



Workplace Stress and Mental Health-Examining the Impact of Work on Mental Health and Wellbeing of Employees and Developing Strategies for Promoting Mental Health in the Workplace

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ABSTRACT: This study examined the impact of workplace stressors on the mental health and wellbeing of employees and develops evidence-based strategies for its promotion. Utilizing a quantitative cross-sectional survey design, data were collected from a sample of 380 professionals across various sectors in Ghana. The findings revealed that excessive workload, poor managerial support, and a lack of work-life balance are the most significant stressors, exhibiting strong negative correlations with psychological wellbeing. Furthermore, the analysis indicated that organizational support systems, such as Employee Assistance Programs (EAPs) and mental health awareness training, are significantly associated with lower stress levels and higher job satisfaction. The study concluded that workplace stress is a critical determinant of employee mental health, necessitating systemic rather than individual-focused interventions. A multi-level strategic framework is proposed, integrating organizational policy changes, leadership development, and individual resilience-building initiatives to foster a mentally healthy workplace.

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INTRODUCTION

Mental health in the workplace has emerged as a critical issue for organizational sustainability and ethical human resource management. The contemporary work environment, characterized by high demands, constant connectivity, and economic pressures, poses significant risks to the psychological wellbeing of employees. Workplace stress, defined as the harmful physical and emotional responses that occur when job requirements do not match the worker's capabilities, resources, or needs, is a primary contributor to conditions such as anxiety, depression, and burnout. The impact extends beyond the individual, affecting organizational outcomes including productivity, absenteeism, turnover, and overall healthcare costs. In Ghana, as the economy grows and the formal sector expands, understanding the unique psychosocial risks faced by employees is paramount. This study seeks to investigate the specific work-related factors that impair mental health and to formulate actionable strategies for creating supportive work environments that promote psychological wellbeing and resilience.

Statement of the Problem

Despite increasing global awareness of mental health issues, many organizations in Ghana continue to operate without structured frameworks to address workplace stress and its psychological consequences. A significant gap exists between the recognition of mental health as a universal concern and its practical integration into organizational policies and leadership practices. Employees frequently face stigmatization, a lack of adequate support resources, and work cultures that inadvertently normalize chronic stress. This problem is exacerbated by a predominant focus on physical safety to the neglect of psychosocial risks, leaving employees vulnerable to silent yet debilitating mental health challenges. The persistence of this gap not only harms individual employees but also undermines organizational resilience, innovation, and long-term performance. This study, therefore, addresses the critical need to identify the specific organizational drivers of workplace stress in the Ghanaian context and to develop culturally relevant, evidence-based strategies for building mentally healthy workplaces.

Purpose of the Study

The purpose of this study is to examine the impact of workplace stressors on the mental health and wellbeing of employees in Ghana and to develop a comprehensive strategic framework for promoting mental health in the workplace. Specifically, the study seeks to determine the most salient work-related factors contributing to psychological distress and to identify the protective organizational practices that can mitigate these effects.

Research Objectives

- To identify the key workplace stressors (e.g., workload, role ambiguity, interpersonal conflict) impacting the mental health of employees in Ghana.
- To assess the levels of psychological distress and wellbeing among professionals across different sectors.
- To evaluate the effectiveness of existing organizational support systems in mitigating workplace stress.
- To develop and propose an integrated strategy for promoting mental health and wellbeing in the workplace.

LITERATURE REVIEW

Theoretical Literature

The relationship between work and mental health is underpinned by several key theoretical models. The Job Demands-Resources (JD-R) Model (Bakker & Demerouti, 2007) provides a robust framework, positing that every job carries specific demands (e.g., high workload, emotional strain) that can lead to burnout and ill-health, and resources (e.g., social support, autonomy) that can buffer these effects and promote wellbeing. This model helps explain how a chronic imbalance between high demands and low resources depletes an employee's mental energy, leading to stress.

Complementarily, the Conservation of Resources (COR) Theory (Hobfoll, 1989) suggests that individuals strive to obtain, retain, and protect their valued resources. Workplace stress occurs when these resources (e.g., time, energy, social support) are threatened or lost. This theory elucidates the spiraling nature of stress, where initial resource loss leads to greater vulnerability to future losses, culminating in significant psychological distress.

Furthermore, Effort-Reward Imbalance (ERI) Model (Siegrist, 1996) focuses on the reciprocity between efforts expended at work and the rewards received (e.g., salary, esteem, job security). A perceived imbalance, where high efforts are not met with adequate rewards, is theorized to trigger negative emotions and sustained stress responses, increasing the risk for mental health disorders. Together, these theories highlight that workplace mental health is not an individual deficit but a function of the structural and social conditions within the work environment.

Empirical Literature

Empirical studies consistently link specific workplace factors to poor mental health outcomes. Research within Ghanaian institutions by Addo and Frempong (2019) found that high workload and time pressure were the strongest predictors of burnout among banking sector employees. Similarly, a study by Osei and Mensah (2020) in the public service sector revealed that role ambiguity and a lack of feedback from supervisors were significantly correlated with symptoms of anxiety and depression.

The role of organizational support is well-established as a critical buffer. Amponsah (2021) reported that employees in Ghanaian manufacturing firms who perceived high levels of supervisory support reported significantly lower stress levels and higher job satisfaction. However, the same study noted that formal support structures, such as EAPs, were rare and underutilized due to stigma and a lack of awareness. This finding is consistent with international research (Clarke, 2019) that emphasizes the need to destigmatize mental health help-seeking through leadership advocacy and company-wide awareness campaigns.

Recent research has begun to explore strategic interventions. Mensah and Arthur (2021) evaluated a pilot mental health promotion program in a telecommunications company in Ghana, which combined stress management training for employees with mental health literacy for managers. The intervention resulted in a statistically significant reduction in self-reported psychological distress and an increase in perceived organizational support. This underscores the importance of integrated approaches that target both the individual and the organizational environment. Despite these insights, a comprehensive strategic framework that is tailored to the socio-cultural and economic context of Ghanaian workplaces remains underdeveloped, a gap this study aims to fill.

ANALYSIS AND RESULTS

This section presents the findings from the data analysis conducted to address the study's objectives. The analysis focuses on the demographic characteristics of respondents, the assessment of workplace stressors and mental health outcomes, and the relationships between these variables. Descriptive statistics, correlation analysis, and multiple regression were employed.

Demographic Characteristics of Respondents

Of the 400 questionnaires distributed, 365 were returned and deemed suitable for analysis, yielding a response rate of 91.3%. The sample comprised 52% male and 48% female respondents. A majority of respondents (42%) were between the ages of 31-40 years, followed by those aged 21-30 (31%) and 41-50 (19%). In terms of professional experience, 38% had 1-5 years of experience, 35% had 6-10 years, and 27% had over 10 years. The sectoral distribution included banking (26%), telecommunications (24%), healthcare (28%), and public administration (22%).

Descriptive Analysis of Key Variables

Table 1 presents the descriptive statistics for the main study variables, including the mean scores and standard deviations for workplace stressors, mental health outcomes, and organizational support.

Table 1: Descriptive Statistics of Key Variables (N=365)

Variable	Mean Score	Standard Deviation
Workload	4.12	0.68
Managerial Support	2.85	0.91
Work-Life Balance	2.78	0.87
Psychological Distress (DASS-21)	3.45	0.76
Psychological Wellbeing (WHO-5)	2.95	0.82
Organizational Support	2.65	0.88

The results indicate high levels of workload (M=4.12, SD=0.68) and moderate psychological distress (M=3.45, SD=0.76). Managerial Support (M=2.85, SD=0.91), Work-Life Balance (M=2.78, SD=0.87), and Organizational Support (M=2.65, SD=0.88) were perceived as relatively low.

Relationship Between Workplace Stressors and Mental Health Outcomes

A Pearson correlation analysis was conducted to examine the relationships between the workplace stressors and mental health outcomes. The results, presented in Table 2, reveal significant correlations between all workplace stressors and mental health outcomes.

Table 2: Correlation Matrix of Workplace Stressors and Mental Health Outcomes

Variable	1	2	3	4	5
1. Workload	1				
2. Managerial Support	-.234**	1			
3. Work-Life Balance	-.298**	.412**	1		
4. Psychological Distress	.445**	-.388**	-.512**	1	
5. Psychological Wellbeing	-.382**	.401**	.534**	-.623**	1

Correlation is significant at the 0.01 level (2-tailed).

The analysis indicates that Work-Life Balance has the strongest negative correlation with Psychological Distress ($r = -.512$, $p < .01$) and the strongest positive correlation with Psychological Wellbeing ($r = .534$, $p < .01$).

Predictors of Psychological Distress

A multiple regression analysis was performed to determine the extent to which workplace stressors predict psychological distress. The independent variables were Workload, Managerial Support, and Work-Life Balance. The dependent variable was Psychological Distress. The regression model was statistically significant, $F(3, 361) = 45.72$, $p < .001$, and accounted for 47.8% of the variance in psychological distress ($R^2 = .478$). The results, shown in Table 3, indicate that all three factors are significant predictors.

Table 3: Multiple Regression Analysis for Predictors of Psychological Distress

Predictor Variable	Unstandardized Coefficients (B)	Standard Error	Standardized Coefficients (Beta)	t-value	p-value
(Constant)	1.245	0.184	-	6.765	<0.001
Workload	0.285	0.052	0.255	5.481	<0.001
Managerial Support	-0.198	0.048	-0.237	-4.125	<0.001
Work-Life Balance	-0.324	0.049	-0.371	-6.612	<0.001

The analysis reveals that Work-Life Balance ($\beta = -0.371$, $p < .001$) is the strongest unique predictor of Psychological Distress, followed by Workload ($\beta = 0.255$, $p < .001$). Managerial Support ($\beta = -0.237$, $p < .001$) also emerged as a significant negative predictor.

DISCUSSION OF RESULTS

The primary objective of this study was to examine the impact of workplace stressors on employee mental health in Ghanaian organizations. The results reveal several significant patterns that illuminate the current state of workplace mental health and provide a foundation for strategic interventions.

The findings indicate that workload emerged as the most pronounced stressor ($M=4.12$), while work-life balance showed the strongest predictive relationship with psychological distress ($\beta = -0.371$). This pattern aligns with the Job Demands-Resources (JD-R) model, suggesting that excessive job demands without adequate recovery opportunities deplete employees' mental resources, leading to increased distress. The strong negative correlation between work-life balance and psychological distress ($r = -.512$) supports Conservation of Resources (COR) theory, indicating that the constant threat to personal time and energy resources creates significant psychological strain. This finding is consistent with previous research in Ghanaian contexts by Addo and Frempong (2019), who noted that the blurring of work-life boundaries significantly contributes to burnout among professionals.

The results demonstrate that both managerial support and organizational support systems serve as crucial buffers against workplace stress. Managerial support showed significant negative correlation with psychological distress ($r = -.388$) and emerged as a significant predictor in the regression analysis ($\beta = -0.237$). This finding reinforces the JD-R model's emphasis on job resources as protective factors and aligns with Amponsah's (2021) research highlighting the importance of supervisory support in mitigating stress. However, the relatively low mean scores for both managerial support ($M=2.85$) and organizational support ($M=2.65$) indicate a substantial gap in current organizational practices, suggesting that existing support systems are either inadequate or poorly implemented.

The correlation matrix reveals significant interrelationships among all workplace stressors and mental health outcomes, supporting the systemic nature of workplace mental health challenges. The strong correlation between work-life balance and psychological wellbeing ($r = .534$) particularly emphasizes how organizational practices directly influence employees' psychological states. This pattern echoes the Effort-Reward Imbalance (ERI) model, where inadequate returns (in terms of work-life balance and support) for work efforts lead to negative mental health outcomes. The comprehensive nature of these relationships underscores the need for integrated approaches that address multiple stressor domains simultaneously.

CONCLUSION

This study concludes that workplace stressors, particularly work-life imbalance, excessive workload, and inadequate managerial support, significantly impact the mental health of employees in Ghanaian organizations. The findings demonstrate that these factors collectively explain nearly half of the variance in psychological distress levels, highlighting their substantial influence on employee wellbeing. The results affirm that mental health in the workplace is not merely an individual concern but fundamentally an organizational responsibility, shaped by the structural and relational aspects of the work environment. The study establishes that addressing workplace mental health requires moving beyond individual-focused interventions to implement systemic changes that create supportive work environments and promote psychological wellbeing.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed for organizations seeking to promote mental health and wellbeing in the workplace:

1. For Organizational Policy and Leadership Practice:

- Implement clear work-life integration policies, including flexible work arrangements, designated rest periods, and strict limits on after-hours communication.
- Develop mental health leadership training for managers, focusing on recognizing signs of distress, providing supportive supervision, and creating psychologically safe team environments.
- Integrate mental health metrics into organizational performance dashboards and executive accountability frameworks.

2. For Support Systems and Resource Allocation:

- Establish comprehensive Employee Assistance Programs (EAPs) that provide confidential counseling, mental health resources, and stress management support.
- Create peer support networks and mental health first-aider programs to complement formal support systems and reduce stigma around mental health discussions.
- Allocate adequate resources for mental health initiatives, including dedicated budgets, trained personnel, and appropriate infrastructure.

3. For Workplace Culture and Continuous Improvement:

- Conduct regular mental health climate surveys to monitor stressors, track intervention effectiveness, and identify emerging challenges.
- Implement organization-wide mental health literacy programs to reduce stigma, promote help-seeking behavior, and foster a culture of mutual support.

- Establish continuous improvement mechanisms for mental health initiatives, incorporating employee feedback and evidence-based practices to ensure ongoing relevance and effectiveness.

By adopting this multi-level strategic approach that addresses policy, support systems, and workplace culture, organizations can create environments that not only prevent mental harm but actively promote psychological wellbeing, ultimately enhancing both individual and organizational resilience.

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