complete List, 2012).

In summary, understanding the lifestyle and health risk assessments of healthcare workers is pivotal, as it represents an opportunity not only to improve the health outcomes of

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a critical workforce but also to strengthen the credibility and effectiveness of public health messaging.

Through this study, the researcher aims to understand the following:

1. The profile of the risk assessed health agency employees in terms of age, sex, civil status, birth year, address, Body Mass Index (BMI), address (urban or rural), intake of High-Fat/High-Salt diet, physical activity level, dietary intake for fruits, dietary intake for vegetables, with history of COVID-19 and with COVID-19 vaccination.

2. The level of recurrence of lifestyle consciousness of these health agency employees in terms of the indicators: Family, Activity, Nutrition, Tobacco and Toxics, Alcohol, Sleep, Stress, Personality, Insight and Career.

3. The level of Perception of Quality of Life of these health agency employees in the dimensions on Social Support, General Satisfaction and Physical Well-being.

4. The relationship between the Lifestyle consciousness and perception of Quality of Life of these target group.

## REVIEW OF RELATED LITERATURE

Bem's self-perception theory (1967, 1972) proposes a novel perspective on attitude formation. It suggests that individuals infer their own attitudes are formed by observing their behavior, similar to how they make judgments about others' attitudes based on their actions. This theory challenges the traditional assumption of attitudes driving behavior. Instead, it

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posits that social surroundings and the interpretation of one's own actions play a significant role in shaping attitudes (Mohebi, 2020).

According to Palenzuela-Luis et al., (2022), a strong connection exists between self-concept, self-esteem, and self-perception. These interrelated factors significantly influence an individual's lifestyle choices and health habits.

The study by Gavala-González et al., (2022) also reinforces the link between physical activity and a positive self-perceived quality of life. Participants who engaged in more physical activity reported better overall health. Additionally, the intensity of activity was correlated with various quality of life aspects. Those engaging in higher-intensity exercise experienced fewer limitations in physical function, emotional well-being, and pain during daily activities. Conversely, less active participants reported higher levels of pain impacting their daily lives.

Longitudinal studies examining lifestyle choices and psychological well-being (PWB) have identified positive associations. Engaging in healthy behaviors, such as abstaining from smoking, maintaining high social activity, and consuming more fruits and vegetables, consistently predicted higher PWB in both men and women over a ten-year period. Additionally, a cumulative increase in these protective health behaviors further strengthened the likelihood of experiencing greater PWB (Sapranaviciute-Zabazlajeva et al., 2022).

A study aimed to investigate the usefulness of the Fantastic Lifestyle Checklist (FLC), a health-related lifestyle measure at a major inner-city emergency department. The findings

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supported the construct and concurrent validity of the FLC, indicating that it captured meaningful aspects (Wilhelm et al., 2016).

Janković et al. (2021) introduced the WB-HRQoL scale as a dependable and comprehensive tool for assessing Health-Related Quality of Life (HRQoL). This scale goes beyond a single score by capturing HRQoL across four key domains: physical, mental, social, and environmental well-being. Notably, the WB-HRQoL's utility extends beyond research applications. It can be implemented in clinical settings to monitor individual patients' HRQoL over time.

## **Activity**

This study by An et al. (2020) examined the connection between physical activity, life satisfaction, and happiness across various age groups. They found that regular physical activity was associated with higher levels of life satisfaction and happiness in young adults, middle-aged adults, and older adults, even after accounting for demographic factors. Interestingly, the study also revealed a positive trend between age and life satisfaction/happiness, suggesting these aspects improve with age. These findings highlight the importance of promoting physical activity for overall well-being throughout the lifespan.

Mahindru et al. (2023) review the growing body of evidence demonstrating the positive impact of physical activity on mental health. Their analysis highlights the link between exercise and improved self-esteem, body image, and sleep quality. While depression and anxiety symptoms may lessen with physical activity, the effect seems stronger in clinical populations.

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The review explores potential mechanisms for this connection, including improved regulation of the stress response system and management of cravings in individuals struggling with substance abuse. The authors also note the benefit of exercise in managing symptoms of psychotic disorders and related medical conditions. They conclude by emphasizing the need for further research to develop and implement culturally-appropriate physical activity interventions (Mahindru et al., 2023).

Van Woudenberg et al. (2020) confirm a two-way relationship between physical activity and happiness in adolescents. Their study suggests that being active leads to greater happiness, and feeling happy motivates adolescents to be more active. This finding emphasizes the importance of physical activity for not only physical health but also mental well-being in young people. Understanding this connection can inform strategies to promote healthy lifestyles among adolescents (van Woudenberg et al., 2020).

### **Nutrition**

Muth et al. (2022) propose a unique approach to promoting well-being during stressful situations like lockdowns. Their study suggests that a combination of healthy habits – regular physical activity, good sleep, frequent positive social interactions, and a diet rich in fruits, vegetables, and low-inflammatory foods – can significantly improve mood and overall well-being. This research offers valuable insights into dietary and lifestyle recommendations that can be particularly helpful during periods of high uncertainty, such as pandemics (Muth et al., 2022).

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Hanawi et al. (2020) investigated the link between healthy lifestyle habits and stress in university students. This cross-sectional study involving 173 participants employed questionnaires to assess lifestyle choices (SLIQ) and emotional well-being (DASS-42). The findings revealed that a significant majority (71.8%) of students exhibited unhealthy lifestyles, and over half (50.7%) reported stress based on the SLIQ stress domain. Additionally, the DASS-42 scores indicated that nearly half (46.8%) of the students experienced anxiety. Interestingly, the study identified a statistically significant association between residence type and healthy lifestyle scores, suggesting potential environmental influences. Importantly, the results demonstrated a correlation between unhealthy lifestyles and higher levels of anxiety, depression, and stress. Based on these findings, the authors advocate for universities to implement programs and initiatives that promote healthy lifestyle practices among students (Hanawi et al., 2020).

### ***Tobacco Use***

Varghese et al. (2023) conducted a comprehensive review of existing research on the negative health consequences of smoking. Their analysis highlights the well-established link between long-term smoking and a multitude of severe health problems. Despite widespread knowledge of these dangers, smoking prevalence remains concerningly high. The review emphasizes the harm not only to smokers themselves but also to those exposed to secondhand smoke.

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The authors point out the unique severity of secondhand smoke exposure, highlighting its impact on innocent bystanders. They underscore the extensive body of research documenting the detrimental effects of smoking on nearly every bodily system and organ. Varghese et al. (2023) utilized a thorough search of the Pubmed database to gather evidence from various global studies. Their review aims to educate the public about the true dangers of smoking and dispel any lingering myths.

### **Toxics**

Substance abuse has long plagued societies, necessitating a comprehensive public health response. This special issue emphasizes the interconnectedness of prevention and treatment strategies, spanning disciplines like biology, psychology, and sociology. By presenting empirical studies from diverse regions, the issue fosters international exchange of knowledge on substance abuse etiology, its influences across various domains, and its complex consequences. This multilevel perspective underscores the value of employing multifaceted and adaptable prevention and treatment approaches (Lo et al., 2020).

Drug overdose, a life-threatening surge in drug toxicity, is a growing public health concern. Both fatal and non-fatal overdoses are on the rise globally, often involving opioids and synthetic analogues. This article highlights the link between mental health and substance abuse, with mental health status playing a significant role in overdose risk. The authors, Kedia et al. (2022), emphasize the societal impact of this crisis, noting the detrimental effects overdoses have on family structures and long-term child well-being.

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## **Alcohol**

Varghese and Dakhode (2022) conducted a review examining the well-established link between chronic alcohol consumption and detrimental health effects. Their analysis highlights the historical recognition of alcohol's dangers, yet the concerning prevalence of this addiction. The review emphasizes the negative consequences not only for the drinker but also for their loved ones impacted by secondhand effects.

Varghese and Dakhode (2022) draw upon various research studies to solidify the connection between prolonged alcohol intake and the initiation, worsening, and overall decline in health. Furthermore, they identify chronic alcohol consumption as a significant risk factor for a multitude of serious diseases.

Davies et al. (2022) investigated the impact of initial COVID-19 restrictions on alcohol use and its connection to health and well-being in individuals with and without mental health and neurodevelopmental conditions (MHNDs). The study examined changes in drinking patterns during the early stages of the pandemic and their association with mental and physical health outcomes.

Their findings revealed that a significant portion (35.3%) of participants with MHNDs reported a negative impact on mental health due to increased alcohol consumption, compared to 17.8% without MHNDs ( $p < .001$ ). Similarly, a higher percentage of those with MHNDs (44.2%) indicated negative physical health effects from increased drinking compared to those without (32.6%) ( $p < .001$ ). Interestingly, the study also found that reduced alcohol

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consumption was associated with improved mental health in both groups, with a slightly higher percentage observed in the MHNDG group (21.1% vs. 14.4%).

The study further identified factors such as age, relationship status, living arrangements, employment status, coping mechanisms, and overall distress levels as significant predictors of increased alcohol consumption during this period (Davies et al., 2022).

### **Sleep**

Bruno et al. (2022) investigated the link between sleep quality and unhealthy lifestyle choices during the COVID-19 pandemic. Their study suggests that poor sleep is associated with adopting unhealthy behaviors. This finding highlights the potential of sleep quality assessment as a tool to identify individuals who might develop unhealthy habits when facing stress.

The authors propose that large-scale interventions promoting good sleep could contribute to improved management of long-term stressful situations, ultimately leading to better overall health. They emphasize the importance of public health initiatives during pandemics to consider the potential negative impact of stress on lifestyle behaviors, particularly among those with poor sleep (Bruno et al., 2022).

Ramar et al. (2021) highlight a critical gap in public health initiatives – the relative neglect of sleep health compared to other lifestyle factors like diet and exercise. Despite its well-established importance for overall well-being, sleep has received significantly less focus

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and investment. The authors call for broader support for sleep health interventions, including public education campaigns, improved screening for sleep disorders, optimized sleep environments in healthcare facilities, and the development of public health and workplace programs that promote healthy sleep habits. Additionally, they emphasize the need for expanded research to further explore the link between sleep and health outcomes (Ramar et al., 2021).

Chaput et al. (2020) conducted a comprehensive review to examine the connection between sleep duration and various health outcomes in adults. Their analysis focused on systematic reviews published in the past decade, searching four electronic databases in December 2018. Chaput et al. (2020) suggests that sleep duration of 7-8 hours nightly is most favorably linked with overall health in adults and older adults.

Sletten et al. (2023) comprehensively reviewed the evidence on sleep regularity and its impact on health and performance. Their analysis revealed a strong association between consistent sleep schedules and positive outcomes across various aspects of well-being. Regular sleep was linked to improved alertness, safety behaviors, cardiovascular health, metabolic health, mental health, academic performance, cognitive function, and even sleep quality itself. Conversely, irregular sleep patterns were consistently linked to increased risks for adverse health outcomes.

Importantly, the review found no evidence that irregular sleep schedules benefitted any aspect of health or performance. Based on these findings, the authors recommend that

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individuals strive for consistent sleep timing whenever possible. However, they acknowledge that catching up on sleep debt with 1-2 additional hours on non-work days may be beneficial when sleep duration is insufficient during workweeks (Sletten et al., 2023).

### ***Stress***

Yaribeygi et al. (2017) reviewed the effects of stress on various bodily systems. Stress is defined as any stimulus that triggers a biological response, and the body's reaction is known as the stress response. The type, timing, and intensity of the stressor can significantly impact the body, ranging from minor disruptions in homeostasis to life-threatening consequences. Stress exposure has been linked to the development and worsening of many diseases, suggesting it can act as a trigger or aggravator for various health conditions. This review examines the significant impacts of stress on core human physiological systems (Yaribeygi et al., 2017).

Hasin et al. (2023) conducted a systematic review examining the link between job stress and negative mental and physical health outcomes. Their analysis of recent research confirms a consistent association between job stress and mental health issues such as depression, anxiety, and burnout. Additionally, the review highlights the connection between job stress and various physical health problems, including cardiovascular disease, musculoskeletal disorders, and gastrointestinal issues. Based on these findings, the authors propose a future study design (cross-sectional or longitudinal) to explore the relationships between job stress, mental and physical health, and potential moderating/mediating variables.

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This research has the potential to provide valuable insights into the detrimental effects of job stress on employee well-being and inform the development of interventions and policies to mitigate job stress and promote employee health (Hasin et al., 2023).

Sime et al. (2022) highlight the concerning rise of work-related stress (WRS) as a global public health issue, particularly in low-income countries due to globalization and changing work environments. Their study identified several factors significantly associated with WRS, including temporary employment, poor working conditions, limited work experience, lack of learning opportunities, inadequate organizational support, current khat use, and alcohol consumption (Sime et al., 2022).

### **Personality**

Leger et al. (2021) investigated the link between personality traits and physical health outcomes. Their findings suggest that individuals high in neuroticism (prone to negative emotions) or low in conscientiousness (organized and responsible) tend to experience poorer physical health later in life. This association appears to be partly explained by these individuals' heightened emotional reactions to everyday stressors. The study highlights the potential of using personality traits to identify people who might be more susceptible to the negative health effects of everyday stress. Furthermore, it suggests that interventions targeting "Negative Affect Reactivity" (emotional response to stress) could be a valuable tool in promoting long-term physical health (Leger et al., 2021).

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Clark et al. (2019) contribute to the understanding of the complex relationship between personality and health. Their findings support existing theories that highlight the interplay between social and psychological factors. Personality traits influence how individuals perceive, experience, and interact with their social networks. These social networks, in turn, can significantly impact health and health behaviors. The study aligns with established models (e.g., psychosocial resources model, risk and protective factors model) that emphasize the importance of social factors in mediating the connection between personality and health outcomes (Clark et al., 2019).

Lou et al. (2022) examined the dynamic interplay between personality and physical health across a lifespan. Building on existing theories, their study investigated these connections at both individual (between-person) and short-term (within-person) levels. Data from three longitudinal studies involving thousands of participants was analyzed. The findings revealed generally bidirectional relationships between changes in personality traits (neuroticism and extraversion) and changes in physical health outcomes (self-rated health, specific diseases, and motor function) (Lou et al., 2022).

### ***Insights***

Li et al. (2021) emphasize the importance of self-awareness in both physiological and psychological well-being. Their research suggests that having an accurate and comprehensive understanding of oneself is beneficial for personal growth and overall well-being (Li et al., 2021).

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London et al. (2022) reviewed various approaches to self-awareness development. While theoretical models exist based on adult development, experiential learning, and motivation, many recommended interventions in professional settings lack a strong theoretical foundation and rely more on practical guidelines. The most common interventions include mindfulness training, feedback mechanisms, and coaching. Interestingly, the review also highlights that individuals often take initiative and develop their own strategies for self-awareness growth (London et al., 2022).

### **Career**

In a previous study by Kim (2023), it was found that both hard and soft job quality have independent beneficial effects on the overall health of employees. However, the study also revealed that these two dimensions of job quality are not necessarily aligned, and that hard job quality may have a stronger influence on health outcomes. This suggests that the positive influence of soft job quality on health may be somewhat limited.

Prior research highlights the complex relationship between work and mental health, with factors influencing both positive and negative outcomes (unspecified sources). Notably, influence at work is a key factor connecting the psychosocial work environment to employee well-being (Andersen et al., 2022). However, there's a knowledge gap regarding how contemporary employees perceive and experience work influence (Andersen et al., 2022). This study by Andersen et al. (2022) aimed to address this gap by exploring the concept of influence at work in depth. Their findings revealed a multifaceted understanding of influence

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among employees, emphasizing its importance in various ways (Andersen et al., 2022). The authors express hope that these findings (summarized in three themes, not mentioned here) will inspire managers, employees, and consultants to design work tasks, organizational structures, and interventions that promote greater influence at work. This, in turn, could contribute to improved employee mental well-being (Andersen et al., 2022).

### **Social Support**

Research by Chollou et al. (2022) suggests a positive association between perceived social support and quality of life in cardiovascular patients. Their findings indicate that patients who perceive themselves as having stronger social support networks report a higher quality of life. This highlights the potential of social support as a strategy to improve well-being and potentially aid in managing cardiovascular disease (Chollou et al., 2022).

Mo et al. (2022) investigated the relationships between social support, health behaviors, health-related quality of life (HRQoL), and subjective well-being (SWB) in younger and older adults in Hong Kong. Their findings revealed interesting age differences in these relationships. For older adults, social support had a direct positive influence on both SWB and HRQoL. In contrast, for younger adults, the influence of social support on SWB was indirect, working through health-promoting behaviors. These results suggest the need for age-specific strategies to promote HRQoL and SWB. Additionally, the authors call for prospective studies to confirm the causal nature of the observed relationships (Mo et al., 2022).

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Studies have shown that adequate social support has a protective effect on various health parameters (Eizaguirre et al., 2023). This highlights the importance of assessing a patient's social support network as part of their daily treatment plan (Eizaguirre et al., 2023).

### **General Satisfaction**

Building on prior research, Badri et al. (2022) examine the well-being of working adults in Abu Dhabi by exploring the interconnected nature of life satisfaction and happiness. Their study offers novel empirical evidence for a reciprocal relationship between these two concepts, suggesting that happiness and life satisfaction influence each other. This highlights the potential importance of a holistic approach to well-being, where factors like job satisfaction, strong social connections, and mental health all play a role in influencing both happiness and life satisfaction. The authors call for further research to explore the long-term effects of these relationships and emphasize the need for policymakers to consider a broader framework for worker well-being, one that incorporates factors essential for both happiness and life satisfaction (Badri et al., 2022).

### **Physical Well-being**

While prior research suggests physical activity generally benefits mental health, some factors may influence this connection. Rodríguez-Romo et al. (2022) investigated these factors in undergraduate students. They analyzed how physical activity levels (low, medium, high) and activity settings (occupational, commuting, leisure) relate to mental health. The study

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found a positive correlation between total physical activity and better mental health. Interestingly, high levels of commuting and leisure activity were most beneficial, while only moderate levels of occupational activity showed a positive association. Furthermore, leisure and occupational activity remained protective against mental health problems, with high-level leisure activity and moderate occupational activity appearing to be the most effective combination for reducing vulnerability (Rodríguez-Romo et al., 2022). These findings suggest the importance of considering activity type and intensity when promoting physical activity for improved mental health in students.

Hovland et al. (2023) highlight adapted physical activity as a valuable tool for personal growth. Their study suggests that engaging in physical activities tailored to individual needs can lead to a stronger sense of self, improved mental well-being, increased social interaction, and ultimately, better stress management skills. Additionally, the research emphasizes the importance of choosing activities that hold personal interest and meaning, which can contribute to long-term participation and positive lifestyle changes.

While physical activity is generally considered beneficial for mental health, Klussman et al. (2021) investigated how specific types of activity impact various aspects of well-being. Their study examined the relationships between activity intensity (walking, moderate, vigorous), type (team-based, community-based, solo), and self-reported health, anxiety, depression, and other well-being measures in 143 participants. Notably, self-connection was also assessed as a potential moderating factor. The findings revealed inconsistent relationships between activity and well-being, with intensity and type playing a significant role.

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Interestingly, self-connection emerged as a consistent predictor of well-being and moderated the association between activity type and meaning in life. However, limitations like the cross-sectional design and limited activity types call for further research. Overall, the study suggests a more nuanced understanding of the connection between physical activity and well-being, highlighting the importance of considering activity type and self-connection in future research aimed at optimizing physical activity programs for improved mental health.

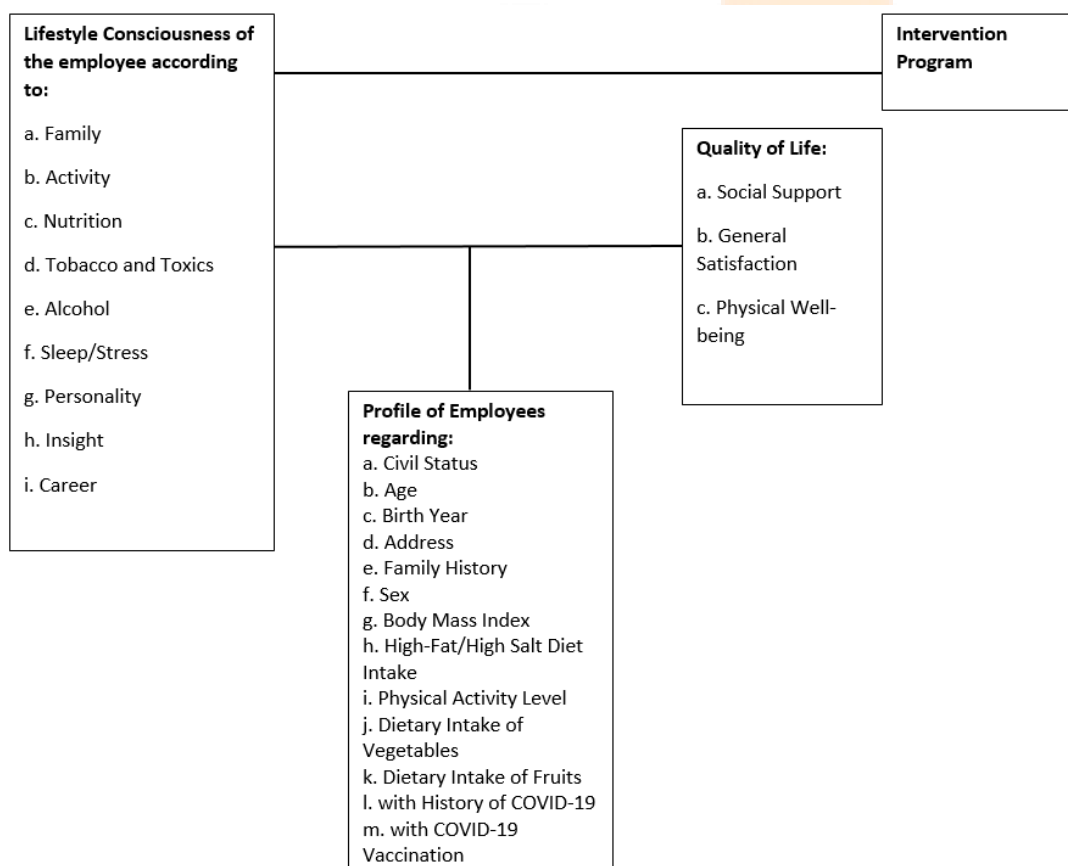


Figure 1. Conceptual Framework

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## METHODOLOGY

### ***Research Design and Sampling***

A probability sampling technique was employed to select participants from a population of employees who had undergone a recent health risk assessment. This method ensures that every employee within the target population has a known and non-zero chance of being selected for the study. A total of 57 employees participated in the study.

This study is descriptive-correlational research utilizing the quantitative method. It is descriptive because it attempts to describe the characteristics, frequencies, trends, and lifestyle categories of healthcare workers, especially the overweight and obese, and the various aspects of the respondent's perception of quality of life: social support, general satisfaction, and physical well-being. It is correlational because it seeks to discover the significant relationship between the lifestyle of the target group and their perception in terms of quality of life.

### ***Research Instrument***

This study utilizes a modified version of the well-established Modified Food, Activity, Sleep, Tobacco, Alcohol, and Social Support - Traditional and Computerized (FANTASTIC) Lifestyle Questionnaire. The instrument assesses a broad range of lifestyle factors relevant to the current study's objectives, such as diet, physical activity, sleep patterns, and social support. Minor adaptations will be made to the original FANTASTIC questionnaire to ensure optimal alignment with the specific research questions. Meanwhile, to assess participants'

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health-related quality of life (HRQoL), this study will employ the western Balkan states WB-HRQoL. This widely used and validated instrument measures functional limitations and well-being across various domains, making it suitable for capturing the impact of lifestyle factors on overall well-being.

### **Data Gathering Procedure**

This study employed a targeted approach to health agency employees. All employees who recently completed a health risk assessment were invited to participate. After obtaining informed consent, participants completed two self-administered questionnaires: a modified version of the FANTASTIC Lifestyle Questionnaire tailored to the study's objectives and the western Balkan states WB-HRQoL to measure health-related quality of life. Fifty-seven employees consented to participate.

### **Data Analysis**

Data analysis was conducted using JAMOVI version 2.3.28. To characterize the participants' lifestyle behaviors and perceptions of health-related quality of life (HRQoL), descriptive statistics were employed. This included calculating the mean (average) and standard deviation (spread) for each item on the modified FANTASTIC Lifestyle Questionnaire and the WHO DAS 26 subscales. To assess the relationship between lifestyle factors and HRQoL, Spearman's rank correlation coefficient was utilized.

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## Interpretation of the Mean Scores

### FANTASTIC Lifestyle Consciousness Questionnaire

Mean Score	Interpretation
4	Everytime
3	Often
2	Rarely
1	Never

### Western Balkan States Health-Related Quality of Life Survey (WB-HRQoL)

Mean Score	Interpretation
4	Strongly Agree
3	Agree
2	Disagree
1	Strongly Disagree

## RESULTS AND DISCUSSION

	N	Mean	Median	SD	Minimum	Maximum	Skewness		Shapiro-Wilk	
							Skewness	SE	W	p
Civil Status Code	57	1.42	1	0.533	1	3	0.6936	0.316	0.668	< .001
Age Code	57	2.05	2	1.042	1	4	0.6763	0.316	0.823	< .001
Birth Year Code	57	4.11	4	1.080	2	6	-0.5680	0.316	0.862	< .001
Area/Address Code	57	1.14	1	0.350	1	2	2.1272	0.316	0.413	< .001
Family History Code	57	2.60	1	1.879	1	7	0.6642	0.316	0.785	< .001
Sex Code	57	1.77	2	0.423	1	2	-1.3315	0.316	0.519	< .001
BMI Code	57	2.61	3	0.726	1	4	0.4570	0.316	0.808	< .001
High Fat/High Salt Intake-Eats Processed/Fast Foods Weekly? Code	57	1.30	1	0.462	1	2	0.9060	0.316	0.575	< .001
Physical Inactivity-Does atleast 2 1/2 hrs a week moderate intensity physical activity Code	57	1.47	1	0.504	1	2	0.1083	0.316	0.636	< .001
Dietary Fiber-Intake 2-3 servings of vegetables daily Code	57	1.47	1	0.504	1	2	0.1083	0.316	0.636	< .001
Dietary Fiber-Intake 2-3 servings of fruits daily Code	57	1.61	2	0.491	1	2	-0.4812	0.316	0.617	< .001
With History of COVID-19 Code	57	1.51	2	0.504	1	2	-0.0360	0.316	0.637	< .001
With COVID-19 primary and booster doses Code	57	1.05	1	0.225	1	2	4.1161	0.316	0.234	< .001

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**Table 1. Demographics of Risk Assessed Health Agency Employees**

Fifty-seven health agency employees, primarily young adults (age 20-30) and Millennials (born 1991-2000), participated in this study. The majority were single females and most of the respondents resided in urban areas. A significant portion reported a family history of hypertension and diabetes, yet most maintained a normal BMI. While most exercised and consumed recommended vegetable intake, a concerning trend emerged: high prevalence of high-fat/high-salt diets with frequent processed food consumption, coupled with a lower intake of fruits than recommended. Interestingly, the majority had contracted COVID-19 previously, but a high percentage were also fully vaccinated.

Civil Status Code	Counts	% of Total	Cumulative %
1	34	59.6 %	59.6 %
2	22	38.6 %	98.2 %
3	1	1.8 %	100.0 %

**Table 1.1 Frequency of Civil Status.** According to the survey data, 59.6% (n = 34) of the respondents identified as single, while 38.6% (n = 22) reported being married.

Age Code	Counts	% of Total	Cumulative %
1	21	36.8 %	36.8 %
2	20	35.1 %	71.9 %
3	8	14.0 %	86.0 %
4	8	14.0 %	100.0 %

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**Table 1.2 Frequency of Age.** Analysis of the data revealed that the largest proportion of respondents (36.8%, n = 21) fell within the 20-30 year old age group. This was followed by the 31-40 year old age group (23.1%, n = 20), with both the 41-50 year old (14.0%, n = 8) and 51-60 year old (13.0%, n = 8) age groups having similar proportions.

Birth Year Code	Counts	% of Total	Cumulative %
2	6	10.5 %	10.5 %
3	10	17.5 %	28.1 %
4	15	26.3 %	54.4 %
5	24	42.1 %	96.5 %
6	2	3.5 %	100.0 %

**Table 1.3 Frequency of birth year.** The distribution of respondents by birth year reveals a concentration in the 1991-2000 age group (42.1%, n = 24). This is followed by the 1981-1990 birth year cohort (26.3%, n = 15). The remaining respondents are relatively evenly distributed across the 1971-1980 (17.5%, n = 10), 1961-1970 (10.5%, n = 6), and 2001-2010 (3.5%, n = 2) birth year groups.

Area/Address Code	Counts	% of Total	Cumulative %
1	49	86.0 %	86.0 %
2	8	14.0 %	100.0 %

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**Table 1.4 Frequency of Address.** Analysis of respondents' addresses revealed a significant skew towards urban areas. Specifically, 86% (n = 49) of the respondents reported living in urban areas, compared to only 14% (n = 8) residing in rural areas.

Family History Code	Counts	% of Total	Cumulative %
1	29	50.9 %	50.9 %
2	4	7.0 %	57.9 %
3	2	3.5 %	61.4 %
4	11	19.3 %	80.7 %
5	6	10.5 %	91.2 %
6	4	7.0 %	98.2 %
7	1	1.8 %	100.0 %

**Table 1.5 Frequency of Family History.** Analysis of family history within the dataset revealed that hypertension was the most prevalent condition (50.9%, n = 29). This was followed by diabetes mellitus (19.3%, n = 11), asthma (10.5%, n = 6), and a relatively even distribution for stroke (7.0%, n = 4) and cancer (7.0%, n = 4). Heart attack (3.5%, n = 2) and kidney disease (1.8%, n = 1) were the least frequently reported family history diagnoses.

Sex Code	Counts	% of Total	Cumulative %
1	13	22.8 %	22.8 %
2	44	77.2 %	100.0 %

**Table 1.6 Frequency of Sex.** Analysis of participant demographics revealed a higher proportion of females (77.2%, n = 44) compared to males (22.8%, n = 13) in the study.

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BMI Code	Counts	% of Total	Cumulative %
1	1	1.8 %	1.8 %
2	27	47.4 %	49.1 %
3	22	38.6 %	87.7 %
4	7	12.3 %	100.0 %

**Table 1.7 Frequency of Body Mass Index.** Analysis of body mass index (BMI) revealed that 47.4% (n = 27) of participants fell within the normal weight range (18.5 to 24.9). This was followed by overweight individuals (38.6%, n = 22), obese individuals (12.3%, n = 7), and a small percentage classified as underweight (1.8%, n = 1).

High Fat/High Salt Intake-Eats Processed/Fast Foods Weekly? Code	Counts	% of Total	Cumulative %
1	40	70.2%	70.2%
2	17	29.8%	100.0%

**Table 1.8 Frequency of High Fat/High Salt Intake and Eats Processed Food weekly.**

The data indicates a high prevalence of consuming high-fat and high-salt foods, with 70.2% (n = 40) of respondents reporting weekly consumption of processed/fast foods, which are often associated with these dietary characteristics.

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Frequencies of Physical Inactivity-Does atleast 2 1/2 hrs a week moderate intensity physical activity Code

Physical Inactivity-Does atleast 2 1/2 hrs a week moderate intensity physical activity Code	Counts	% of Total	Cumulative %
1	30	52.6%	52.6%
2	27	47.4%	100.0%

**Table 1.9 Frequency of Physical Activity.** Self-reported physical activity levels indicated that over half (52.6%, n = 30) of the participants met the recommended guidelines of at least 2.5 hours of moderate-intensity exercise per week. However, the remaining 47.4% (n = 27) did not report engaging in this level of physical activity.

Dietary Fiber-Intake 2-3 servings of vegetables daily Code	Counts	% of Total	Cumulative %
1	30	52.6%	52.6%
2	27	47.4%	100.0%

**Table 1.10 Frequency of Dietary-Fiber Intake 2-3 Servings of Vegetables Daily.** Analysis of vegetable consumption revealed that over half of the participants (52.6%, n = 30) reported consuming 2-3 servings of vegetables daily. Conversely, 47.4% (n = 27) of participants indicated a lower vegetable intake.

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Dietary Fiber-Intake 2-3 servings of fruits daily Code	Counts	% of Total	Cumulative %
1	22	38.6 %	38.6 %
2	35	61.4 %	100.0 %

**Table 1.11 Frequency of Dietary-Fiber Intake 2-3 Servings of Fruits Daily.** Fruit intake analysis revealed that a majority of participants (61.4%, n = 35) reported consuming less than the recommended daily intake of 2-3 servings of fruits. In contrast, 38.6% (n = 22) of participants indicated meeting the recommended daily fruit intake.

With History of COVID-19 Code	Counts	% of Total	Cumulative %
1	28	49.1 %	49.1 %
2	29	50.9 %	100.0 %

**Table 1.12 Frequency of Respondents with History of COVID-19.** Analysis of COVID-19 history revealed that nearly half of the participants (49.1%, n = 28) reported having contracted the disease at some point. The remaining participants (50.9%, n = 29) indicated no history of COVID-19.

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With COVID-19 primary and booster doses Code	Counts	% of Total	Cumulative %
1	54	94.7 %	94.7 %
2	3	5.3 %	100.0 %

**Table 1.13 Frequency of Respondents with COVID-19 Primary and Booster Vaccine Doses.** Vaccination status against COVID-19 showed a high immunization rate. Among participants, 94.7% (n = 54) reported being fully vaccinated, having received both the primary and booster doses. A small minority (5.3%) indicated they were not fully vaccinated.

	N	Mean	SE	Median	SD	Minimum	Maximum
F1. I have someone to talk to about things that are important to me Code	57	3.30	0.0935	3	0.706	1	4
F2. I give and receive affection Code	57	3.09	0.0912	3	0.689	2	4
F3. I am vigorously active for at least 30 minutes per day e.g., running, cycling, etc Code	57	2.40	0.1087	2	0.821	1	4
F4. I am moderately active (gardening, climbing stairs, walking, housework) Code	57	3.11	0.1022	3	0.772	2	4
F5. I eat a balance diet Code	57	2.67	0.0843	3	0.636	1	4
F6. I often eat excess sugar, salt, animal fats, or junk food Code	57	2.56	0.0752	3	0.567	1	4
F7. I am within the weight that I think is healthy Code	57	2.37	0.1217	2	0.919	1	4
F8. I don't smoke tobacco Code	57	3.81	0.0951	4	0.718	1	4
F9. I don't use drugs such as marijuana and cocaine Code	57	4.00	0.0000	4	0.000	4	4
F10. I don't overuse prescribed or 'over the counter' drugs Code	57	3.39	0.1388	4	1.048	1	4
F11. I don't drink caffeine-containing coffee, tea, energy drinks, or cola Code	57	2.58	0.1370	2	1.034	1	4
F12. I don't drink alcohol weekly Code	57	2.37	0.1596	2	1.205	1	4
F13. I don't drink more than four drinks on an occasion Code	57	2.32	0.1546	2	1.167	1	4
F14. I don't drive after drinking Code	57	3.28	0.1598	4	1.206	1	4
F15. I sleep well and feel rested Code	57	3.05	0.1045	3	0.789	2	4
F16. I use seatbelts Code	57	3.60	0.0786	4	0.593	2	4
F17. I am able to cope with the stresses in my life Code	57	3.19	0.0847	3	0.639	1	4
F18. I relax and enjoy leisure time Code	57	3.19	0.0984	3	0.743	2	4
F19. I practice safe sex Code	57	3.54	0.1093	4	0.825	1	4
F20. I don't seem to be in a hurry Code	57	2.91	0.0803	3	0.606	2	4
F21. I don't feel angry or hostile Code	57	2.53	0.1005	2	0.758	1	4
F22. I am a positive or optimistic thinker Code	57	3.33	0.0805	3	0.607	2	4
F23. I don't feel tense or uptight Code	57	2.68	0.0798	3	0.602	2	4
F24. I don't feel sad or depressed Code	57	2.61	0.0858	3	0.648	1	4
F25. I am satisfied with my job or role Code	57	3.16	0.0995	3	0.751	1	4

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**Table 2. Lifestyle Consciousness Level of Recurrence in terms of the indicators: Family, Activity, Nutrition, Tobacco, Alcohol, Sleep, stress, Personality, Insight and Career.**

### **Family**

F1. Revealed that nearly half (47.4%) of participants reported frequently having someone to confide in (often) regarding important matters. This finding is further supported by the mean score of 3.00 on a 4-point Likert scale (where 1 = never, 4 = Everytime), which translates to "often" on the scale. The standard error of the mean (SEM) was low (0.0935), indicating a high degree of precision in the estimate.

F2. Analysis of giving and receiving affection revealed that over half of the participants (52.6%) reported frequently giving and receiving affection ("often"). This finding is supported by the mean score of 3.09 on a 5-point Likert scale (where 1 = never, 5 = often), which translates to "often" on the scale. The low standard error of the mean (SEM) (0.0912) indicates a high degree of precision in the estimate.

### **Activity**

F3. About 43.9% (25 out of 57) of participants indicated that they rarely engaged in vigorous physical activity, which is defined as activities like cycling or jogging that take at least 30 minutes. The mean score, or "rarely" on the scale (1 = never, 4 = everytime), was 2.40.

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The estimate has a reasonable level of precision, as indicated by the standard error of the mean (0.1087).

F4. About 40.4% (23 out of 57) of individuals reported engaging in moderate-intensity physical activities frequently, such as walking, climbing stairs, gardening, or housekeeping. The Mean score was 3.11, or "often" on the rating scale. The estimate has a reasonable level of precision, as indicated by the standard error of the mean (SEM) of 0.1022.

### **Nutrition**

F5. There was a discrepancy between the Likert scale ratings and the self-reported food intake. More than half of the subjects (54.4%) said they "often" have a well-balanced diet. On the Likert scale, on the other hand, the mean score of 2.67 meant "rarely". A high degree of precision in the estimate is indicated by the standard error of the mean (SEM) (0.0843).

F6. Analysis of unhealthy food consumption revealed a potential discrepancy between self-reported intake and the Likert scale scores. Over half of the participants (54.4%) indicated they "often" consume excess sugar, salt, animal fats, or junk food. However, the mean score on the Likert scale (2.56) translates to "rarely". The standard error of the mean (SEM) (0.0752) indicates a high degree of precision in the estimate.

F7. Survey responses regarding perceived healthy weight status showed an equal proportion of participants (35.1% each) reported responding "rarely" and "often" to the statement "I am within the weight that I think is healthy." The Likert scale score also leaned

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towards the mean of 2.37 translating to "rarely" on the scale. The standard error of the mean (SEM) (0.1217) indicates a moderate degree of precision in the estimate.

### ***Tobacco and Toxics***

F8. The survey results indicate a very low prevalence of smoking; 93% answered that they do not smoke tobacco. The mean score on the Likert scale was 3.8. This score translates to "often" on the scale, which contradicts the high percentage of non-smokers. The survey question, with 93% responding "no" to smoking, most likely reflects the actual smoking habits within the participant pool. The Likert scale score seems to be an outlier in this context.

F9. This finding suggests a very low prevalence of illicit drug use within the participant pool. The Likert scale score, however, presents inconsistencies. The mean score was 4.00, which translates to "every time" on the scale. The standard deviation and standard error of zero further highlight concerns about the reliability of the Likert scale.

F10. Survey responses suggest a positive trend regarding responsible medication use. A significant majority of participants (71.9%) reported not overusing prescription or over-the-counter drugs.

F11. Over 40% reported rarely consuming caffeinated beverages (coffee, tea, energy drinks, or cola). The mean consumption frequency was 2.58, likely corresponding to "rarely" on a Likert scale. Standard deviation (1.034) indicated some variability in consumption.

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## **Alcohol**

F12. More than a third (33.3%) reported rarely consuming alcohol weekly. The mean consumption frequency was 2.37, likely corresponding to "rarely" on a Likert scale. The standard deviation (1.205) indicated some variability in drinking patterns.

F13. Over 31% (31.6%) reported never consuming alcohol. The mean consumption frequency was 2.32, likely reflecting "rarely" on a Likert scale. The standard deviation (1.167) indicated some variation in drinking patterns.

F14. A large majority (70.2%) indicated they never engage in driving after drinking. The mean response (3.28) likely corresponded to "often" in the Likert scale. The standard deviation (1.206) suggested some variability in responses.

## **Sleep and Stress**

F15. Nearly 40% reported often sleeping well and feeling rested. The mean score (3.05) aligned with "often" on a Likert scale indicating a generally positive perception of sleep quality. However, some variability in sleep experiences existed (standard deviation = 0.789).

F16. A majority (64.9%) indicated they use seatbelts every time. The mean response (3.60) likely corresponded to the "Every time" category on the Likert scale, aligning with the high proportion of users. However, some variability in seatbelt use was evident (standard deviation = 0.593).

F17. Over 61% indicated they often cope with life's stresses. The mean score (3.19) aligned with "often" on a Likert scale, suggested a general perception of effective stress

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management. However, some variability in coping abilities existed (standard deviation = 0.639).

F18. Over 42% indicated they "often" relax and enjoy leisure time. The mean score (3.19) corresponded with "often" on a Likert scale This suggests a generally positive perception of leisure time engagement. However, some variability in leisure time enjoyment was evident (standard deviation = 0.743).

F19. A large majority (71.9%) indicated they practice safe sex "Every time". The mean score (3.54) likely corresponded to "Often" on the Likert scale. However, some variability in safe sex practices was evident (standard deviation = 0.825).

### ***Personality***

F20. A majority (63.2%) indicated they are not "often" in a hurry. The mean score (2.91) was, also almost aligned with this interpretation.

F21. While nearly half (47.4%) indicated they rarely do not feel angry or hostile (which likely translates to feeling angry or hostile occasionally). The mean score (2.53) also supported this interpretation. This suggests that some participants experience these emotions occasionally. Standard deviation (0.758) indicated some variability in emotional experiences.

### ***Insights***

F22. Over half (52.6%) indicated they are "often" positive or optimistic thinkers on a Likert scale. The mean score (3.33) also aligned with this interpretation. This suggests a generally positive outlook among a majority of participants.

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F23. Over half (54.4%) indicated they often do not feel tense or uptight. The mean score (2.68) is aligned with "rarely" in the Likert scale interpretation. This suggests that a majority of participants does not occasionally experience tenseness or anxiousness. Standard deviation (0.602) indicated some variability in emotional experiences.

F24. Nearly 60% indicated they often do not feel sad or depressed. The mean score (2.61) is aligned with "rarely" in the Likert Scale interpretation. This suggests that a majority of participants experience occasional sadness or depression. However, some variability in emotional experiences existed (standard deviation = 0.648).

### Career

F25. Nearly half (47.4%) indicated they are "often" satisfied with their job or role, the mean score (3.16) on a Likert scale and this falls on "moderately" satisfied. Standard deviation (0.751) indicated some variability in job satisfaction experiences.

	N	Mean	Median	SD	Minimum	Maximum
F Average	57	3.00	3.00	0.238	2.52	3.56

**Table 2.1 Overall Mean for Lifestyle Consciousness.** The descriptive statistics table summarizes the lifestyle consciousness scores for risk-assessed health agency employees. Notably, the high mean (3.56) and low standard deviation (0.238) suggest that most employees tend to engage in healthy behaviors as measured by this assessment.

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	N	Mean	Median	SD	Minimum	Maximum	Shapiro-Wilk	
							W	p
QL1. My family relations are excellent Code	57	3.28	3	0.675	1	4	0.769	< .001
QL2. I regularly meet my friends and enjoy their company Code	57	3.04	3	0.680	2	4	0.801	< .001
QL3. My relations with colleagues at job are good Code	57	3.33	3	0.476	3	4	0.595	< .001
QL4. I do not feel any pain Code	57	2.30	2	0.706	1	4	0.814	< .001
QL5. Life is beautiful Code	57	3.67	4	0.476	3	4	0.595	< .001
QL6. The world is beautiful Code	57	3.56	4	0.567	2	4	0.685	< .001
QL7. I am doing excellently at my job Code	57	3.23	3	0.535	2	4	0.704	< .001
QL8. I may say that my sex life is very good Code	57	2.89	3	0.772	1	4	0.830	< .001
QL9. I am content with my finances Code	57	2.63	3	0.616	2	4	0.751	< .001
QL10. I feel completely safe Code	57	3.11	3	0.588	2	4	0.753	< .001
QL11. I easily adapt to environmental temperature Code	57	3.05	3	0.515	2	4	0.690	< .001
QL12. I do not have problem with breathing where I live or work Code	57	3.23	3	0.567	2	4	0.734	< .001
QL13. I can perform any physical activity without limitation Code	57	2.81	3	0.743	1	4	0.837	< .001
QL14. I fall asleep easy and I sleep long enough; when I wake up, I feel rested. Code	57	2.84	3	0.727	1	4	0.835	< .001
QL15. I take care of myself completely Code	57	3.09	3	0.606	2	4	0.765	< .001
QL16. My physical condition is excellent Code	57	2.88	3	0.657	1	4	0.801	< .001
QL17. I am always in a good mood Code	57	2.81	3	0.611	2	4	0.765	< .001
QL18. I feel upset very rarely CODE	57	2.84	3	0.560	1	4	0.710	< .001
QL19. I feel good in my skin Code	57	2.96	3	0.597	2	4	0.760	< .001

**Table 3. Level of Perception of Quality of Life**

According to the table, most people believe they are content with their quality of life because the average response to most of the questions falls between 2.8 and 3.4. All of the

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questions' standard deviations fell between 0.4 and 0.7, indicating that there was some variation in the answers.

QL1. Over half (52.6%) of respondents endorsed "excellent" family relations (Likert scale 3), the average response (mean = 3.28) and moderate variability (standard deviation = 0.675) suggest a more complex picture. The data's non-normal distribution (Shapiro-Wilk  $W = 0.769$ ,  $p < .001$ ) indicates potential subgroups with differing levels of satisfaction.

QL2. A more complex picture is suggested by the average response (mean = 3.04) and moderate variability (standard deviation = 0.68), even though the majority (54.4%) agreed to "regularly meeting and enjoying their friends' company" (Likert scale 3).

QL3. Good work relationships are reported by the majority of respondents (66.7%) (scoring of 3 on a 1-4 scale). In comparison to other questions, the average score (3.33) and smaller range of answers (standard deviation 0.476) indicate greater agreement.

QL4. Most of the respondents (57.9%) disagreed with the statement "I don't feel any pain" (which means they do experience some pain, as it's a reversed scale). The average response (2.30) and range of answers (standard deviation 0.706) show some variation in pain levels

QL5. Most of the respondents (66.7%) said life is beautiful (score of 4 on a 1-4 scale). The average score (3.67) and smaller range of answers (standard deviation 0.476) suggest a more positive outlook compared to other questions.

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QL6. While a majority (59.6%) strongly agreed "the world is beautiful" (Likert scale 4), the average score (3.56) and moderate variability (standard deviation 0.567) suggest a more nuanced perspective.

QL7. Most of the respondents (66.7%) said they do excellently at their job (score of 3 on a 1-4 scale). But the mean (3.23) and some variation in responses (standard deviation 0.535) suggest a more nuanced view.

QL8. The majority (56.1%) agreed their sex life is "very good" (Likert scale 3), the average score (2.89) and high variability (standard deviation 0.772) suggest a more complex picture.

QL9. Although close to half (49.1%) agreed to being 'content' with their finances (Likert scale 3), the average score (2.63) and moderate variability (standard deviation 0.616) suggest a more intricate financial satisfaction landscape.

QL10. A majority (64.9%) reported feeling completely safe, the average response (3.11) and variation in responses (standard deviation 0.588) suggest a more complex picture.

QL11. Most of the respondents, (73.7%) said they adapt to temperature easily, but the average response (3.05) and variation in answers (0.515) suggest a more complex view.

QL12. Most people (63.2%) said they have no trouble breathing where they live or work. But the average response (3.23) and the range of answers (0.567) suggest a more

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complex picture. The data isn't evenly spread out, which hints at groups of people having different experiences with breathing problems.

Q13. 47.4%, or less than half, indicated they had no difficulties engaging in physical activity. However, the standard deviation of 0.743 and the mean of 2.81 on the Likert scale indicate "disagree" or a more nuanced picture.

Q14. Just over half (50.9%) said they slept well, but the average response (2.84) and variation in answers (0.727) suggest a more complex picture. The data isn't evenly distributed, indicating there might be groups with different sleep experiences.

Q15. The survey question "I take care of myself completely" yielded a mean score of 3.09 (SD = 0.606) on a 1 (strongly disagree) to 4 (strongly agree) Likert scale, indicating a general trend towards agreement (63.2%).

Q16. In the survey question regarding physical condition, participants reported a moderate level of agreement with the statement "My physical condition is excellent" (61.4% agreed). The Likert scale scores yielded a mean of 2.88 (SD = 0.657), suggesting a slight positive perception.

Q17. Participants responded moderately positively to the statement "I am always in a good mood," with 59.6% agreeing on a 1 (strongly disagree) to 4 (strongly agree) Likert scale. The mean score of 2.81 (SD = 0.611) suggests a slight tendency towards good moods.

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Q18. Participants reported experiencing infrequent upset with a mean score of 2.84 (SD = 0.560) on a 1 (strongly disagree) to 4 (strongly agree) Likert scale for the statement "I feel upset very rarely." This aligns with the high agreement rate (71.9%), suggesting a general trend towards emotional stability.

Q19. Participants responded moderately positively to the statement "I feel good in my skin," with 64.9% agreeing on a 1 (strongly disagree) to 4 (strongly agree) Likert scale. The mean score of 2.96 (SD = 0.60) suggests a general trend towards feeling good about themselves.

	N	Mean	Median	SD	Minimum	Maximum	Shapiro-Wilk	
							W	p
WB-HQL Average	57	3.03	3.00	0.336	2.32	3.95	0.986	0.726

**Table 3.1 Overall Mean for Perception of Quality of Life.** A descriptive statistics table summarizes Quality of Life scores for risk-assessed health agency employees. The mean score (3.00) indicates a moderate level of perceived quality of life. The standard deviation (0.336) suggests the scores are clustered around the mean. However, the Shapiro-Wilk test indicates the data may not be normally distributed. Therefore, caution is needed when interpreting the mean and standard deviation as representative of the entire sample.

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WB-HQL Average	Spearman's rho	0.325
	df	55
	p-value	0.014

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#### Table 4. Correlation of Variables

The table shows a statistically significant relationship ( $\rho = 0.325$ ,  $p\text{-value} = 0.014$ ) between the Lifestyle Consciousness of participants and their perception of quality of life.

#### CONCLUSION

Risk assessment of healthcare workers revealed a concerning trend: a significant portion have unhealthy dietary habits, regardless of BMI. Even those with normal BMI often consume processed or fast food high in fat and salt on a weekly basis. This highlights a potential disconnect between weight and dietary choices. Furthermore, the data suggests a link between unhealthy diet and specific demographics, with a higher prevalence among young, single females residing in urban areas. While vaccination and prior COVID-19 infection were noted, the overall picture points towards a population vulnerable due to potentially poor dietary choices.

Our assessment of health employee lifestyles revealed a concerning gap between awareness and action. Despite acknowledging the importance of healthy habits (vigorous exercise, balanced diet, etc.), as evidenced by their responses on the Likert scale, the majority of participants ("rarely" practicing these habits) demonstrate a concerning lack of integration

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into their daily routines. This disconnect between knowledge and behavior suggests a need for interventions that promote not just awareness but also sustained behavioral change, ultimately reducing health risks among this critical workforce.

This study employed a Likert scale (4=always, 1=never) to assess lifestyle behaviors among healthcare workers. The findings revealed a significant gap between awareness and action. Specifically, nine key indicators, including engaging in vigorous activity for at least 30 minutes daily (indicator 1), maintaining a balanced diet (indicator 2), and avoiding excessive sugar, salt, animal fats, and junk food (indicator 3), all scored at a mean of 2.0 or higher, signifying practices rarely implemented. This concerning disconnect suggests that healthcare workers, while acknowledging the importance of healthy behaviors (indicators 4-9 encompass weight management, moderate substance intake, stress management, and emotional well-being), struggle to integrate these practices consistently into their daily routines.

In the survey results for the perception of Quality of Life revealed a disconnect between self-perception and lifestyle practices among participants. Despite a potential awareness of their habits (implicit in the survey design), the mean score of 2.0 for some of the responses ("disagree") suggests a concerning reality. This dissatisfaction manifests in various aspects of life, including physical limitations (limited activity - indicator 13), sleep disturbances (difficulty falling asleep and short sleep duration - indicators 14), physical health (less than excellent condition - indicator 16), emotional well-being (not always in a good mood, often feeling upset - indicators 17 & 18), and even self-image (dissatisfaction with skin - indicator 19).

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The table's results show that there is a significant relationship between how aware people are of healthy habits (lifestyle consciousness) and how happy they feel with their lives (quality of life).

## RECOMMENDATIONS

Based on the results of lifestyle consciousness, there is a critical need for interventions that extend beyond simply raising awareness, especially in the indicators that relate to healthy habits. Future efforts should focus on strategies that promote sustained behavioral change to mitigate health risks and optimize well-being within this vital workforce.

The findings in the perception of quality of life also underscore the need for interventions that address not just behavioral change but also the underlying factors impacting health perception and overall well-being.

A program directed towards close monitoring of the profiles of these respondents, continuous advocacy for healthy lifestyles, building public health policies, and creating a supportive environment can assist in behavior change.

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