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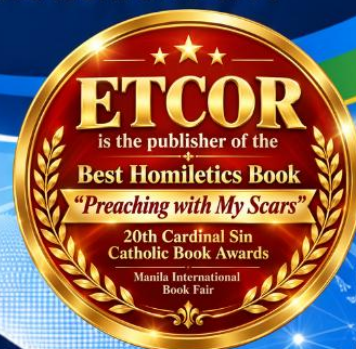
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Effectiveness of a psychological first aid-based intervention on the psycho-emotional health of teachers

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Abstract

Aim: The transition to flexible instructional modalities and changing work arrangements has created psychological and emotional challenges for educators, which may affect their well-being and instructional functioning. This action research aimed to assess the impact of the Self-Care is my Share: A Psycho-emotional Support intervention, grounded in Crisis Intervention Theory and Psychological First Aid (PFA), on the psycho-emotional health status of 33 teaching personnel at Kalibo Pilot Elementary School.

Methodology: Using a pre-test-post-test action research design, the study assessed the participants' psycho-emotional health in terms of personal behavior, discernment regarding skeletal and work-from-home arrangements, and delivery of learning modalities. Data were analyzed using descriptive statistics and a paired-samples t test to determine whether significant differences existed before and after the intervention.

Results: Before the intervention, the participants demonstrated a state of frustration across all domains, with mean scores ranging from 3.12 to 3.33. Following the intervention, the mean scores decreased to a range of 1.17 to 1.42, corresponding to a happy state. The paired-samples t test revealed statistically significant differences between the pre-intervention and post-intervention psycho-emotional health status of the participants ($p < .05$), with an overall t value of 11.43.

Conclusion: The findings indicate that the Self-Care is my Share intervention may serve as a useful, scalable, and low-intensity school-based support strategy for improving teachers' psycho-emotional well-being. The results highlight the value of integrating Psychological First Aid and structured psycho-emotional support initiatives into teacher development and school support programs while recognizing the importance of broader institutional measures that address workload, working conditions, and other sources of occupational stress.

Keywords: *Psychological First Aid; teacher well-being; Crisis Intervention Theory; psycho-emotional health; action research*

INTRODUCTION

The global educational landscape has undergone a profound transformation, necessitating a rapid shift toward flexible instructional modalities and unconventional work arrangements. This new normal has placed unprecedented psychological and emotional burdens on educators, who are increasingly tasked with balancing high-stakes pedagogical responsibilities with the stressors of skeletal and work-from-home schemes. Beyond immediate post-pandemic transitions, educator well-being remains urgently relevant across educational systems experiencing changing instructional demands, technology integration, flexible or hybrid work arrangements, increased accountability, heavy teacher workloads, intense emotional labor, and continuing institutional recovery from widespread educational disruptions. Teachers' experiences of adapting to changing professional demands further underscore the importance of understanding how educators adjust to evolving instructional responsibilities (Ochoa, 2026). Recent evidence indicates that educators experience substantially higher levels of job-related stress than other working adults, as challenging working conditions, organizational pressures, and experiences of isolation frequently contribute to burnout and attrition (Steiner et al., 2022). Furthermore, teacher well-being is a critical determinant of school effectiveness; as

Fatahi and Warner-Griffin (2024) noted, the psychological state of educators directly influences teacher retention, classroom climate, and student academic and socio-emotional outcomes.

Within the national Philippine educational context, these global pressures are magnified by systemic administrative tasks, heavy workloads, and the continuing demands of post-pandemic educational recovery. The role of school administrators is also relevant to teachers' work-related experiences, particularly through the ways feedback and administrative practices may influence teachers' work motivation (Alejandre, 2026). Recognizing the gravity of occupational stress and the need for institutional mental health support, policy initiatives such as the Department of Education's wellness leave policies underscore a growing national commitment to safeguarding educator welfare. However, local realities within basic education environments—such as those observed at Kalibo Pilot Elementary School—reveal that teachers frequently navigate acute psycho-emotional challenges driven by evolving teaching modalities, high accountability measures, and limited access to structured, school-based psychosocial interventions. These concerns also highlight the importance of school-level human resource practices and leadership in creating institutional conditions that support teachers' professional development and well-being (Bravo, 2026).

Despite the growing recognition of these mental health challenges, a significant research gap persists regarding the operationalization of systemic support within the basic education sector. While Psychological First Aid (PFA) has been empirically consistent with as an effective intervention for enhancing self-efficacy and mitigating secondary traumatic stress in clinical settings—such as the study by Alfquaha et al. (2025), which demonstrated significant improvements among physicians—its application within the teaching profession remains under-researched. The current evidence base for Psychological First Aid (PFA) has largely been developed in healthcare, disaster, humanitarian, and community settings, with study populations including hospital staff, mental health workers, crime victims, and disaster-affected individuals. In contrast, educators are notably absent from the populations represented in PFA outcome research, suggesting a need for greater attention to the unique occupational stressors experienced by teachers and school personnel (Hermosilla et al., 2023). Specifically, limited empirical evidence exists regarding school-based implementations of PFA for occupational stress, pre-test–post-test evaluations of PFA among teachers, the effects of PFA on specific dimensions of teacher psycho-emotional functioning, and its contextualization within Philippine public elementary schools.

To address this gap, the present study differs distinctly from previous literature by focusing specifically on teaching personnel rather than healthcare workers or disaster survivors within a basic education setting. This research examines the impact of the *Self-Care is my Share: A Psycho-emotional Support* intervention—a school-based, PFA-oriented psycho-emotional support program tailored to the occupational and instructional stress associated with changing educational arrangements. Grounded in Crisis Intervention Theory, this research employs a pre-test–post-test action research design to evaluate whether a structured, PFA-based program can stabilize the psycho-emotional health status of teachers, shape personal behavior and work arrangement discernment, and support the effective delivery of learning modalities. By evaluating these outcomes, the study specifically addresses: (1) the baseline psycho-emotional health status of teachers navigating evolving work modalities; (2) the post-intervention effectiveness of the PFA model; and (3) the statistical significance of these improvements. Ultimately, this research provides empirical evidence to inform educational policy and institutional mental health frameworks, offering a scalable model for fostering educator resilience in an era of persistent global instability while contributing directly to international educational scholarship.

Review of Related Literature and Studies

Occupational Stress and Teacher Well-Being

The COVID-19 pandemic served as a catalyst for a global re-evaluation of occupational mental health, particularly for professionals required to navigate sudden and radical shifts in their working environments. Within basic education, teachers face complex occupational demands arising from heavy workloads, instructional responsibilities, and classroom-management challenges, including the need to respond appropriately to challenging learner behaviors (Llaguno & Paulete, 2026). These demands may contribute to the broader emotional and professional pressures experienced by teachers. Troubouni et al. (2026) highlight the severity of this crisis, revealing that over half of surveyed teachers experience inadequate coping capabilities and significant emotional exhaustion. Christopoulou et al. (2026) further emphasize that teachers are increasingly vulnerable to occupational burnout due to the convergence of heightened accountability demands, ongoing organizational pressures, and the lingering psychological strain of the post-pandemic landscape. These adverse working conditions and unmanaged occupational demands directly impair instructional performance and diminish overall job satisfaction.

Teacher Well-Being and Educational Outcomes

The psychological state of educators is intrinsically linked to broader educational outcomes, classroom climate, and institutional effectiveness. Xu et al. (2026) demonstrate that educators who employ adaptive emotional-regulation strategies exhibit lower levels of occupational stress alongside higher job satisfaction and stronger professional commitment. Beyond mitigating negative states, contemporary perspectives—such as those articulated by Fox et al. (2023)—argue that teacher well-being must also be measured by the presence of positive attributes like optimism, enthusiasm, and resilience. Stronger professional support and stable well-being directly foster positive classroom climates and improve student academic and socio-emotional success.

Psychological First Aid and Psychosocial Interventions

To combat occupational distress, various professional development and stress-management programs have been explored, with Psychological First Aid (PFA) emerging as a prominent evidence-informed framework. Wang et al. (2021) describe PFA as a scalable intervention designed to provide immediate psychosocial support to individuals experiencing distress during crises and emergencies. By fostering core competencies such as stress management, emotional recognition, and appropriate psychosocial response, PFA equips professionals with practical tools to maintain stability. Hermosilla et al. (2023) note that systematic reviews indicate PFA consistently leads to positive mental health outcomes, including reduced symptoms of anxiety and depression and improved personal control. By promoting safety, calmness, self-efficacy, and connectedness, PFA offers a robust framework for strengthening resilience among frontline workers (Wang et al., 2021).

School-Based Application and Research Gap

Despite the proven efficacy of psychosocial support in other sectors, a critical gap persists regarding school-based teacher well-being interventions and the application of PFA within basic education. Existing literature has largely evaluated PFA within healthcare, disaster, and community settings, leaving school-based implementations, stress-management programs specifically designed for school personnel, and pre-test–post-test evaluations among teachers severely under-researched (Hermosilla et al., 2023). While educational leadership and school organizational conditions heavily influence teacher stress, there remains a distinct absence of empirical studies evaluating structured, PFA-oriented support programs within Philippine public elementary schools. The present research addresses this limitation by investigating a tailored, school-based PFA intervention to support teacher psycho-emotional functioning and instructional resilience.

Synthesis

The extant literature underscores a critical intersection between the psychological demands of the modern educational landscape and the utility of structured intervention frameworks. Collectively, these studies establish that educators are particularly susceptible to occupational burnout, exacerbated by ongoing technological demands, heavy workloads, and complex instructional pressures that significantly impair both coping capacity and instructional efficacy. While the research consistently highlights the need for systemic mental health support and professional development to address the structural roots of teacher stress, it simultaneously validates Psychological First Aid (PFA) and targeted school-based psychosocial programs as robust, evidence-informed models for restoring emotional equilibrium. By promoting foundational tenets—such as safety, connectedness, and adaptive emotional regulation—PFA not only mitigates psychological distress but also fosters the positive resilience necessary for professional commitment, teacher retention, and positive classroom climates.

Despite the growing body of research on teacher well-being and the established use of Psychological First Aid in healthcare, humanitarian, and crisis settings, limited empirical evidence examines the effectiveness of a structured PFA-based intervention among teaching personnel in a basic education setting, particularly within the Philippine context. Previous studies have largely focused either on teacher burnout as a descriptive phenomenon or on PFA among non-teaching populations. The present study therefore differs by evaluating a school-based PFA-oriented psycho-emotional support intervention through a pre-test–post-test action research design and examining changes in teachers' personal behavior, work arrangement adjustment, and instructional delivery.

Theoretical Framework

This study is grounded in Crisis Intervention, a foundational psychological framework articulated by Wang and Gupta (2023) to provide systematic support to individuals experiencing acute emotional, mental, or behavioral



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dysregulation. While traditionally rooted in clinical and disaster psychology, applying CIT to an educational study is highly appropriate because chronic occupational stressors directly compromise human functioning, emotional equilibrium, and cognitive resources. In the contemporary educational landscape, rapid shifts to flexible work arrangements, heavy workloads, and evolving learning modalities act as sustained, non-normative stressors that disrupt professional equilibrium. By utilizing CIT, this research conceptualizes teacher support not as informal wellness programming, but as a formal, school-based restorative mechanism necessary to protect teacher functioning, safeguard instructional readiness, foster professional resilience, and guide effective educational leadership under demanding institutional conditions.

Conceptual Framework

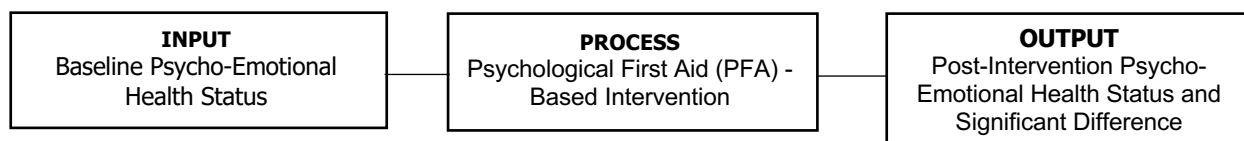


Figure 1. Research Paradigm

The conceptual framework of this study is structured as a sequential input-process-output paradigm that visually suggests the empirical relationship between baseline teacher well-being, the implemented intervention, and post-intervention outcomes. The framework begins with the input phase, capturing the baseline psycho-emotional health status of educators navigating evolving educational demands by accounting for the occupational strain, emotional labor, and stress associated with contemporary teaching environments. Moving into the process phase, the core mechanism of the paradigm is deployed through the *Self-Care is my Share: A Psycho-emotional Support* intervention, which is grounded in Crisis Intervention Theory and operationalized through Psychological First Aid principles to actively foster safety, calm, connectedness, self-efficacy, and hope among school personnel. The final output phase evaluates the post-intervention psycho-emotional health status and determines whether a statistically significant difference exists across three standardized domains: personal behavior, discernment regarding work-from-home arrangements, and delivery of learning modalities. To maintain absolute methodological consistency, terminology across the conceptual framework, statement of the research problems, survey instruments, data tables, and statistical analyses strictly utilizes uniform phrasing—specifically avoiding variations such as "personnel behavior" or "work from home." By linking baseline measurements directly to the PFA-based intervention and subsequent post-intervention outcomes, this paradigm provides a clear structural blueprint for assessing how targeted psychosocial support restores psychological equilibrium and enhances professional performance in basic education.

Statement of the Problem

The transition to changing and flexible work arrangements in the new normal has created psychological and emotional challenges for teachers as they adapt to skeletal and work-from-home arrangements while continuing to fulfill their instructional responsibilities and deliver learning through appropriate modalities. These changes may affect teachers' personal behavior, adjustment to work arrangements, and capacity to carry out their instructional functions. Because teachers play a central role in the teaching and learning process, supporting their psycho-emotional well-being is an important concern for schools and educational leaders. Teacher participation in school-wide decision-making is likewise an important dimension of the school environment and institutional support provided to teachers (Lugasan et al., 2026).

Psychological First Aid (PFA) provides a structured approach to supporting individuals experiencing psychological and emotional distress. However, evidence regarding the use of a PFA-based intervention to address the psycho-emotional challenges experienced by teachers within a school setting remains limited. In response to this concern, the present action research examined the effectiveness of the PFA-based *Self-Care is my Share: A Psycho-emotional Support* intervention among teachers.

Specifically, the study sought to assess the teachers' psycho-emotional health status before and after the implementation of the intervention in terms of personal behavior, discernment regarding skeletal and work-from-home arrangements, and delivery of learning modalities. It also sought to determine whether a statistically significant difference existed between the teachers' psycho-emotional health status before and after the implementation of the intervention. The findings of the study may provide evidence to support the development of school-based psycho-emotional support initiatives for teachers experiencing occupational and work-related challenges.

General Objective

To assess the effectiveness of the Psychological First Aid-based Self-Care is my Share: A Psycho-emotional Support intervention in improving the psycho-emotional health status of teachers in terms of personal behavior, discernment regarding skeletal and work-from-home arrangements, and delivery of learning modalities.

Specific Objectives

1. To determine the psycho-emotional health status of teachers before the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention in terms of:
 - a. personal behavior;
 - b. discernment regarding skeletal and work-from-home arrangements; and
 - c. delivery of learning modalities.
2. To determine the psycho-emotional health status of teachers after the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention in terms of:
 - a. personal behavior;
 - b. discernment regarding skeletal and work-from-home arrangements; and
 - c. delivery of learning modalities.
3. To determine whether a statistically significant difference exists between the teachers' psycho-emotional health status before and after the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention.

Research Questions

1. What is the psycho-emotional health status of teachers before the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention in terms of:
 - a. personal behavior;
 - b. discernment regarding skeletal and work-from-home arrangements; and
 - c. delivery of learning modalities?
2. What is the psycho-emotional health status of teachers after the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention in terms of:
 - a. personal behavior;
 - b. discernment regarding skeletal and work-from-home arrangements; and
 - c. delivery of learning modalities?
3. Is there a statistically significant difference between the teachers' psycho-emotional health status before and after the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention?

Hypothesis

H₀: There is no statistically significant difference between the psycho-emotional health status of teachers before and after the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention.

METHODOLOGY

Research Design

This study employed an action research design using a one-group pre-test-post-test approach to examine changes in the psycho-emotional health status of teaching personnel following the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention. Action research was considered appropriate because the study addressed an identified concern within a specific educational setting and involved the implementation and evaluation of a school-based intervention intended to respond to that concern.

The study was conducted in three phases. During the diagnostic phase, the participating teaching personnel completed the researcher-developed questionnaire to establish their baseline psycho-emotional health status in terms of personal behavior, discernment regarding skeletal and work-from-home arrangements, and delivery of learning modalities. During the action phase, the Self-Care is my Share: A Psycho-emotional Support intervention, which was based on Psychological First Aid principles, was implemented. During the evaluative phase, the same questionnaire was administered after the intervention to determine changes in the participants' psycho-emotional health status.

The pre-intervention and post-intervention results were subsequently compared using descriptive and inferential statistical procedures. The design enabled the researcher to evaluate changes in the measured outcomes within the specific context of Kalibo Pilot Elementary School.

This study employed a one-group pre-test-post-test action research design without a comparison or control group. While improvements were observed between the pre-intervention and post-intervention assessments, the design does not permit definitive conclusions regarding causality. Factors such as participants' personal experiences, organizational changes, increased awareness of psycho-emotional well-being, testing effects, maturation, or other external influences may also have contributed to the observed changes. Consequently, the findings should be interpreted as indicating an association between the intervention and improved psycho-emotional health outcomes rather than evidence that the intervention alone associated with those improvements. Future research utilizing control groups, randomized designs, larger samples, and longitudinal follow-up assessments is recommended to strengthen the evidence base regarding intervention effectiveness.

Population and Sampling

The participants of the study were 33 teaching personnel from Kalibo Pilot Elementary School, consisting of 7 male and 26 female teachers. All eligible teaching personnel were included in the study through total enumeration. This approach was appropriate because the study focused on addressing a specific psycho-emotional concern within the school and aimed to evaluate the outcomes of the intervention among the available teaching personnel.

Research Instruments

The study utilized a researcher-developed five-point Likert-type questionnaire designed to assess the psycho-emotional health status of teaching personnel in three domains: (a) personal behavior, (b) discernment regarding skeletal and work-from-home arrangements, and (c) delivery of learning modalities.

The questionnaire employed the following response options and corresponding numerical values: Strongly Agree (1), Agree (2), Undecided (3), Disagree (4), and Strongly Disagree (5).

The instrument was evaluated by two validators who are both Education Program Supervisors. The validators reviewed the questionnaire for clarity of wording, relevance of items to the study objectives, content adequacy, appropriateness of language, and alignment with the conceptual framework.

Based on the recommendations of the validators, several revisions were made to improve the instrument. These included rewording ambiguous items, simplifying technical language for better comprehension, eliminating repetitive statements, and refining item alignment with the three identified domains of psycho-emotional health. The revised version was subsequently used for data collection. This expert validation suggests that the scale categories and behavioral descriptions are conceptually aligned with the intended constructs; however, the instrument's statistical reliability has not yet been established because no reliability testing was conducted.

The study utilized a researcher-developed questionnaire designed to assess psycho-emotional well-being and adaptive functioning among teaching personnel in relation to changing work arrangements and instructional demands. No reverse scoring was performed during statistical analysis. Instead, the original coding system was retained throughout data processing.

The questionnaire consisted exclusively of positively worded statements reflecting psycho-emotional well-being and adaptive functioning. Examples included statements describing emotional stability, effective coping, confidence in managing work demands, and successful adjustment to instructional responsibilities. The response options were coded as Strongly Agree (1), Agree (2), Undecided (3), Disagree (4), and Strongly Disagree (5). Because agreement indicated more favorable psycho-emotional functioning, lower scores represented better psycho-emotional well-being, while higher scores represented less favorable psycho-emotional functioning. No reverse-scored items were included in the instrument. Domain scores and the overall score were computed by averaging item responses, and the resulting means were interpreted using the researcher-developed scale.

All questionnaire items were positively worded indicators of psycho-emotional well-being and adaptive functioning. Participants responded using a five-point Likert scale coded as Strongly Agree (1), Agree (2), Undecided (3), Disagree (4), and Strongly Disagree (5). Because agreement reflected more favorable psycho-emotional functioning, lower scores indicated better psycho-emotional well-being, whereas higher scores indicated poorer psycho-emotional well-being. No reverse scoring was performed, and the original coding system was retained throughout the analysis. Because the questionnaire was designed such that lower numerical responses reflected more favorable psycho-emotional functioning and higher numerical responses reflected greater psycho-emotional strain, the original coding was retained throughout the analysis. No reverse scoring was performed.

Domain scores were computed by averaging participants' responses to all items within each domain. The overall psycho-emotional health score was obtained by calculating the mean of all questionnaire items across the three domains. Domain scores were computed by averaging participants' responses within each domain, and the overall psycho-emotional health score was computed by averaging all questionnaire items. Domain scores were calculated by averaging all item responses within a domain, while the overall psycho-emotional health score was calculated by averaging all questionnaire items across the three domains.

These categories were intended to provide descriptive labels for interpreting teacher responses rather than clinical diagnostic classifications. The scale was reviewed during content-validation procedures by two experts with experience in educational research and psychosocial support. Their review focused on item relevance, clarity, appropriateness of wording, and alignment between item content and the proposed interpretation framework.

The expert review established content validity of the instrument; however, it did not constitute validation of a standardized clinical mental health measure. Therefore, the interpretation categories should be understood as descriptive indicators of psycho-emotional functioning within the context of this action research study.

No pilot reliability testing was conducted prior to data collection. Consequently, the internal consistency of the researcher-developed instrument could not be established, which should be considered a methodological limitation when interpreting the findings

The instrument was specifically developed for the participating teaching personnel and was intended to assess work-related psycho-emotional experiences associated with changing instructional modalities and work arrangements. Although the questionnaire demonstrated acceptable content validity based on expert review, its interpretation scale has not yet undergone large-scale psychometric validation with broader teacher populations. Therefore, the findings should be interpreted as contextual indicators of psycho-emotional status rather than definitive clinical assessments.

The interpretation categories were designed for adult teaching personnel and were intended to describe the relative severity of work-related psycho-emotional experiences rather than diagnose psychiatric or psychological conditions. Terms such as "Very Favorable Psycho-Emotional Functioning" and "Significant Psycho-Emotional Concerns" were used as descriptive indicators of participants' locations within the study's scoring continuum and should not be interpreted as clinical assessments. The appropriateness of these categories for the study population was evaluated during expert review, where the validators confirmed that the terminology and behavioral descriptions were suitable for adult educators experiencing occupational and instructional stressors.

Because the instrument was developed specifically for this action research context, the resulting interpretations should be understood as contextual indicators of psycho-emotional functioning among the participating teachers. The scale has not undergone broader psychometric validation with larger teacher populations; therefore, caution should be exercised when generalizing the interpretation categories beyond the present study.

Data Collection Procedure

Prior to data collection, the researcher secured the necessary permissions from the appropriate school and educational authorities. Approval was obtained from the Principal of Kalibo Pilot Elementary School and the relevant district and division offices, as required by institutional procedures.

The participating teaching personnel were informed about the purpose of the study, the research procedures, the voluntary nature of participation, and the measures implemented to protect the confidentiality of their responses. Written informed consent was obtained before participation.

After the research instrument had undergone the required validation procedures, the pre-intervention assessment was administered to establish the participants' baseline psycho-emotional health status. The Self-Care is my Share: A Psycho-emotional Support intervention was subsequently implemented according to the established intervention plan.

Description of the Self-Care is my Share: A Psycho-Emotional Support Intervention

The Self-Care is my Share: A Psycho-Emotional Support Intervention was implemented at Kalibo Pilot Elementary School during December 2023. The intervention was designed as a school-based psycho-emotional support program grounded in the principles of Psychological First Aid (PFA) and Crisis Intervention Theory.

The intervention was delivered through a combination of psychoeducational sessions, guided self-care activities, group reflection exercises, stress-management activities, and peer-support discussions. The program was facilitated by designated Psychological First Aid (PFA) providers from the Schools Division Office and District Office who were authorized to assist in teacher psychosocial support activities. Their participation included conducting



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psychoeducational sessions, facilitating group discussions, and providing guidance during the implementation of the intervention. Documentary records of their participation were maintained by the researcher.

Intervention Structure

The intervention consisted of three phases implemented over a two-week period, with a total participant exposure time of approximately 12 hours.

Phase 1: Orientation and Baseline Assessment

Duration: 2 hours

Activities included: orientation regarding the objectives and procedures of the study; discussion of confidentiality and participation guidelines; completion of the baseline psycho-emotional health assessment; identification of participants' psycho-emotional concerns and work-related stressors.

Topics covered: teacher well-being; occupational stress in educational settings; psycho-emotional challenges associated with changing instructional modalities.

Phase 2: Psychological First Aid Capability-Building Sessions

Duration: Four sessions, approximately 2 hours per session (8 total hours)

Delivery Mode: Face-to-face workshop and group activities

Session 1: Understanding Stress and Psycho-Emotional Health

Topics: signs and symptoms of stress; emotional reactions to workplace demands; recognizing personal stress indicators; impact of stress on teaching performance.

Activities: self-reflection exercises; stress-identification worksheets; guided discussion.

Session 2: Principles of Psychological First Aid

Topics: safety; calming; connectedness; self-efficacy; hope.

Activities: facilitator presentations; scenario analyses; group sharing and discussion.

Session 3: Self-Care and Stress-Management Strategies

Topics: self-care planning; emotional regulation; relaxation techniques; coping strategies for workplace stress.

Activities: breathing and relaxation exercises; guided mindfulness activities; development of individual self-care plans.

Session 4: Peer Support and Resilience Building

Topics: supporting colleagues experiencing stress; building supportive workplace relationships; resilience and adaptive coping.

Activities: peer-support discussions; collaborative problem-solving activities; resilience-building exercises.

Phase 3: Monitoring, Reflection, and Post-Assessment

Duration: 2 hours

Activities included: guided reflection regarding learning experiences; discussion of personal coping plans; sharing of lessons learned; completion of post-intervention assessment; documentation and evaluation of the intervention.

Facilitators

The intervention was facilitated by trained Psychological First Aid that includes a school principal, a master teacher 2, a teacher 3, and a guidance counselor who provided technical guidance, resource support, and consultation throughout the implementation process. Their roles included conducting psychoeducational sessions, facilitating group discussions, guiding stress-management activities, and monitoring participant engagement and welfare during the intervention.

Participant Exposure

Participants were considered exposed to the intervention when they: attended the orientation session; participated in the Psychological First Aid workshops and activities; completed the guided self-care and reflection exercises; and attended the post-intervention evaluation session.

Attendance records were maintained throughout implementation to document participation.

Treatment of Data

The data obtained from the pre-intervention and post-intervention administrations of the questionnaire were encoded, tabulated, and analyzed using descriptive and inferential statistics. The mean and standard deviation were used to describe the participants' psycho-emotional health status before and after the implementation of the



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intervention in terms of personal behavior, discernment regarding skeletal and work-from-home arrangements, and delivery of learning modalities. To determine whether a statistically significant difference existed between the pre-intervention and post-intervention scores of the same participants, a paired-samples t test was employed. The null hypothesis was tested at the .05 level of significance, subject to the actual statistical procedure adopted by the researchers.

Table 1
Scale for interpreting participants' psycho-emotional health status

Scale	Interpretation	Description
1.00 – 1.80	Very Favorable Psycho-Emotional Functioning	Demonstrates high emotional stability, psychological readiness, and the capacity to engage productively in professional responsibilities.
1.81 – 2.60	Favorable Psycho-Emotional Functioning	Experiences minor worry or stress regarding operational demands; maintains baseline functioning but benefits from stress-management and calming strategies.
2.61 – 3.40	Moderate Psycho-Emotional Concerns	Encounters emotional strain or coping difficulties when managing institutional tasks; displays early signs of work-related stress requiring short rest intervals or peer support.
3.41 – 4.20	Elevated Psycho-Emotional Concerns	Experiences significant psychological burden and elevated burnout risk; exhibits difficulty managing environmental stressors and requires targeted Psychological First Aid (PFA).
4.21 – 5.00	Significant Psycho-Emotional Concerns	Suffers severe emotional breakdown or acute psychological distress; exhibits impaired coping mechanisms and requires immediate intensive intervention or professional referral.

The interpretation scale was developed by the researcher and subsequently reviewed during the content-validation process by two subject-matter experts: a PhD-qualified educational researcher with experience in instrument development and a Registered Guidance Counselor with professional experience in school mental health services. The validators evaluated the appropriateness of the category labels, interpretation ranges, behavioral descriptions, clarity of wording, and alignment of the scale with the study objectives and conceptual framework.

Based on their recommendations, revisions were made to improve the wording of category descriptions and strengthen the correspondence between questionnaire content and the proposed interpretation framework. The expert review established content validity and contextual appropriateness for the study population; however, it did not constitute large-scale psychometric validation or standardization of the scale.

Because the original scoring system was retained throughout the analysis, interpretation was based directly on the resulting mean scores. The interpretation categories were applied directly to the computed domain and composite mean scores without reverse scoring or score transformation.

The Psycho-Emotional Health Status Scale used in this study was developed by the researcher specifically for the present action research and was not adopted from a previously standardized psychological or clinical assessment instrument. The interpretation categories (Very Favorable Psycho-Emotional Functioning, Favorable Psycho-Emotional Functioning, Moderate Psycho-Emotional Concerns, Elevated Psycho-Emotional Concerns, and Significant Psycho-Emotional Concerns) were created to provide descriptive classifications of participants' psycho-emotional functioning within the context of work-related experiences associated with changing instructional modalities and work arrangements.

The numerical interpretation ranges were derived using the equal-interval method commonly applied to five-point Likert-scale data. The interval width was calculated by subtracting the lowest possible scale value (1.00) from the highest possible scale value (5.00) and dividing the result by five categories:

$$\frac{5.00 - 1.00}{5} = 0.80$$

Based on this procedure, the following ranges were established:

- 1.00-1.80 = Very Favorable Psycho-Emotional Functioning
- 1.81-2.60 = Favorable Psycho-Emotional Functioning
- 2.61-3.40 = Moderate Psycho-Emotional Concerns
- 3.41-4.20 = Elevated Psycho-Emotional Concerns



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4.21-5.00 = Significant Psycho-Emotional Concerns

These ranges were developed to facilitate consistent descriptive interpretation of mean scores obtained from the questionnaire and were not intended to represent clinical diagnostic thresholds or medical classifications. Rather, they served as practical categories for describing relative levels of psycho-emotional functioning among the participating teachers.

Ethical Considerations

The study was conducted upon approval of the school administration of Kalibo Pilot Elementary School and with the necessary permissions from the appropriate district and division education offices in accordance with institutional research procedures. Documentary records of these approvals were maintained by the researcher.

The implementation of the intervention was coordinated with school officials and authorized personnel assigned to teacher welfare and psychosocial support programs. All intervention activities were conducted in accordance with established school procedures and ethical principles governing educational research.

As an action research project conducted within a school setting, the study followed institutional permission procedures and participant-protection protocols. Nevertheless, the study relied on school and education-office approval mechanisms rather than review by a formal institutional research ethics committee, which should be considered when interpreting the study's governance procedures.

RESULTS and DISCUSSION

This section presents the findings of the study and provides an analysis of the results in relation to the research questions.

Table 2

Psycho-emotional health status of teachers before intervention

Variable	n	Mean	Standard deviation	Verbal Interpretation
Personal behavior	33	3.13	0.95	Moderate Psycho-Emotional Concerns
Discernment towards skeletal and work from home scheme	33	3.12	1.32	Moderate Psycho-Emotional Concerns
Delivery of Learning Modality in the new normal	33	3.33	1.19	Moderate Psycho-Emotional Concerns

Table 2 presents the participants' psycho-emotional health status before the implementation of the intervention. The baseline assessment indicated that the participants' mean scores in all three domains fell within the study's "Moderate Psycho-Emotional Concerns" interpretation. Among the measured domains, delivery of learning modalities obtained the highest mean score ($M = 3.33$, $SD = 1.19$), followed by personal behavior ($M = 3.13$, $SD = 0.95$) and discernment regarding skeletal and work-from-home arrangements ($M = 3.12$, $SD = 1.32$). These findings indicate that, prior to the intervention, the participants reported psycho-emotional health responses that were interpreted within the study's frustrated range across the measured domains.

The relatively higher mean score observed for delivery of learning modalities may indicate that participants experienced greater psycho-emotional challenges in this domain compared with the other measured areas. However, the present data do not directly identify the specific causes of these challenges, a finding consistent with recent scholarship indicating that the rapid transition to hybrid teaching has significantly expanded the cognitive and emotional workload of educators, thereby driving burnout (Troubouni et al., 2026). As Christopoulou et al. (2026) note, primary school teachers are particularly vulnerable to such occupational stress due to the dual burden of mastering new technologies while addressing the heightened emotional needs of their students, a pattern of may be associated with clearly mirrored in the current data.

Furthermore, these stressors carry significant implications for classroom practice; as Xu et al. (2026) argue, persistent negative emotional states can diminish cognitive flexibility and exacerbate cognitive load, ultimately impairing instructional effectiveness. Consequently, the frustration identified in this study functions as a substantial impediment to professional performance, providing empirical substantiation for the application of Crisis Intervention Theory, which



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posits that rapid shifts in professional responsibility act as critical life stressors that disrupt emotional equilibrium (O'Reilly & Pass, 2024). Given this context, the proposed "Self-Care is my Share" intervention is both theoretically and strategically justified, as the literature suggests that without structured, restorative protocols such as Psychological First Aid, chronic exposure to these stressors will inevitably lead to a further decline in teacher well-being and institutional efficacy (Christopoulou et al., 2026; Xu et al., 2026).

Table 3
Psycho-emotional health status of teachers after intervention

Variable	n	Mean	Standard deviation	Verbal Interpretation
Personal Behavior	33	1.17	0.29	Very Favorable Psycho-Emotional Functioning
Discernment towards skeletal and work from home scheme	33	1.42	0.56	Very Favorable Psycho-Emotional Functioning
Delivery of Learning Modality in the new normal	33	1.29	0.40	Very Favorable Psycho-Emotional Functioning

Table 3 presents the participants' psycho-emotional health status after the implementation of the intervention. The post-intervention assessment showed lower mean scores across all three measured domains. Personal behavior obtained a mean of 1.17 (SD = 0.29), discernment regarding skeletal and work-from-home arrangements obtained a mean of 1.42 (SD = 0.56), and delivery of learning modalities obtained a mean of 1.29 (SD = 0.40). Based on the interpretation scale used in the study, all three results fell within the "Very Favorable Psycho-Emotional Functioning" range. Compared with the baseline findings, the post-intervention results indicate an improvement in the participants' measured psycho-emotional health status following the implementation of the Self-Care is my Share: A Psycho-emotional Support intervention.

The substantial reduction in these scores suggests that participants demonstrated proved psycho-emotional health following the implementation of the Psychological First Aid (PFA)-based intervention. However, because the study employed a one-group pre-test-post-test design, the observed improvements cannot be attributed solely to the intervention. While recent scholarship notes that the evidence base for PFA in non-clinical settings is still evolving (Wang et al., 2024), these results align with findings from the Regional Educational Laboratory Northeast & Islands (2024), which emphasize that structured supports—such as mindfulness practices and collegial systems—significantly reduce educator burnout and enhance classroom management. Notably, while the intervention successfully proved individual outcomes, this study underscores that burnout is deeply rooted in structural issues like workload and employment precarity; therefore, such psycho-emotional initiatives are most effective when implemented alongside systemic reforms rather than as a substitute for institutional change (Troubouni et al., 2026).

Furthermore, these findings validate PFA as a scalable, low-intensity model that empowers non-specialists to provide immediate psychosocial support, foster safety, and strengthen organizational resilience (UNICEF & Ministry of Labour and Social Welfare, 2021). Consistent with local research, which links PFA principles—namely safety, calming, and connectedness—to higher job satisfaction and proved instructional delivery (Fundal & Rosil, 2022), the "Self-Care is my Share" the findings suggest that the 'Self-Care is my Share' program may serve as a potentially useful school-based psycho-emotional support strategy for enhancing teacher well-being amidst the ongoing demands of the educational landscape.

Table 4
Difference in the Psycho-Emotional Health status of teachers before and after the intervention of PFA

Measure	Pre-test Mean (SD)	Post-test Mean (SD)	Mean Difference	t	df	p	Cohens d
Composite Psycho-emotional Health Score	3.19 (0.90)	1.29 (0.31)	1.95	11.4	32	<0.001	1.99

To evaluate the effectiveness of the intervention, a paired-samples *t*-test was conducted using the composite psycho-emotional health scores of the 33 participants before and after the implementation of the *Self-Care is my Share: A Psycho-emotional Support* intervention.

The mean composite score decreased from $M = 3.19$ ($SD = 0.90$) during the pre-test to $M = 1.29$ ($SD = 0.31$) during the post-test. The paired-samples analysis yielded a mean difference of 1.95 points. This mean difference represents the average of the individual participants' pre-test and post-test difference scores and may therefore differ slightly from the difference between the rounded group means presented in the table.

The analysis revealed a statistically significant difference between the pre-test and post-test scores, $t(32) = 11.40$, $p < .001$, Cohen's $d = 1.99$. The probability associated with the test statistic was less than .001 and is reported as $p < .001$ in accordance with standard statistical reporting conventions when statistical software displays $p = .000$.

These findings are consistent with the study's theoretical framework and suggest that the observed improvements coincided with the implementation of the Psychological First Aid-based intervention and align with contemporary research on workplace psychological interventions. For instance, studies in healthcare settings demonstrate that structured Psychological First Aid (PFA) training can reduce secondary traumatic stress and burnout (Alfuqaha et al., 2025). The observed improvements are also consistent with previous literature suggesting that PFA may help individuals cope with occupational stress and psycho-emotional challenges. Programs such as *Self-Care is my Share* illustrate how the core principles of Crisis Intervention Theory, namely safety, calm, connectedness, and self-efficacy, may be translated into measurable improvements in psycho-emotional functioning and professional resilience.

Conclusions

The findings of this study lead to the following conclusions:

1. Prior to the implementation of the *Self-Care is my Share: A Psycho-emotional Support* intervention, the participating teachers obtained mean scores within the study's Moderate Psycho-Emotional Concerns interpretation across the domains of personal behavior, discernment regarding skeletal and work-from-home arrangements, and delivery of learning modalities.
2. Following the implementation of the intervention, the participants obtained mean scores within the study's Very Favorable Psycho-Emotional Functioning interpretation across all measured domains. Based on the interpretation scale employed in this study, the post-intervention results reflected more favorable psycho-emotional health scores than those observed during the baseline assessment.
3. The paired-samples *t*-test revealed statistically significant differences between the participants' pre-intervention and post-intervention psycho-emotional health scores. Accordingly, the null hypothesis was rejected.
4. Within the context of the 33 teaching personnel who participated in this action research study, participation in the *Self-Care is my Share: A Psycho-emotional Support* intervention was associated with improved post-intervention psycho-emotional health scores. However, because the study utilized a one-group pre-test-post-test design without a comparison group, the findings do not permit definitive conclusions regarding causation or the extent to which the observed changes were attributable solely to the intervention.
5. The findings suggest that structured psycho-emotional support activities may have potential value as part of teacher-support initiatives within the study setting. However, the results should be interpreted within the context of the study's limited sample and single-school setting. Further research using larger and more diverse samples, comparison groups, and longitudinal follow-up designs is needed before broader conclusions regarding effectiveness or generalizability can be drawn.

Recommendations

Based on the findings of this study, the following recommendations are proposed to sustain teacher well-being and institutional efficacy at Kalibo Pilot Elementary School and similar educational institutions:

1. School administrators may consider integrating structured psycho-emotional support activities into teacher support or professional development initiatives, particularly when school personnel experience significant changes in work arrangements or instructional responsibilities. The positive post-intervention results observed in the present study may provide a basis for considering the *Self-Care is my Share: A Psycho-emotional Support* intervention or similar programs within the school context.



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2. School leaders may periodically assess teachers' psycho-emotional needs to identify areas in which appropriate support interventions may be provided. Such assessments may assist school leaders in developing context-responsive teacher support initiatives.
3. Teacher professional development programs may include appropriate orientations or capacity-building activities related to psycho-emotional support, stress management, and Psychological First Aid principles, subject to the availability of qualified personnel and adherence to appropriate professional and ethical guidelines.
4. Educational policymakers and school administrators may consider examining institutional conditions that influence teacher well-being, including work arrangements and instructional demands. However, further research may be conducted to directly examine the relationship between these factors and teachers' psycho-emotional health.
5. Future researchers may replicate or extend the study using larger and more diverse samples, multiple school settings, and comparison or control groups. Future research may also examine the sustainability of the observed changes through follow-up assessments.
6. Future studies may investigate additional variables related to teacher well-being and educational practice, such as workload, organizational support, teacher performance, instructional effectiveness, and student-related outcomes, provided that these variables are directly measured using appropriate instruments and research designs.

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