Exploring the effects of occupational related stress on employees: A case of selected company in the City of Johannesburg Metropolitan Municipality, Gauteng Province.

By

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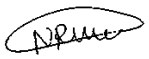
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DECLARATION

I, Ronewa Netshitanzwani, declare that this research report is my own unaided work. Sources used in this report have been referenced. This report is submitted in a fulfilment of the requirements for the degree of Master of Social Work by research report in Social Work at the University of Venda



Ronewa Netshitanzwani Date: 06/02/2026

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DEDICATION

This research report is dedicated to my loving husband, Mulisa Nelwamondo. Thank you for reminding me of my academic goals and inspiring me to pursue them. I was a relatively new mother when I started this Master's degree, and on top of that, I had another pregnancy before I completed my studies. You assured me that it was the right thing to do. Whenever I struggled to find balance between being a wife and a student, you were always ready to help with almost everything and anything. When it was hard, you always had the right words to say! Thank you for your endless words of encouragement. I also dedicate this study to my Mother Matodzi Netshitanzwani and my church mate Takalani Sigudu for her encouragement. She would always say "*Tshikolo phanda; nwana mma!" (Literally translated: "Prioritise your studies before anything else; Child of my mother!")*. Thank you for keeping me in your prayers. You are so self-less and I am really blessed to have known you.

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ABSTRACT

Occupational stress is a global concern and a significant threat to the well-being of employees and their mental health. Employees across different professions continue to experience occupational-related stress that has destructive consequences for themselves, their families, clients, and employers. Despite attempts to address occupational-related stress, employees continue to suffer significantly under their occupational obligations. Occupational stress is a growing problem that affects every employee across professions. Employees are complaining about toxic occupational environments that involve excessive working hours, burnout, anxiety, depression, and panic attacks. Occupational stress arises when the demands of the occupational environment exceed employee's capacities and their ability to cope.

The aim of the study was to explore the effects of occupational-related stress on employee's mental health: A case of selected company in the City of Johannesburg Metropolitan Municipality, in the Gauteng Province of South Africa. The study adopted a qualitative research approach, with an exploratory design, to gain an in-depth and insightful understanding of the phenomenon. The population consisted of 15 purposively selected employees representing diverse demographic and educational backgrounds. Data was collected through semi-structured face-to-face interviews to ensure inclusivity. The interview guide served as the data collection instrument for the study, while ethical considerations, including informed consent, confidentiality, and voluntary participation, were strictly observed. The study employed non-probability sampling to recruit participants. The ecological approach was suitable and employed to provide a foundation and background to the study.

Occupationally related stress was found to produce interconnected mental health outcomes, including anxiety, depression symptoms, sleep disturbances, social withdrawal, irritability, and cognitive strain. Common mental health issues, such as emotional fatigue and substance use, further highlighted the depth of occupational-related stress impact. Employees adopted both adaptive coping strategies, such as physical exercise, mindfulness, and social support, and maladaptive strategies, including avoidance and substance use. Leadership support and Employee Assistance Programs (EAPs) were accessed but often perceived as insufficient, with participants emphasizing the importance of face-to-face counselling.

The study concluded that stronger wellness programs, effective workload management, and managerial training are essential to address occupational stress. Recommendations included

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providing on-site mental health support, promoting work-life balance, and introducing recreational and wellness activities to foster resilience and reduce stress.

Keywords: Burnout, employee assistance program, employee well-being, mental health and occupational related stress.

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CHAPTER 1: INTRODUCTION

Introduction and background of the Study

The World Health Organization (WHO, 2022) defines mental health as "a state of well-being in which the individual recognizes their own abilities, can manage the typical stresses of life, works productively and fruitfully, and is capable of contributing to their family and community." The World Health Organization (2022) also endorses the perspective that mental health issues arise from intricate interactions among psychological, biological, environmental, and social factors. Suboptimal mental health constitutes a significant worldwide health concern and represents the predominant type of mental illness among people in their occupational environments. Poor mental health caused by occupational stress may reduce employees' performance, resulting in a loss of their occupation (Naima, 2018). Employees are more productive and engaged, and they are able to balance home and work duties when they are free from occupational stress, compared to when they are depressed or struggling with mental health issues. Elevated work stress is associated with diminished concentration, creativity, and productivity.

Globally, occupational-related stress constitutes a significant cause of anxiety for employees and has progressively intensified over the past few decades. Occupational-related stress has been associated with detrimental individual health effects at both psychological and physiological levels, including compromised mental and physical health (Clarine & Jacobs, 2019). Occupational stress arises from the interactions between the employee and the occupational environment. Occupational-related stress arises when there is a disparity between the expectations of the occupational environment and an employee's capacity to meet those demands. In certain instances, assigning an individual to a role that misaligns with their skills and knowledge, or altering their occupational responsibilities, induces stress among employees (Amiri, 2018). Occupational-related stress occurs when occupational expectations surpass an employee's capacity to manage them, leading to psychological and physical strain. (Amiri, 2019). This emphasizes the interaction between occupational environments and individual problems. Various occupational factors can contribute to stress including workload, long working hours, workplace bullying, poor workplace relationships and toxic organisational culture (Chaudhari, Mazumdar, Yogesh, & Ramada, 2018) Employees react differently based on their personal resilience, coping strategies and mental health. Resilience acts as a coping factor enabling some employees to adapt more effectively to high demanding occupational

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environments. Employees with strong emotional intelligence may interpret occupational related stress as manageable. Employees who have poor coping strategies may fail to survive in such environments causing them to resign immediately to stay at home without any source of income.

Occupational-related stress is a chronic mental health condition resulting from adverse working conditions that affect an employee's well-being, and physical and mental health (Amiri, 2019). Prolonged exposure to occupational stressors contributes to long term stress leading to detrimental impacts on their physical, emotional and psychological well-being. When stress becomes chronic it manifests through physical, mental health effects and behavioural changes such as headaches, fatigue, insomnia, digestive issues, depression, anxiety, burnout and panic disorders that lead employees to lack motivation and reduce job satisfactions (Inayat, Bahri, Pujiastuti & Yatiningrum, 2021).

Over the past thirty years, occupational related stress has garnered heightened attention in the field of occupational health. (Burman & Goswami, 2018). Occupational stress a significant occupational hazard for employees globally (Clarine & Jacobs, 2019). Occupational related stress incurs significant expenses for individuals and organizations due to absenteeism, turnover, diminished productivity, physical ailments, substandard health care services and heightened susceptibility to mental health problems (Willie, 2023). Most employees spend most of their awake hours at their occupational environment. Due to workload pressure and poor productivity, employees end up spending long hours assigned for them weekly, leaving limited time for personal activities. This has serious overtone for mental health and work-life balance. Employers are focusing more on profit generation and reaching service level agreement targets and neglecting mental health of the employees. When occupational roles are frustrating and demanding, employees may suffer from short- and long-term effects such as fatigue, anxiety, depression and reduced concentration. Occupational related stress is increasingly recognised as a risk assessable disease meaning that it can be formally evaluated for its impact on employee's mental health and occupational liability. In Europe, work-related stress is regarded as a risky illness. Recent prominent legal cases have heightened awareness of the dangers associated with occupational stress (Maphangela & Ramalivhana, 2022). South African courts have begun addressing occupational related stress, often through Labour Court disputes involving unfair labour practices or occupational detriment claims.

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Employees are successfully suing organisations for failing to manage occupational stress effectively. Although legislation offers recommendations for assessing physical dangers in the occupational environments, it remains limited, inconsistence and gives minimal direction for employers regarding occupational related stress (Wushe & Shenje, 2019). Employees are increasingly suing organisations for failing to manage occupational related stress effectively because employers have lawful and moral obligations to provide a safe occupational environment. Absence of Employee assistance programme (EAPs), wellness policies, wellness intervention guidelines practice and lack of managerial training in mental health awareness contributes to mishandling of vulnerable employees and can be seen as occupational neglect. Employers' legislations guidelines regarding occupational stress are limited and inconsistent.

In Botswana, occupational-related stress is acknowledged as a primary concern. Throughout the world, the nursing profession has been reputed to have negative emotional, physical, and psychological effects on nurses. Nurses constantly face rising patient populations, emergencies, and emotionally demanding interactions and municipal workers handle large communities' needs like water, sanitations, housing, licencing and service delivery and often receive under pressure from the citizens. Both professions serve the public directly, with expectations of efficiency and reliability, creating stress when resources are limited. A study by Maphangela and Ramalivhana (2022) provided research evidence that has been conducted in Botswana demonstrating that nurses suffer from high levels of occupational-related stress that are threatening their health and patients' lives, undermining the quality of nursing care. The rising patient population necessitates attention, while healthcare facilities are experiencing staff shortages and high nurses' absenteeism rates. Occupational stress among nurses in Botswana has been identified as a serious concern, affecting both healthcare professionals and patient care quality. Studies conducted in Botswana's referral hospitals highlight the high prevalence of stress, which might be stemming from long working hours, staff shortages, shift work, burnout, workload pressure and emotionally demanding patient interactions. These studies have shown that stress among nurses leads to reduced attentiveness, increased medical errors and lower patient satisfaction which might lead to higher absenteeism, presenteeism and high turnover (Maphangela & Matenge, 2018). Employees who experienced elevated levels of occupational related stress are more prone to resign their occupation as they clash with other employees, deteriorating mental health, inability to fulfil tasks and display deficiencies in professional communication. Consequently, they deliver inferior quality work and become

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disconnected with their careers. The influence may also provide destructive consequences for clients/patient care resulting in more errors and insufficient treatment for recipients.

In Kenya, occupational stress adversely affects both organizations and employees. In Kenya, the economic ramifications of occupational stress, encompassing absenteeism and diminished productivity are challenging to quantify but may reach several billion shillings annually. Numerous stressors exist within Kenya's disciplined services. Bullying, employment harassment and the fear of occupational loss are all instances of stresses (Machiri, 2022). Occupational stress in Kenya's disciplined services such as the police, military, and paramilitary organizations has significant economic and social consequences. Studies suggest that absenteeism, reduced productivity, and employee turnover could amount to billions of Kenyan Shillings annually. This shows that occupational stress has significant economic consequences affecting productivity, healthcare costs and overall occupational stability.

According to Sapien Labs' Mental State of the World 2022 report, South Africa was identified as the nation with the largest proportion (35.8%) of its population experiencing distress and mental health challenges. A notable tendency emphasized in the Sapien Labs study is the declining mental well-being of each successively younger generation. This is reflected in the Western Cape Government's report on anxiety, depression, and adolescent suicide, which found that 9% of all teenage deaths are due to suicide. According to the World Health Organization (WHO; 2022), over 700,000 individuals succumb to suicide annually, with South Africa ranked as the nation with the ninth highest suicide rate globally at 23.5 per 100,000. Notably, suicide is the fourth leading cause of death among individuals aged 15 to 19 (Pillay, 2022).

This is the evidence that suicide in the occupational environment is an increasing concern. It is important for the employers to examine their legal and ethical responsibilities under the laws such as the Occupational Health and Safety Act (OHS). Suicide has a lasting impact on employees, families, organisations. Employers are urged to adopt wellness intervention to reduce such risk. Social workers play a crucial role in Employee Assistance Programs (EAPs), providing a range of services to support employees' mental and emotional well-being. The social worker's role is to increase focus in occupational settings, reduce absenteeism in occupational settings, decrease occupational distress, increase engagement at work, and improve life satisfaction and higher levels of productivity in occupational settings (Dud & Derks, 2017). They provide crisis intervention by providing immediate support during incidents such as occupational trauma or personal incidents such as motor vehicle accidents.

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Social workers help employees to navigate these challenges so they can cope with trauma. Social workers offer short-term counselling and support through solution-focused theory for employees experiencing personal and occupational-related stress, helping employees manage their burnout, anxiety, and depression (Baskar, Casteel & Bridie, 2021). In this study, employees facing occupational-related stress can benefit significantly from social worker services in Employee Assistance Programs (EAPs). Social workers are essential in assisting employees with occupational challenges and maintain their mental and emotional well-being. Employees can develop coping strategies to manage occupational stress effectively. Through counselling therapy employees can address the underlying causes of their occupational related stress toward emotional resilience. Using a wide range of social worker services can enhance occupational engagements and productivity, reducing absenteeism, presenteeism, and staff turnover. Integration of social work services into EAP programmes will enhance occupational wellness results. Social workers provide counselling therapy and psychosocial support that enables employees to develop coping strategies, address occupational related stressors and build emotional intelligence.

Social workers receive training and education by attending workshops and training sessions on topics like Stress Management and Conflict Resolution to bring about increased engagement at work and resilience. Social workers offer work-life balance by helping employees balance their personal problems, occupational-related stress, and mental health problems through increasing focus in their occupational settings (Attridge, 2020). They work with employees who are going through performance improvement plans; they work with managers and supervisors to develop strategic plans for improving work morale and enhancing productivity. The social worker's role is to reduce absenteeism in occupational settings and advocate for employees who are facing disciplinary actions (Attridge, 2023). EAP programmes improve employee's coping strategies, helping them to address both personal and occupational related stress. This programme can also address stress early and prevent escalation into long term stress. EAP can foster retention by showing organisation commitment to well-being.

Occupational-related stress arises from inadequate occupational conditions, which adversely impacting employee's physical and mental health, capabilities and productivity. It significantly affects their standard of living, healthcare, occupational gratification, absenteeism, and elevated turnover rates from occupation. It is often asserted that employed adults have more prevalent mental health issues including anxiety, depression, psychotic illnesses, and burnout than unemployed individuals (Naima, 2018). Employees must consistently exert significant

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effort to validate their employment, a situation that can create conflict between working stress and personal life, potentially resulting in distress. Employees with low emotional intelligence are at a heightened risk of experiencing mental health disorders due to elevated professional expectations and stress (Nathan, 2024). Emotional intelligence is a protective factor as it helps employees to regulate emotions quickly, cope with stress, build supportive relationship and bring possible solutions to the existing problems. Without problem management skills employees are more vulnerable to increased susceptibility to mental health issues. Employees must utilize emotional intelligence to prevent social withdrawal, depression, and anxiety.

The WHO (2022) affirms that occupational environments significantly contribute to the prevalence of mental health issues among employees. A substantial correlation exists between occupational stress and mental health. Poor mental health can adversely affect physical health; certain occupations exhibit a higher prevalence of mental health issues due to the significant psychosocial characteristics of the occupational environment (Rachael, 2024). When professional stress becomes excessive, it can significantly affect an individual's body and psyche. The employee may face repercussions including physical and mental fatigue, diminished focus, memory impairment, impaired judgment, self-neglect, depression, frequent absenteeism, recurrent unintentional injuries, reduced productivity, and increased work-related costs. Occupational stress may result in physical repercussions such as weariness, headaches, gastrointestinal distress, and sleep difficulties. The mental or emotional repercussions of stress are evident in memory impairment, sadness, and risk-taking behaviours, including alcohol abuse. Mental tension manifests as psychosomatic alterations, including headaches, fever, and cold symptoms. The escalation of occupational related pressure negatively affects employees' mental well-being. Shift employment and extended working hours expose employees to significant psychological and emotional risks (Pillay, 2019).

1.2. Problem statement

The problem statement constitutes the cornerstone of any research endeavour. It serves as the foundation for the research procedure, providing a clear understanding of the issue the research aims to address (Zhang & Ibarra, 2021). The problem statement delineates the issue and outlines the researcher’s intended course of action. The problem statement is the primary rationale for the researcher’s selection of the research topic and signifies the initiation of their interest (Bambi, 2022). The problem statement is identified as the articulation of the problem, signifying a systematic arrangement of words that explains the rationale for the research's significance (Bambi, 2022).

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Stress is a typical reaction to occupational responsibilities. Excessive job stress can be detrimental, despite the potential benefits, as it can be damaging to one's mental health. Occupational stress can contribute to the development of anxiety or depression and may cause an existing condition to worsen. Occupational stress also affects family relationships and life outside of occupation, heightening the risk of injury, weariness, and burnout. Despite numerous initiatives by various organizations to enhance employee well-being, limited progress has been made due to occupational stress-related issues. Factors contributing to occupational stress include excessive workloads, job uncertainty, extended working hours, inadequate resources, insufficient job-related skills, harassment, discrimination, and limited promotional chances. However, limited research exists on the impact of occupational stress within South Africa's occupational environment, whether in the public or private sector, and the effectiveness of intervention strategies. Occupational related stress among employees in South Africa represents a pressing issue that impacts both their mental health and the quality of service provided. Resolving this issue is crucial to improving employees' well-being. This study seeks to bridge that gap by exploring how occupational-related stress affects employees' mental health while identifying sustainable solutions to mitigate its consequences. (Sharon & Cary, 2022).

Occupational stress is widely acknowledged as a major occupational concern, with significant implications for employee health, productivity, and organizational stability. Occupational injuries in high-pressure environments, such as mining, healthcare, and manufacturing, contribute to stress. There is minimal compliance with mental health regulations within organizations, resulting in elevated levels of occupational stress for employees. The rising levels of stress among employees in South Africa are significantly affecting their mental health and occupational performance. Studies demonstrate that elevated occupational-related stress levels lead to burnout, anxiety, and depression, which can lead to reduced effectiveness in patient care (Pillay & Bhatia, 2021). This escalation of occupational-related stress is concerning because it not only affects the mental health of employees but also compromises the quality of care they provide to patients or clients, potentially leading to adverse health outcomes. The World Health Organization (WHO, 2021) has recognized occupational stress as a critical factor influencing health systems globally, emphasizing the need for action to protect healthcare professionals' well-being. Organizations have long associated attendance with commitment; yet, it is increasingly evident that attendance does not necessarily indicate productivity. Presenteeism, characterized as attending work while unwell, poses a nuanced

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threat to employee well-being and organizational performance (Iqbal, Siddique, Oad, Khan, Ullah, Sanawar & Haider, 2025).

Presenteeism transpires when employees are physically present in the occupational environment yet unable to operate properly due to illness, occupational related stress and mental health issues. In many occupational environments, especially in the City of Johannesburg, attendance is equated with loyalty and dedication. Employees fear being labelled unprofessional or uncommitted if they take sick leave or annual leave to rest, even though they are experiencing burnout. Presenteeism is driven by job insecurity. Economic pressures and a high unemployment rate in South Africa make employees hesitant to miss work even when they are unwell. Heavy workload and unrealistic deadlines and targets push employees to be always present despite mental health issues they are facing because of occupational-related stress. Employees tolerate occupational bullying, unhealthy workload pressures, and low wages because they fear losing their work. Stigma around mental health also contributes to mental health issues. Employees often avoid disclosing occupational-related stress, leading them to attend work while they are struggling mentally. Most employees fear being labelled as weak and lazy. Many corporates in Johannesburg operate under SLAs (service-level agreements), where long hours, profit generation, and targets are the norm.

Some employees experiencing occupational-related stress remain silent, with untreated occupational-related stress leading to depression, fatigue, panic disorders, and anxiety affecting occupational performance and productivity. Employees embrace the idea that complaining about occupational-related stress is unprofessional or risky. Johannesburg is an urban environment that adds external stressors for employees, including traffic congestion, daily commuting, and high living costs, leading them to tolerate long working hours, unrealistic goals, toxic work environments, victimization, interpersonal conflicts, and poor work-life balance. Poor organizational culture, such as a toxic occupational environment, unclear roles and responsibilities, and inconsistent policy and procedures, makes employees disengage emotionally and physically, resulting in high absenteeism and turnover.

Occupational stress is a growing concern that significantly affects healthcare employees in South Africa. Despite efforts to improve employee well-being, occupational stress, including high workloads, job insecurity, long hours, and inadequate mental health policies, continues to expose workers to chronic stress, increasing the risk of burnout, depression, and anxiety. The COVID-19 pandemic further intensified these challenges, revealing gaps in workplace support

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systems. After COVID-19, most companies in Johannesburg adopted work-from-home arrangements, while others denied such opportunities, even though they were performing the same tasks. Employees often resign and join other companies that allow remote work, leading to high turnover. Employees no longer want to work in their offices due to fear of micromanagement and presenteeism, leading to constant conflicts between employers and employees. Supervisors are allocating a heavy workload to employees who opted to work from home rather than those based in the office. Employees acknowledge that working from home lowers stress and increases productivity, and believe that being summoned to the office is because employers want to maintain managerial control over them.

This study is significant for social work because occupational-related stress directly impacts employee mental health, family functioning, and community stability. Social workers play a critical role in designing and advocating for psychosocial interventions, workplace wellness programs, and policies that protect vulnerable employees. By focusing on occupational stress, social work can contribute to preventive strategies, reduce stigma around mental health, and promote resilience in organizational settings. The findings will inform social workers in both clinical and occupational health contexts, enabling them to support employees more effectively.

1.3. Major research questions

- How does occupational related stress affect employees' mental health?

1.3.1. Sub research questions

- What are the prevalent mental health challenges faced by employees due to occupational-related stress?
- What coping mechanisms do employees use to manage occupational-related stress?
- How do employees perceive the availability and effectiveness of stress management interventions within the occupational environment?
- What are possible solutions that employees think can be employed to deal with occupational-related stress?
- What steps can employers take to better support mental health in the occupational space?

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1.4. Aims of the study

The research study seeks to clarify the project's objectives. The objectives of research are often expansive and concentrate on the long-term results of a project. A study objective may be articulated in a concise sentence or brief paragraph (Cresswell, 2014).

- The aim of the study was to explore the effects of occupational-related stress on mental employees' mental health: A case in a selected company in the City of Johannesburg, Metropolitan Municipality, Gauteng Province

1.5. Objectives of the study

The study's objectives pertain to the research aims and the methodologies employed to achieve them. The research objectives concentrate on the study's immediate, short-term results. Research objectives are distinct and essential for attaining the study's goal (Cresswell, 2018). The research objectives are clear, specific, and unambiguous statements with specific goals to be attained at the end of the study. The objectives represent the steps directed towards achieving the study's goal (Khan, 2016).

The following were the objectives for this study.

- To determine how occupational related stress affects employees' mental health
- To identify common mental health issues faced by employees as a result of occupational stress.
- To ascertain the coping strategies employees utilized to manage occupational-related stress.
- To describe intervention strategies to be employed to address occupational-related stress
- To recommend intervention strategies that could be adopted to minimize occupational-related stress.

1.6. Significance of the study

The study's goal was to add to the current body of knowledge on occupational-related stress. The study's conclusion contributed to the employers and employees that mental health is not only caused by personal problems but also by occupational stress with occupational obligations (Mabunda et al, 2021). The study assisted in developing policies to address occupational stress. The development of policies included the improvement of occupational-related policies that prevented and managed employee wellness services and psychosocial support services, and

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enhanced employee well-being. The study sought to establish an optimal occupational environment in which employees recognized potential occupational stressors and mental health challenges arising from them, and strategies to mitigate these stressors, thereby enhancing their mental well-being. Importantly, the findings will provide a foundation for future policy development and organizational practices to create healthier occupational environments. The study will offer insights and evidence that will inform employers, employees, and policymakers in designing effective stress management and wellness initiatives. The study will lay the groundwork for further research and underscore the importance of integrating psychosocial support into occupational health frameworks. Importantly, the findings will provide a foundation for future policy development and organizational practices to create healthier occupational environments. The study will offer insights and evidence that will inform employers, employees, and policymakers in designing effective stress management and wellness initiatives. The study will lay the groundwork for further research and underscore the importance of integrating psychosocial support into occupational health frameworks.

The study will further enhance and improve employee well-being. Furthermore, it will mainstream the challenges employees face and raise awareness within the workplace, which leads to occupational stress. The study will also examine the coping mechanisms of employees experiencing stress and the intervention strategies. It will play a fundamental role in the prevention and elimination of the effects of occupational stress that lead to mental health problems. The study will also enable employees to cope with and manage occupational-related stress. Furthermore, the study will establish the groundwork for the development and execution of mental health policies within the occupational environment.

1.7. Definitions of key concepts

1.7.1. Stressors are the external situations that may induce stress and then lead to various forms of strain and may manifest as mental illness, including anxiety, depression, or post-traumatic stress disorder (Dimoff & Kellowa, 2017). In occupational settings stress can be triggered by an array of stressors such as work tasks, psychosocial, and organizational stressors. Long working hours, missing deadlines, high workload pressure, burnout, job insecurity, toxic culture environment, poor organisational policies, and inadequate salaries are the key stressors that create occupational related stress among employees.

The researcher perceived stress as complex psychological response that originates when demands of the occupational space surpass an employee's capability or support systems to meet

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those demands. Failure to meet deadlines, taking work to home, written and verbal warnings, decreased job satisfaction, toxic culture, interpersonal conflict and long working hours can lead to stress. Stress can serve as a motivator for individuals to enhance their performance. When stressor goes beyond the limit it causes distress and limit the performance of an individual.

1.7.2. Chronic stress is a persistent and enduring sensation of tension that can adversely impact one's health if left unaddressed. Unlike acute stress, which is a short-term response to a specific threat or challenge, chronic stress persists over a long period and can lead to serious health problems (Dimoff & Kelloway, 2017). Chronic occupational stress refers to prolonged, unaddressed occupational stress that persists over time leading to serious mental, emotional, and physical health issues. Continuous occupational stressors increased risk of anxiety, depression, emotional exhaustion, and PTSD. Chronic stress leads to permanent problem that might need employees to be put on medication.

1.7.3. Occupational stress is a form of chronic stress induced by challenging working conditions, impacting individual performance as well as physical and mental health (Amiri, 2019). Occupational stress is a prevalent and detrimental aspect of contemporary occupational environments. Occupational stress can also be defined as the interaction between working conditions and individual characteristics of the employee in such a way that the demands of the occupational settings are more than the employee can handle (Amiri, 2018). Occupational stress is a robust term that means various types of both physiological and psychological pressures that are felt and handled by employees in the occupational environment. Abebe and Alemseged (2016) define occupational stress as physical or emotional elements that lead to bodily and mental imbalances among employees in the occupational environment. Occupational stress occurs when stressors in the workplace affect employees, altering their psychological state and compelling them to stray from typical functioning.

Occupational stress occurs when the demands of the occupational environment jeopardize an individual's talents and resources to fulfil them, or when the employer fails to provide the necessary support for the employee's needs (Sedigheh & Zahra, 2018). Occupational stress is applicable to this study to measure psychological, emotional, and behavioural responses of an employee's resulting from prolonged exposure to occupational related stressors such as burnout, role ambiguity, turnover, presenteeism, absenteeism, supervisor/manager conflicts, lack of support, and poor organisational culture. This definition allows the researcher to analyse

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how occupational related stress manifests in observable ways and how it interacts with employee's mental health, organisational structures and wellness interventions.

1.7.4. Mental health is defined as "a state of mental well-being that enables individuals to manage life's stresses, recognize their capabilities, learn effectively, perform competently, and contribute to their communities" (WHO, 2022). Mental health is a condition of well-being wherein an individual recognizes their own capabilities, effectively manages everyday stressors, engages in meaningful employment, and contributes to their community. Unaddressed occupational stressors can lead to serious mental health issues affecting employees and occupational productivity, Continuous occupational stress can lead to anxiety, depression, PTSD and panic disorders (World Health Organization, 2022).

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills, ability to recognize, express and modulate one's own emotions, as well as empathize with others, flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium (Keyes, 2017).

The visible emotional, psychological, and behavioural responses of an employee to occupational stressors, evaluated through self-reported experiences, coping strategies, and occupational involvement. The researcher used this definition as it examines how mental health is affected by occupational related stress and how it manifests in employees lived experiences.

1.7.5. Occupational setting refers to the various environments where work is conducted. These settings may vary significantly depending on the type of work and industry. According to Mkandawire (2019), an occupational setting refers to the work environment where employees perform their job duties. It encompasses physical, social, and organizational factors that influence occupational dynamics, employee well-being, and productivity. Types of occupational settings include corporate offices, healthcare facilities, industrial and manufacturing sites, and many more.

1.8. Theoretical framework

1.8.1. Ecological system theory

Ecological Systems Theory integrates biological, psychological, and social disciplines. Social scientists examine the ecology of human development to elucidate the interactions between

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individuals and the interconnected systems within their environments (Bronfenbrenner, 1983a). Bronfenbrenner (1994) aimed to formulate a theory of human development that encompasses the impacts of all systems influencing an individual's lived experiences, regardless of the distance of the influence. Currently, numerous notions such as micro-, meso-, and macrosystems are prevalent in social work practice. Nevertheless, their empirical foundations are sometimes inadequately comprehended (Crawford, 2020).

Ecological Systems Theory elucidates human development by examining environmental linkages and their impact on factors that directly influence psychological growth. Social scientists examine the ecology of human development to understand how individuals engage with the interconnected systems in their environments. The theory integrates biological, psychological, and social disciplines. As Bronfenbrenner (1983) stated, "human development results from the interaction between the developing human organism and its environment."

This framework considers the complex interplay between individuals and their environments, emphasizing how various levels of influence (e.g., individual, organizational, societal) affect well-being. The researcher used this theoretical framework because it is holistically viewed and looked at individual, organizational, community, and societal levels, providing a comprehensive understanding of stress factors. The theory acknowledged that stressors at different levels interact and influence each other (Crawford, 2020). For example, organizational policies can affect employees' stress levels. The theory allows the identification of stressors at various levels and helps develop more effective, multi-level interventions to reduce stress and improve mental health. The ecological systems approach challenged the belief that improving mental health relies solely on altering human behaviour. The researcher employed this methodology by concentrating on mental health promotion initiatives that address not only behaviours but also social environmental factors as areas for modification (Perron, 2017). The ecological system approach was crucial to this study as it provided a framework for analysing stress beyond the individual employee. A meticulous analysis of the circumstances in which occupational stress arises was necessary. This approach aligned with the perspective that addressing occupational stress required examining the physical, emotional, cultural, and political aspects of the workplace, rather than focusing solely on individual employees or groups. Guanghui (2024) contends that the ecological model suggests that the broader context in which employee groups are situated may also affect the prevalence of excessive occupational stressors, unfavourable stress responses, and illness outcomes.

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This model incorporates protective and risk factors through the four levels of Ecological System Theory, identifies moderating factors and potential stress reactions, and examines implications for employee outcomes. The researcher applied ecological systems theory to explore how human behaviour contributes to occupational stress.

1.8.1.1. Microsystem

The microsystem encompasses the immediate surroundings of the individual employee or a collective group of employees. It encompasses the environmental physical characteristics, the interactions an employee encounters, and the activities taking place therein. The working conditions within the microsystem encompass the job's structure and its content (Crawford, 2020). The occupational structure frequently dictates the extent of personal control employees possess over their roles. The content is defined by the profession's nature. A crucial factor in assessing structure and content is the degree to which the occupation aligns with the employee's skills. Should the employer fail to utilize employees' talents, knowledge, and other personal resources, it may lead to dissatisfaction and a sense of unfulfillment. Conversely, if an employee is not well prepared for the occupation, or if the occupation requires skills beyond the ability of the employee, it may result in frustration and even anger on the part of the employee. A vital component of the microsystem is the interactions among employees, their colleagues, and managers. Employees who perceive respect, value, and support are likely to encounter reduced occupational stress compared to those with contentious and adverse interpersonal connections and experiences (Yang & Sanborn, 2021).

The microsystem significantly affects employees' mental health by shaping their experience of occupational-related stress. This layer encompasses their immediate work surroundings, daily interactions, and occupational tasks. Various elements within this system contribute to occupational-related stress and influence employees' well-being. By analysing the microsystem through an occupational stress lens, employers and researchers can identify intervention strategies to improve occupational conditions and enhance employees' well-being.

1.8.1.2. Mesosystem/Organizational System

Yang and Sanborn (2021) propose that the Mesosystem, also known as the organizational system, comprises the structures and functions that comprise an occupational organization. Examples of organizational structures include labour unions, organizational scale, physical layout, and the nature of its services or products. Culture and organizational policies are critical factors in assessing the organizational system. Occupational stress is likely to be reduced in

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firms with clear policies that encourage employee health, and when these policies are evident in management's attitudes and behaviours. Leadership styles exert a significant positive or negative influence on organizational stress levels. In an organization characterized by authoritarian leadership, subordinates' capacity to engage in problem-solving and decision-making may be suppressed. Guanghui (2024) posits that a laissez-faire leadership style may excessively burden employees with responsibility, potentially leading to ambiguity and role conflict, depending on the organization's product or service. Each of these styles may be suitable in specific circumstances. Nonetheless, when the leadership style aligns with the evolving requirements of the firm and its employees, this form of occupational stress is alleviated.

The structural framework significantly affects employees' mental health by shaping occupational stress through its policies, leadership styles, and other factors. Various elements within this system influence stress levels and overall psychological well-being in the workplace. These systems provided a lens for shaping mental health by influencing occupational stress through the structures, policies, and leadership styles employers used. Several key factors discussed in this layer contribute to occupational stress and overall well-being.

1.8.1.3. Ecosystem/Peri-organisational system

The peri-organizational system refers to the influences within the sociocultural framework in which both the individual and the organization are situated, exerting an immediate impact on the occupational organization. This encompasses regional economic conditions, the political environment, and prevailing employee risk factors such as weariness, monotony, excessive workload, prolonged working hours, insufficient skills, lack of fulfilment, and inadequate information regarding hazards. Insufficient training, lack of personal protective equipment, apprehension about failure or mistakes, fatigue, and Feelings of isolation and loneliness, along with attitudes of management or supervisors, lead to frustration (Perron, 2017). During an economic downturn or recession, a company may need to shrink or restructure, leading to job losses or staff relocations. The crime rate in the local neighbourhood may pose a threat to employees both within and outside the organization, influencing their stress levels and the organization's standing in the community.

These layers play an important role in this study as they provide the lens through which economic conditions or financial instability can lead to job insecurity, increased workload, and

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financial stress, which increases employees' mental health issues, such as anxiety and depression. The layer also explained that the political climate, occupational policies, changes in labour laws, and government regulations influence occupational stress, which contributes to job dissatisfaction. Social and environmental stressors, such as community challenges, such as high crime rates, can create fear and insecurity both inside and outside the occupational environment, further exacerbating stress levels.

1.8.1.4. Macrosystem /extra-organisational system

The extra-organizational system encompasses the cultures, cultural conventions, traditions, and governmental and economic policies that directly or indirectly influence employees; direct effects pertain to government rules, regulations, and standards. For instance, when a standard is enacted by the Occupational Safety and Health Administration (OSHA), prompt modifications may be required in workplaces that directly affect employees' job performance (Kamenopoulou, 2016). Shifting economic and technological developments affect employment. Risk factors including job insecurity, emotions of self-worth, pride, or humiliation, fury, hostility, antagonism, frustration, annoyance, apprehensions over children, worries about commuting, lateness, apprehension regarding violence, injury, or disease, gender or ethnic harassment, Perceptions of judgment based on external standards; insecurity; fear of inadequacy; apprehension regarding intolerance in cases of physical or psychological illness; shame associated with illness; norms that fail to provide sufficient protection (Perron, 2017). Laws and standards, such as Occupational Health and Safety regulations, directly affect workplace conditions and job security. Policy changes may require organizations to adapt, potentially increasing employees' uncertainty and stress. By considering the extra-organizational system in occupational stress research, organizations and policymakers can develop proactive strategies that address workplace mental health through supportive policies, fair labour practices, and employee wellness initiatives.

1.9. Outline of the study

The study is presented in five chapters, which are organized as follows.

1.9.1 Chapter 1: Introduction and background of the study

The chapter introduced the study. Furthermore, the chapter provided a global background on workplace bullying and narrowed it to Limpopo province. The research problem was also outlined, followed by the main research question and its sub-questions. The aim, objectives, and significance of the study were also explained.

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1.9.2 Chapter 2: Literature review

The chapter reviewed literature from previous studies on the effects of occupational stress on employees' mental health. Relevant literature from various sources and search engines was reviewed to provide context for the study's aims and objectives. It reviewed literature that determines, identifies, explores, and ascertains the effects of occupational stress on employees' mental health. It further reviewed the literature on recommendations that could be used to address the phenomenon.

1.9.3 Chapter 3: Research methodology

The study used a qualitative research method. The chapter included: research approach, design and setting, population and sampling, data collection methods and instruments, data analysis, and finally a pilot study

1. 9.4 Chapter 4: Data analysis, results, and discussion of findings

In this chapter, the raw data collected were presented and analyzed as proposed. After that, the study findings were discussed.

1.9.5 Chapter 5: conclusion and recommendations

This was the final chapter of the study, in which conclusions and recommendations were drawn from the research findings and linked to the existing literature to answer the research objectives.

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CHAPTER 2: Literature review

2.1. Introduction

A literature review is essential in every research project and academic research. Critically, the advancement of knowledge in research must be informed by prior research and studies, including the phenomenon under study. Comprehending the existing literature to identify gaps is fundamental and is achieved through a literature review (Xiao & Watson, 2019). This chapter provides an overview of the literature review exploring the effects of occupational stress on employees' mental health. The purpose of the literature study is to evaluate previous and available articles, dissertations, theses, and documents by summarizing, analysing, and synthesizing a group of related literature by other authors worldwide on the factors contributing to occupational-related stress on employees' mental health.

The literature examined in this chapter was guided by the study objectives outlined in the previous chapter. This study's literature review focused on the effects of occupational-related stress on employees' mental health; the common mental health issues employees face as a result of occupational-related stress; the coping strategies employees use to manage occupational-related stress; intervention strategies to address occupational-related stress; and recommendations to prevent occupational-related stress.

Health care professionals, including mental health practitioners, social workers, counsellors, psychologists, nurses, physicians, and support personnel, are primarily impacted by this issue in South Africa. A study by Mabunda, et al. (2021) indicated that more than 60% of employees in South Africa experience moderate to severe occupational stress, underscoring the prevalence of this issue. Occupational stress manifests in various ways and is triggered by factors such as long working hours, high workload, missed deadlines, high patient-to-staff ratios, Key performance standards (KPAs), the emotional demands of patient care, and inadequate resources. These factors establish a demanding occupational environment that exacerbates stress and results in adverse mental health consequences (Hancock, et al., 2022). The recent COVID-19 pandemic has exacerbated these pressures, necessitating urgent attention to the mental health requirements of healthcare professionals (Pillay & Bhatia, 2021)

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2.2. Occupational related stress effects on employees' mental health

2.2.1. Occupational burnout

Burnout denotes a feeling of powerlessness and inadequacy that employees experience following prolonged exposure to occupational stress, leading to a steady decline in enthusiasm and motivation for their tasks, accompanied by a negative disposition towards their work. Burnout is often a predecessor to depression, as prolonged work pressure and psychological burden can cause employees to enter a state of chronic fatigue, which may ultimately affect the quality and efficiency of their occupation and aggravate existing issues. Simultaneously, burnout can result in employees losing interest and ambition in their occupation, fostering negative attitudes and feelings, such as resigning without alternative employment, hence heightening the risk of depression. Burnout may also result in depression. Mental illness can cause employees to experience physical fatigue and psychological discouragement, resulting in adverse attitudes and feelings. (Zang & Hongving, 2023).

South African mental health practitioners in the field of mental healthcare encounter occupational stress and chronic stress, which may result in signs of burnout (Weir, Ramano & Balladur, 2024). This supports the notion that most employees experience occupational related stress that affects their mental health (Oosthuizen, Mashego & Mayer, 2023). Their findings suggest that among employees with burnout, burnout exhibits conditions such as exhaustion, fatigue, excitement, and diminished enthusiasm; feelings of inadequacy, dissatisfaction, cynicism, or inefficiency; and dysfunctional behaviours that develop in the occupational environment. Occupational stress may result in burnout and emotional, mental, and physical fatigue. A study by Chen et al. (2018) found that job stress was a strong predictor of burnout among employees in South Africa's service industry. Occupational stress was associated with heightened emotional exhaustion, depersonalization, and diminished personal accomplishment.

Occupational stress was favourably correlated with burnout and adversely correlated with well-being. Shresta and Giri (2021) examined the correlation between burnout, weariness, and turnover intentions among information technology professionals. Burnout and weariness were identified as major predictors of turnover intentions, with emotional exhaustion as the most substantial. Mental healthcare professionals in the public sector often contend with overwhelming patient loads, inadequate staffing, and substandard working conditions, leading to heightened burnout and reduced occupational satisfaction (Pillay, 2019). Conversely, those

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practicing in the private sector encounter distinct stressors, including high-performance expectations and job insecurity, which can also contribute to occupational-related stress (Bhana et al., 2020). These divergent experiences underscore the need for targeted research to investigate the specific occupational stressors faced by employees across different contexts in South Africa. This supports the notion that employees in different sectors experience occupational burnout caused by occupational-related stress that leads to their mental health problems.

Moreover, burnout contributes to alienation, absenteeism, resignation, or significant career transitions. A decline in occupational productivity, efficiency, job happiness, and organizational loyalty is noted among individuals who do not resign but are exhausted. The somatic and tangible illness-promoting effects of burnout are evident in conditions such as depression, musculoskeletal pain, Type 2 diabetes, cardiovascular disease, cognitive impairments, and premature death. Despite reports indicating that burnout can lead to tangible somatic issues, it is typically not recognized as a clinical condition. It is primarily manifested as psychological anguish and a psychosocial issue. (Yamah, 2023)

Oosthuizen, Mashego and Mayer (2023) define burnout as a state of emotional and physical tiredness, diminished achievement, and a perspective of inadequacy and cynicism associated with occupational stress. It has a detrimental effect worldwide, particularly in emerging nations such as South Africa. Empirical intervention techniques must be developed and implemented to address burnout themes in the South African public health sector, thereby preventing stress-related burnout. The findings corroborate the prevailing literature, indicating that burnout is an overwhelming experience for employees in South Africa.

Hain, Tomita, Milligan and Chiliza (2021) have shown that during the progression of occupational-related burnout, employees disregard their social surroundings, familial interactions, and personal well-being. The degree of an employee's professionalism and self-regulation can be very critical. As fatigue intensifies, an employee's productivity and effectiveness progressively diminish. As mental attention, creativity, and cognitive skills decline, memory also deteriorates. The frequency of errors in their profession begins to rise, prompting individuals to assign blame to themselves and others unless they achieve success. They may encounter daily occupational stress stemming from internal turmoil, self-dissatisfaction, worry, a lack of confidence, and errors. Individuals may occasionally seek

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solace in alcohol and narcotics to alleviate their misery and escape the anguish of mental health issues.

Excessive workload is a notable contributor to burnout across various professional settings. Most employers are undermining employees' emotional and psychological well-being. Employers are focusing more on competition with other institutions/companies by generating greater profit, meeting targets, and meeting service-level agreements. Employees experiencing burnout are characterized by emotional exhaustion, detachment, and a reduced sense of competence. Burnout can erode an employee's job satisfaction and contribute to high turnover. Occupational burnout without adequate resources and support systems leaves employees feeling overwhelmed. The study confirms that burnout significantly affects mental health, contributing to stress, anxiety, depression, panic disorders, and disturbance to sleep.

2.2.2. Long working hours

The effect of extended working hours on employees' personal lives can be significant. Molokomme et al. (2023) assert that prolonged working hours in a professional setting frequently result in increased fatigue and stress, thereby impacting overall well-being. The rigorous schedule can strain familial connections and personal obligations, as employees may struggle to reconcile work and home life (Valmari, Nygren, Ghazinour & Gilenstam, 2023). Inconsistent and extended shifts may disrupt sleep, leading to physical and mental health problems (James, Honn, Gaddameedhi & Van Dongen, 2017). Furthermore, Molokomme et al. (2023) indicate that insufficient time off between shifts may impede opportunities for rest and recuperation. Elevated stress levels and possible sleep loss may adversely affect employees' decision-making and job effectiveness (Gutshall, Hampton, Sebetan & Broxtermann, 2017). The duration of employment will induce stress and adversely affect employees' emotions. Research by Ananda (2022) indicates that prolonged working hours may lead to fatigue and diminished sleep quality among employees, thereby impacting mental health. Consequently, working hours influence employees' mental health. Research by Shields (2019) indicates that employees who work excessively long hours are at a heightened risk of developing depression.

Long working hours, missing deadlines, and sleep disturbance are key factors that deteriorate employees' mental health and well-being. Exposure to long working hours is a key trigger for family conflict, which can create relationship problems in homes, sleep disturbance, and burnout in employees (Seong-Uk, Jong-Uk &Jin-Ha, 2023). They also suggest that prolonged working hours are an independent risk factor for emotional exhaustion, as they induce fatigue.

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Extended working hours are recognized to adversely impact mental health. One reason is the detrimental behaviours linked to overtime work, including heightened substance use, insufficient physical activity, and a reduction in self-care. Furthermore, employees who work extended hours may lack the opportunity to pursue adequate mental health support and medical care when struggling with occupational stress or illness. Prolonged working hours may induce hypertension, metabolic syndromes, anxiety, panic attacks, and are associated with ischemic heart disease, stroke, and elevated death rates (Seong-Uk, Jong-Uk & Jin-Ha, 2023).

Anxiety and despair are more prevalent among employees working extended hours. Numerous nations seek to restrict employee working hours, as prolonged work periods adversely affect mental health. Contemporary civilization prioritizes quality of life, as employees seek a steady occupation that allows sufficient time for rest and recreation, rather than only pursuing high income. Conversely, the restricted time for leisure and rest for employees with extended working hours ultimately induces stress and may adversely affect their mental health (Zhang et al., 2021).

Despite the established negative effects of prolonged working hours on employee mental health, there is a paucity of studies investigating the correlation between extended work hours and specific mental health conditions, such as depression and suicidal ideation, particularly in South Africa. (Sungiin, Hongdeok & Jae Hyoung, 2020)

Long working hours are defined as overtime exceeding regular weekly hours. Numerous professions require overtime, making extended working hours prevalent globally. The International Labour Organization (ILO, 2022) reported that over 488 million employees, approximately 7%, worked more than 55 hours per week globally (Pega et al., 2021). Extended working hours will not only rob individuals of their respite but also do significant damage to their health. Long working hours adversely impact mental health, contributing to conditions such as depression, hypertension (Cheng et al., 2021), cardiovascular illnesses (Lin et al., 2018), and diabetes (Baek et al., 2019). Furthermore, inadequate mental health, including occupational burnout (Hu et al., 2016), occupational stress (Lee et al., 2016), and depression (Virtanen et al., 2018), is correlated with extended working hours. Consequently, extended working hours have emerged as a significant factor in the workforce's physical and mental health.

Depression is among the most prevalent mental health conditions. Long working hours have been identified as a significant risk factor for depression (Nakata, 2017). Park et al. (2020)

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demonstrated that the prevalence of stress, depression, and suicide escalated with prolonged working hours, exhibiting a linear dose-response connection with the duration of employment. A study by Park et. al (2019) indicates that job stress correlates with depression. In contemporary society, substandard working conditions consistently lead to occupational stress (Carmona-Barrientos et al., 2020). Research indicates that extended working hours elevate the likelihood of occupational stress responses (Nash et al., 2015), hence exacerbating occupational stress over prolonged work periods. Mental health is a "subjective experience" of one's quality of life and is a significant indicator of individual mental well-being (Svold et al., 2021). Previous studies have found that long working hours negatively affect mental health (Song & Lee, 2021). Some studies indicate that well-being mediates the relationship between working hours and well-being, demonstrating that occupational stress serves as a mechanism linking the two (Hsu et al., 2019). Previous research has established that prolonged working hours correlate with depression, occupational stress, and overall well-being, with both occupational stress and well-being serving as influencing factors of depression.

Overworking disrupts work-life balance, leaving little time for family, social connections, or rest. Employees who overwork are more likely to develop anxiety and depressive symptoms. Employees working extended hours often skip exercise, and they often live on fast food, which can lead to eating disorders and destroy physical health and energy levels. Employees who work long hours often adopt less preventive health practices, as they don’t have time for medical check-ups, self-reflection, or self-care.

2.2.3. Workload pressure

In a professional setting, managing workload can induce stress for employees, particularly when they face an excessive number of tasks beyond their capacity or are required to finish overly challenging assignments within the designated working hours. Occupational burdens become stressful when the tasks to be completed surpass the employee's available resources to manage them. An excessive workload heightens employee weariness, thereby detrimentally impacting their subjective mental health perceptions (Pangarkar et al., 2023)

Occupational stress experienced by employees can adversely impact their mental health, leading to a spectrum of psychological problems. Extended occupational stress can lead to adverse emotions, including anxiety, depression, tension, exhaustion, and insomnia. Moreover, severe workload pressure may lead to physical conditions such as gastrointestinal issues, headaches, muscular discomfort, and hypertension (Ananda, 2022).

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Kundi (2021) demonstrates that the consequences of occupational stress on employees' mental health manifest in the following ways: initially, when faced with substantial monotonous and repetitive work, employees frequently experience diminished emotional involvement and self-motivation, resulting in physical and mental fatigue. This may lead to problems, including impaired concentration, weariness, and less energy when confronted with professional challenges. Secondly, individuals often must fulfil the expectations of both their employer and family while simultaneously striving to meet deadlines and targets. Occupational stress can lead employees to experience self-doubt, self-blame, increased insecurity, and fear of underachievement, ultimately resulting in diminished self-esteem and significant anxiety.

Workplace pressure significantly impacts employees' mental health. High-stress occupations can deteriorate individuals' mental health, consequently impacting the quality of work within the professional environment. Occupational pressure adversely affects employees' job performance by diminishing performance, amplifying negative emotions, reducing accuracy, and inducing excessive fatigue that can compromise physical health (Ananda, 2022). Occupational stress may adversely affect employees' mental health. This pressure affects not only employees' physical and emotional well-being but also employers. Increased strain on employees may adversely impact their effectiveness, occupational quality, and organizational performance (Zang & Hongving, 2023).

When employees face workload pressure, they often detach emotionally from their occupational tasks. This detachment manifests as job dissatisfaction and has minimal connections to organizational values, mission, and goals. Workload pressure is linked to anxiety and depression; employees who are exposed to workload pressure experience irritability, fatigue, and difficulty concentrating, thus worsening their mental health. Workload pressure yields reduced employee productivity and innovation, increased staff turnover, and higher absenteeism and presenteeism.

2.2.4. Workplace conflicts and bullying

Occupational bullying consists of negative, repetitive, and harmful behaviours, which can be physical, verbal, or psychological in nature (Kanitha & Poonam, 2020). The negative behaviours include criticism, humiliation, and infliction of anguish, fear, or injury upon employees. The toxic combination of pressure, humiliation, performance degradation, and persistent mistreatment of employees is frequently perpetrated by one or more individuals. The research conducted by Einarsen, Hoel, Zapf, and Cooper (2020) has established that

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occupational bullying extends beyond mere stress; it profoundly impacts mental health. The research conducted by Kanitha and Poonam (2020) illustrates the impact of workplace bullying on mental health and employees' perceptions of the workplace. This study concluded that workplace bullying substantially impacts psychological health, resulting in symptoms such as anxiety, despair, and a hostile demeanour.

Interpersonal relationships among employees are a prevalent source of stress in the occupational environment. Conflict is recognized as a sign of the overarching idea of occupational harassment. Workplace bullying can also induce stress that results in mental health issues. Bullying poses a threat to occupational and personal standing, induces isolation, results in excessive workload, and causes destabilization, including a lack of recognition for contributions and assignment of trivial tasks (Alshehri & Morsi, 2023). This phenomenon can engender a detrimental occupational environment for employees, therefore impacting their mental well-being, work ethic, and organizational contributions (Mustafa et al., 2015). High-stress occupations, such as emergency services or healthcare, may contribute to interpersonal conflict. Collaborative work environments may present challenges that hinder teamwork and increase tension among individuals (Pangarkar et al., 2023).

Occupational conflicts encompass disputes between employees and bosses. Micromanagement is characterized by excessive and unnecessary control or oversight of an employee's job, which can lead to feelings of helplessness and frustration. Unjust and excessive criticism from managers or supervisors directed at employees, often lacking constructive feedback and delivered publicly, aimed at weakening the target's self-confidence and self-esteem (State, Helge, Dieter & Cary, 2020). The harassment of employees has emerged as a pervasive issue in the South African occupational environment, adversely impacting employees' emotional well-being. Bullying constitutes an act of violence, harassment, or intimidation aimed at an employee by another employee, co-worker, or superior (Mutambuki, 2019). Employees exposed to bullying may suffer many adverse impacts, such as anxiety, sadness, and post-traumatic stress disorder (Esterhuizen & Van der Westhuizen, 2017).

Victims of occupational bullying often experience anxiety, depression and reduced self-esteem. Unending occupational conflicts elevate stress, leading to emotional exhaustion. Occupational bullying often leads employees to social withdrawal, low self-esteem, poor productivity, and resignation without any means of income. Employers often lose hardworking employees with strong leadership skills due to workplace conflict and bullying. Organizations known for

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bullying face reputational risks and increased recruitment and training costs. Therefore, it is important for employers to implement prevention and intervention strategies to address occupational conflicts before they escalate.

2.2.5. Poor work-life balance

Work-life balance is crucial for employees seeking a fulfilling existence. Work-life balance is the ability of employees, regardless of age or gender, to manage professional and personal responsibilities effectively (Jansson & Gunnarsson, 2020). Further, Jasson and Gunnarsson posit that sadness and distress often result from inadequate work-life balance, culminating in diminished productivity, lower job quality, increased absenteeism, and higher employee turnover. Psychosocial well-being is associated with a lack of work-life balance.

Inadequate work-life balance results in diminished job satisfaction, psychosocial well-being, and overall quality of life. The emotionally taxing nature of mental health employment is believed to elevate the risk of burnout, which correlates with diminished employee satisfaction and an increased inclination to resign. Individuals experiencing greater work-life conflict exhibited increased emotional fatigue, diminished well-being (encompassing mood, energy, and overall interest), sadness, negative emotions (including anger, anxiety, irritation, and resentment), sleep disturbances, and burnout. Individuals who do not maintain a good work-life balance are more susceptible to musculoskeletal ailments, headaches, visual strain, and physical fatigue (Putranti, Suparmi, & Susilo, 2020)

Equilibrium between professional and personal life is essential for achieving equilibrium. Work-life balance issues arise when individuals are unable to maintain equilibrium between their personal and professional lives, potentially resulting in physical and mental health disorders. Stress is classified as a mental disease. Stress increases the likelihood of illness, including cardiovascular disease and stroke (Nurhabiba, 2020). Research indicates that sadness and stress often stem from poor work-life balance, resulting in diminished productivity, reduced job quality, increased absenteeism, and higher staff turnover. Psychosocial well-being is associated with poor work-life balance (Nurhabiba, 2020). A significant portion of an individual's life is devoted to work. Autonomous and industrious individuals are anticipated to contribute to society. Nonetheless, mental health issues stemming from work-related stress might impair one's capacity for independence and productivity. Mental health issues are prevalent in the workplace and can impact productivity. Most occupational environments are influenced by mental health issues (Liswandi & Rifqi, 2023).

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Employees with inadequate work-life balance may bring work home at night, devote excessive time to their jobs, and disregard time with family and friends owing to professional obligations. Poor work-life balance can leave employees feeling they never have time to relax and recharge. Additionally, it can leave employees with little time for hobbies or personal interests (Eric, 2024). Work-life balance plays a key role in opting for a healthy work environment. Work-life balance primarily concerns maintaining equilibrium between personal and professional life. Studies show that managing time on the essence of priorities by distributing time to work, family, health, vacations, etc., leads to a balanced life. Occupational stress over a long period leads to occupational burnout. Work–life balance in a simple way, an individual who has been involved in carrying out their on-work and off-work responsibilities and remains satisfied with the outcomes at both roles (Turner et al., 2020).

Occupational stress can lead to poor parenting, including reduced patience and less emotional availability. Children may feel neglected and experience traumatic childhood experiences, affecting their own well-being when growing up. Occupational stress can reduce intimacy, increase conflict, and foster separation between partners. Employees often extend their working day by completing occupational tasks at home, thereby leaving little room for nurturing relationships. Invariably, such tendencies clash with household chores, creating tension between partners and families. This can lead to overspending on fast food rather than home-cooked meals, which can promote financial stress among partners and families. Household chores clash with occupational demands. Partners may feel that marriage is not prioritized when one partner bears the domestic load alone.

2.3. Common mental health issues faced by employees as a result of occupational-related stress.

2.3.1. Anxiety Disorder

Anxiety disorder is a pervasive sensation of fear and anxiety that may pertain to a specific situation or object. It is frequently accompanied by heightened psychological arousal. Typically, anxiety presents with a range of symptoms, such as impaired concentration, palpitations, respiratory trouble, and dizziness. (WHO, 2022). Anxiety is a situation in which a person experiences an anxious symptom while responding to an object or situation. People who experience a considerable sense of fear accompanied by changes in physical signs, among other things, experience rapid sweating and have a sweaty and fast heartbeat, rated (Hospital, Sentosa & Kuching, 2022). In 2019, 970 million individuals globally experienced mental diseases. Among the 970 million individuals afflicted by anxiety disorders, anxiety and

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depressive disorders have emerged as the most prevalent mental disorders globally in recent years. There are over 300 million people who have been affected by a prevalent mental health problem, and 70% of these individuals are employed (Attridge, 2019). People who experience anxiety in the occupational environment can be positive, motivating, and anxious to survive in complex world with a significant advantage (Ismail & Alhossani, 2024)

In 2020, due to the COVID-19 pandemic, almost all employees across occupational fields worldwide experienced greater occupational-related stress than ever before (Santomauro et al., 2021). They were more worried about their mental health and their finances. They were more worried that their employers do not empathize with the pressure they feel. (Santomauro et, al, 2021). During a period of high unemployment and slow economic growth, more than half were also actively seeking another job. And when employees feel imprisoned in their positions, productivity in the organization probably suffers (America Mental Health, 2021).

Employees across several sectors encounter arduous expectations and working circumstances daily that necessitate substantial emotional investment in their roles. When these expectations surpass the organizational or personal resources available to employees and persist over time, it may result in the development of disorders and symptoms related to anxiety (Attridge, 2019). Anxiety is linked with worry, fear, nervousness, and feeling uneasy. In the occupational environment, several tasks need to be completed by employees. For instance, if these tasks include when the employee needs to deal with an issue at work or make an important decision, some of them might experience feelings of anxiety and discomfort. Employees who miss deadlines might also suffer from anxiety and constant worry about being fired or being regarded as an incompetent employee by the company. Anxiety disorder, on the other hand, might be useful for employees because it will help them focus their attention and make them aware of harmful circumstances that might keep them safe. Anxiety disorder can occur when the symptoms are abnormally excessive or prolonged, and can happen in both stressful and non-stressful situations. Anxiety will also affect people's ability to function well, especially employees in the workplace. Whenever anything triggers the emotions of people with anxiety disorders, they tend to overreact to it. This is because people who are suffering from anxiety disorders lack control over their reactions to the situations (Malaysian Psychiatric Association, 2022).

The issues in the occupational environment are neither new nor escapable. Employees are encountering uneasiness and apprehension in their lives. Most people feel anxious in specific

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situations especially the employees in the occupational obligations such as dealing with a difficult boss (Mark & Smith, 2018), lack of understanding of the work's purpose (Meyer & Hünefeld, 2018), not having a good connections with colleagues, need to be accomplishing an urgent project at the specific time, has toxic workplace culture, highly competitive environment and come along with unrealistic expectation (Healthline, 2022)

Employees who experience anxiety disorder may have common symptoms such as a feeling of nervousness, increased heartbeat, feeling tired, all the time even they sleep well, insomnia, uncontrollable constant worrying, panicking, trembling, difficulty to concentrate, failure to complete tasks in a short space of time, sometimes having a blank mind, losing interest of their occupation, being easily irritated, avoiding situations, and other employees during working hours. These symptoms affect the performance and ability of employees in their occupational environment (Mayo clinic, 2022)

Due to occupational-related stress such as burnout, poor organizational culture, manager or supervisor conflict, relationship problems, and missing deadlines, employees may experience anxiety disorders that will cause them to lack interest and attention in their work. They tend to do work without properly checking it and make many mistakes, causing a major problem for employers. They might also become less productive as their work falls behind schedule, leading to employment loss and decreased job satisfaction. (Arlin, 2022)

Employees who are experiencing occupational-related stress, such as constant workload pressure to meet targets, can develop anxiety disorders. Long working hours reduced recovery time, disrupted sleep, and intensified stress. Fear of losing employment or unclear job expectations fosters uncertainty and triggers anxiety. Conflict with other employers, managers/supervisors, and experiences of occupational bullying intensify symptoms of anxiety. Employees who have anxiety caused by occupational-related stress lose concentration and productivity.

2.3.2. Depression

Depression is a mental condition defined by enduring feelings of disinterest in activities and chronic melancholy. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (APA DSM-5) categorizes depressive disorders into major depressive disorder, premenstrual dysphoric disorder, disruptive mood dysregulation disorder, persistent depressive disorder, and depressive disorder linked to another medical condition.

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The importance of occupational depression encompasses the evaluation of the mental health of working professionals in their physical health, emotional and mental well-being, and occupational environment productivity, associated with an occupational related stress. The growing economic burden is related to occupational costs, and the unmet treatment needs of the employed population. The rising burden of depression correlates with heightened absenteeism and diminished occupational productivity, resulting in a toxic work environment that leads to reduced income, resignation, termination, and even unemployment (Chand, Arif & Kutlenios, 2021).

Factors related to occupation that contribute to the persistence and intensification of depression or depressive symptoms encompass the nature of the occupational environment, whether in the private or public sector; the length of employment, whether full-time or part-time; the content of the occupation; the degree of decision-making autonomy, opportunities for skill enhancement, the availability of professional and emotional support from superiors and colleagues, extended working hours, work schedules, absenteeism, burnout, occupational violence, prolonged bullying and workplace discrimination. In addition to these characteristics, role conflict and procedural injustice also mediate the onset of depression among working professionals (Das, 2023).

Occupational related stress can cause employees to experience depressive symptoms. Toxic occupational culture, high occupational demands, inadequate social support, lack of rewards, and burnout can lead to depression. Depression causes reductions in productivity.

2.3.3. Alcohol/Substance abuse disorders

Substance abuse is characterized as the habitual and harmful use of any substance with the goal of modifying one's mood. Substance abuse, as defined by Medline's Medical Encyclopaedia (MME, 2023), pertains to the use of illicit drugs or the improper use of prescription or over-the-counter pharmaceuticals for purposes other than its intended application, or in a method or dosage that diverges from the authorized directives. The perilous use of psychoactive substances, including alcohol and illegal drugs, has also been categorized (WHO, 2021). Substance abuse denotes the harmful use of psychoactive substances, encompassing alcohol and illegal drugs without a prescription. Substance addiction impacts individuals, families, societies, nations, and the global community (Okurame et al., 2024).

Nomura et al, (2020) assert that occupational stress is an escalating issue in contemporary society, potentially resulting in heightened usage of psychoactive substances. Essfioui (2025)

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submits that occupational related stress may elevate the likelihood use of psychoactive substances to mitigate occupational related stress. Substance abuses are frequently associated regarding employees coping mechanisms for stress, trauma and misfortunes (Vushwakarma, et, al, 2025).

Occupational settings have traditionally seen demanding circumstances that jeopardize the individuals employed therein, increasing their susceptibility to substance use problems. In recent years, the prevalence of burnout, workplace bullying, workload pressure, stigmatization of diverse populations, and mental health issues (including suicide) during the Covid-19 pandemic has escalated, exacerbating the development of maladaptive coping mechanisms, such as substance use to mitigate the adverse effects and emotions associated with work (New, 2023).

Essfioni (2024) submits that occupational stress may elevate the likelihood of psychoactive substance use as a coping strategy for managing occupational related pressures and challenges. Employees encounter several forms of pressure that may induce stress in vulnerable persons. Every individual formulates a distinct approach to manage the enduring consequences of stress. Nevertheless, maladaptive coping mechanisms may lead to behavioural and mental health issues, including distractions to evade contemplation of the stressor, manifesting via substance addiction, daydreaming, and inadequate sleep. Consequently, professionals across various fields may perceive alcohol or drugs as the most readily available and immediate means to address these pressures (Fernandes & Donato, 2017).

Employees self-medicate over the counter to temporarily relieve anxiety, depression and fatigue caused by occupational related stress. Substance use contributes to occupational related stress as some employees attend under the influence of substance to deal with uncertainty of their occupation. When employees adopt substance use as coping mechanism, the ability risk for addiction increases, causing harm to their work, family and society.

2.4. Occupational strategies to manage occupation related stress

2.4.1. Building Resilience

Resilience is defined as a personal resource or strength that empowers employees to navigate hard circumstances, difficulties, failures, and prospective opportunities (Cooke, Wang & Bartman, 2019). Resilience denotes the capacity to adapt and recuperate in the face of tragedy, trauma, and other adversities (Liang & Cao, 2021). Resilience is seen as a significant psychological trait that reflects individuals' ability to endure and recover (Rahman & Cachia,

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2021). Employee resilience empowers individuals to navigate emotional hardship and motivates them to make prompt judgments and implement procedures to address urgent issues, safeguard existing resources, and acquire new ones. Therefore, employee resilience may adopt a problem focused coping mechanism, because it enables employees to perform a series of actions to deal with emergencies or adversity. It may also employ an emotion-focused coping method, as it can assist employees in rationalizing, detaching from, or avoiding unpleasant feelings to manage present stressors (Liang & Cao, 2021).

Resilience is the ability to effectively manage and adapt to the demanding stressed linked to unfavourable life situations (Ajao et al., 2023). Resilience is the process and outcome of adeptly adapting to difficult life circumstances, notably through mental, emotional, and behavioural flexibility in response to external and internal adversities (Owoseni & Olatunji, 2024). Tonkin et al. (2018) argued that resilient professionals demonstrate positive emotions, underpinned by traits such as cognitive flexibility, agility, heightened attention, and reduced autonomic responses. Employees with elevated resilience are less prone to encountering adverse mental health issues. Resilience is essential in alleviating the adverse effects of environmental conditions (Ibigbami et al, 2023)

Resilience can stimulate employees' inner work enthusiasm and initiative and provide a strong driving force for employee creativity. Employee resilience helps employees cope with the pressure and commotion in the organization (Prayag, Spector, Orchiston & Chowdhury, 2020). Resilience can enhance employees' intrinsic motivation and initiative, serving as a robust catalyst for their innovation. Employee resilience enables individuals to manage the stress and turmoil within the workplace (Prayag, Spector, Orchiston & Chowdhury, 2020). Resilience enables an individual to recuperate and effectively "bounce back" from adversity or adverse emotional events. Resilience is a positive feeling that enhances employees' capacity to manage adversity (Cooke, Wang & Bartman, 2019). Luthans (2016) posited that resilience is a crucial positive psychological resource that aids in navigating unstable and demanding occupational environments. He also stated that employee resilience is crucial in the workplace, as it allows employees to deliver excellent work and fulfil client/patient expectations, especially in challenging situations (Luthans, 2016). Resilience may be regarded as a skill that may be cultivated and utilized through specific activities, including training and development (Albrecht, Bakker, Gruman, Macey & Saks, 2015).

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Resilience is the capacity to confront and navigate substantial adversity while maintaining effective performance in essential life activities, including employment, social interactions, and engagement in recreational interests (Rice & Baoxia, 2016). They added that employees who are resilient tend to show healthy, long-term psychological functioning.

Resilience allows employees to benefit from their adaptive skill and to transform stressful situations into an opportunity for learning, growing and consequently control occupational related stress. Resilient can use personal and social resources to reduce the negative effects of occupational related stress.

2.4.2. Practicing Mindfulness

Mindfulness is the practice of consciously focusing on one's current experience with awareness. Mindfulness emphasizes awareness of an individual's current experience regarding both external and internal present-moment conditions (e.g., auditory stimuli, bodily sensations, thoughts, and emotional responses), commonly referred to as "watchfulness." Mindfulness entails embracing an open disposition towards one's experiences (Rigo, Dragano, Wahrendorf, Siegrist & Lanau, 2021). Mindfulness is defined as "the awareness that emerges through paying attention on purpose, in the present moment and non-judgementally to the unfolding of experience moment by moment" (Jackson, 2022; Panditharathene & Chen, 2021). It is a competency that may be acquired and refined through practice. It allows individuals to recognize their ideas, emotions, and current sensations without judgment (Steinhouse, 2018). Moreover, engaging in mindfulness influences the perceived relationship with the experience (Shapiro et al., 2015). This enhances resilience and strengthens employees' capacity to manage unfavourable situations (Steinhouse, 2018).

The investigations conducted by Glomb, Duffy, Bono, and Yang (2017) evidenced its beneficial impact on diminishing emotional tiredness and enhancing sleep quality. Mindfulness-based interventions significantly contribute to alleviating work-related stress and improving overall wellbeing (Shapiro et al., 2015). Mindfulness activities alleviate stress symptoms both physically and psychologically. It elevates melatonin hormone levels and reduces blood pressure, pain, and somatic health issues. Positive emotions emerge, fostering social connectedness, enhancing motivation for goal attainment, cultivating positive relationships, and contributing to life satisfaction (Glomb et al., 2017)

Mindfulness enables individuals to identify and scrutinize stimuli that elicit emotions, influencing their evaluation and response. Through the practice of mindfulness, individuals

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acquire the ability to perceive and observe stimuli (both internal and external) without rendering judgments. This mindfulness technique enables individuals to establish a separation between themselves and the circumstances that provoke negative thoughts, feelings, and sensations, so perceiving the adverse scenario as less menacing. Mindful individuals exhibit diminished adverse consequences following a stressful incident (Menardo, DiMarco, Ramos, Brondino, Arenas, Costa &Pasino, 2022). Mindfulness also promotes an awareness of one's physiological state that, in turn, can help individuals better interpret and respond to messages from the body. This results in more efficient coping mechanisms for stress by diminishing responsiveness to adverse conditions (Gamonal, Montero, Lozano & Roncero, 2021).

Occupational stress poses a challenge for people and businesses regarding mental health, well-being, and its impact on performance. Research substantiates the claim that mindfulness training enhances work engagement, mitigates burnout, improves leadership, boosts productivity, and elevates cognitive performance (Bartlett et al., 2019; Patnaik & Jena, 2020). Occupational stress impacts job performance, encompassing decision-making, problem-solving and productivity. Mindfulness enhances attention, awareness, cognitive and response flexibility, and tolerance, while diminishing prejudgment and misinterpretation. This allows employees to act efficiently rather than react instinctively (Shapiro et al., 2015). Mindfulness enhances coping strategies and accelerates recovery associated with resilience. Mindfulness fosters a learning-conducive environment, and this empathetic, non-judgmental atmosphere stimulates the brain mechanisms that facilitate learning and adaptation (Shapiro et al., 2015).

Mindfulness can help professionals to focus on the present moment by decreasing meditation about reaching targets and occupational conflict. Mindfulness improves emotional regulation, allowing employees to remain calm when facing occupational stressors while lowering anxiety and irritability. Practicing mindfulness helps employees to be mindful before speaking or responding to emails reducing poor communication and helps to regulate anger. Through mindfulness employees protect themselves from occupational related stress and can manage toxic occupational environments.

2.4.3 Meditation

Meditation is a practice that aids in stress management by fostering mindfulness and is particularly beneficial in alleviating stress, anxiety, depression, and other adverse emotions. Mindfulness is the state of being completely immersed in the present moment, devoid of excessive contemplation or analysis of the experience (Vogel & Schwabe, 2016). Mindfulness

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meditation redirects attention from concerns about the future or reflections on the past to the present moment. Mindfulness meditation is not synonymous with disengagement. Maintaining concentration and redirecting it to the current moment requires effort when the mind wanders or drifts away. Nonetheless, consistent practice of mindfulness enhances the regions of the brain linked to joy and calm. Mindfulness provides a potentially powerful antidote to the common causes of daily stress such as time pressure, distraction, agitation, and interpersonal conflicts (Kassymova, Kosherbavera, Sangilbayey & Schachl, 2018). Meditation supports recovery and promotes relaxation and better sleep, which are important for restoring energy drained by occupational related stress.

2.4.4. Breathing relaxation techniques

Amiri (2019) posits that relaxation entails addressing and alleviating all stress centres inside the body while systematically evaluating factors that may induce tension, ultimately achieving comprehensive relaxation both internally and externally. During this procedure, it is essential for all muscles, internal organs, joints, emotions, and the mind to achieve relaxation. Gupta (2016) elucidated that initially, relaxing must be a deliberate endeavour; ultimately, however, all components of the body, including the mind, should achieve a state of spontaneous relaxation. Stress is a contributing factor that might induce ailments of both the body and the psyche. When stress manifests in any region of the body, the natural function of that region may be compromised, potentially leading to a slow onset of disorder.

When this chaotic condition attains a specific threshold, illness will ensue. Consequently, alleviating stress may include eliminating the origin of certain ailments (Harvey, 2017). Slow, deep breathing effectively recalibrates the autonomic nervous system via stretch-induced inhibitory signals and hyperpolarisation currents transmitted across both neuronal and non-neural tissues, thereby synchronizing neural components in the heart, lungs, limbic system, and cortex. Patients are instructed by a qualified specialist, either manually or audibly, on how to inhale and exhale more deeply and slowly. They must engage in practice multiple times daily, or as required, for brief intervals to observe prompt advantages (Amiri, 2019). Employees seldom have time for leisure, which poses a significant issue and has led to heightened occupational stress. Utilizing relaxation techniques, people can receive assistance in this context, and this approach is likely to be most advantageous for them. The employee may be compelled to take leave or work overtime, or may be mandated to do so. Additionally, numerous readily instructive relaxation techniques can be employed to manage work stress. This encompasses respiratory exercises, muscular relaxation, and meditation. The practice of

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meditation is more advantageous for physical and psychological relaxation (Gupta, 2016). Breathing techniques is powerful strategy to manage occupational related stress. It slows the heart rate and lowers blood pressure.

2.4.5. Practicing self-care

Taking personal care of one's own mental and physical health is just as important as taking care of the patient's health (Mills, Wand & Fraser, 2015). A deficiency in self-care and self-compassion during stressful periods will affect one's capacity to extend care and compassion to others. Persons who neglect self-care risks resorting to maladaptive coping mechanisms, which may hinder their capacity to meet occupational norms. For certain individuals, enhancement of self-care skills may necessitate specific lifestyle modifications, including nutritious diet, increased physical activity, or the adoption of relaxation practices such as meditation or yoga. Certain self-care tactics may not necessitate lifestyle alterations but rather a deliberate choice to prevent excessive workload in one's profession (Lloyd & Campon, 2017)

Bono (2018) posits that persons who participate in comprehensive self-care techniques attain elevated levels of life satisfaction and general well-being. Researchers concur that self-care activities encompass sleep, exercise, adequate diet, social connectivity, leisure involvement, and stress alleviation, and they have indicated that these practices enhance both mental and physical health and well-being. Engaging in self-care enables employees to effectively manage occupational related stress by promoting overall well-being. Employees who take time for self-care prevents burnout and fatigue and strengthen their capability to cope with occupational related stress.

This comprehensive interpretation of self-care aligns with the World Health Organization's definition, which describes self-care as the actions undertaken by people, families, and communities to improve health, prevent disease, mitigate illness, and restore health. (WHO, 2018). Numerous health fields recognize that consistent participation in holistic self-care techniques can enhance the overall well-being of various groups.

Employees constitute a demographic that has been shown to gain advantages from participation in self-care practices. Researchers determined that self-reported participation in self-care correlated with reduced stress levels and enhanced physical and psychological quality of life (Ayala, Winseman, Johnsen & Mason, 2018). A study involving health professional students revealed that sleep and self-compassion alleviate the impacts of work stress (Kemper & Khayat, 2015). Research on psychology graduate programs has indicated that self-care

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activities, such as sleep, social support, and emotion management skills, correlate with reduced levels of reported stress among students. Bamonti, Keelan, Larson, Mentrikokoski, Randall, Sly, Travers, and McNeil (2014) claimed that clinical psychology programs must cultivate a culture of self-care to encourage these habits in students before they become practitioners.

Self-care includes everyday living activities or personal tasks, including eating, grooming, and bathing (Laposha & Smallfield, 2022). Self-care denotes the capacity to rejuvenate and replenish oneself through healthful practices or to maintain a nurturing disposition towards oneself. Self-care encompasses a series of activities undertaken by individuals to maintain or improve their well-being while fostering their health potential. Researchers have suggested multiple methods for enhancing self-care: achieving equilibrium between professional and personal life, pursuing support systems, engaging in physical exercise, and ensuring sufficient sleep (Laposha & Smallfield, 2019). Sharifian (2019) proposed that enhancing self-care in cognitive, spiritual, emotional, social, and physical domains can facilitate an upward trajectory of well-being and mitigate the risk of stress and burnout.

2.4.6. Physical exercise method

Daily physical activities such as jogging, walking, and training at fitness centres are quite beneficial. Physical activity enhances blood circulation, reduces blood pressure, alleviates muscle tension, and regulates cholesterol levels. This approach exerts a more nuanced influence. Contemplating well-being can assist individuals in mitigating significant workplace stress; when employees are at ease, they typically experience improved sleep quality. It offers a period of profound relaxation and enhances an employee's productivity. (Amiri, 2018). Exercise boosts the body by improving emotional well-being and reducing irritability. Exercise improves employee's sleep quality and promotes relaxation which is important recovery from occupational related stress.

2.4.7. Getting help from Professionals and Experts

This method is employed when all previously mentioned approaches fail to assist an individual in mitigating occupational stress. This strategy is implemented when occupational stress exceeds the employees' capacity to cope. It signifies that employee are in a perilous predicament. This strategy represents the most extreme level of stress. It can be employed when an employee is incapable of comprehending or determining how to alleviate the symptoms of occupational related stress. In this context, even friends and family members are unable to mitigate the challenges of work stress, and their well-meaning solutions may prove detrimental.

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It is essential to seek counsel from professionals or experts regarding therapeutic treatment. Numerous clinical treatment modalities exist, including counselling, psychotherapy, behavioural therapies, hypnotherapy, insight-oriented techniques, and virtual reality exposure therapy, repetitive transcranial magnetic stimulation, etc. All these therapies provide positive and better results for those employees who are facing severe occupational stress. It tends to lower anxiety levels and employees come to view their work positively. (Amiri, 2024). Employees who do not attend therapy may find it difficult to manage occupational related stress effectively. Employees who attend therapy can manage and cope with occupational related stress improving their mental health. Seeking professional help form psychologist, social worker, registered counsellors and psychiatrists prevent employees from suicidal ideation caused by occupational stress.

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CHAPTER 3: Research methodology

3.1. Introduction

In this chapter, the researcher elucidates the methods and procedures employed by the researcher to collect information relevant to the issues. Information was gathered through specific methods and procedures pertaining to the topic; exploring the effects of occupational related stress on employees' mental health. The purpose of this chapter is to outline the research design and methodology, explaining how the research process was carried out. It contains a detailed explanation of the research design, research paradigms, research methodology, research approach, research settings, population and sampling procedure, research data collection methods, research instrument, data analysis, pilot study, quality criteria, ethical considerations and the limitations of the study. This chapter discusses the research approach which is the qualitative research design. Research methodology and designs are explained below.

3.2. Research design and methodology

3.2.1. Research paradigms

Khatri (2020) defines a research paradigm as a comprehensive belief system, worldview, or framework that directs study and practice within a topic; it encompasses the researcher's thoughts and views on the issues examined, which subsequently influence their activities. It guides the researcher through the comprehensive investigative process, encompassing the selection of the research topic, formulation of research questions, identification of the nature and types of reality, knowledge, methodology, and the significance of the research endeavour. Kamal (2019) describes a research paradigm as a conceptual framework that shapes the perception of a study issue and affects researchers' cognition on that topic. He also posits that research paradigm constitutes an integrated cluster of substantive concepts, variables, and issues associated with appropriate methodological approaches and instruments. Research paradigms represent distinct perspectives for interpreting the world and frequently serve as the basis for conducting research. They comprise a collection of assumptions on the nature of reality, the process of knowledge creation, and the value of learning. Researchers must articulate their opinions and assumptions clearly in this context.

The dominant and most discussed research paradigms are post-positivism, constructivism, pragmatism, and transformative paradigms (Creswell, 2018). This study used constructivism and interpretivism research paradigms. These paradigms focus on the interpretation and

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translation of the aspects and elements established through human behaviour and their actions (Blanche, Durkheim & Painter, 2021). The changes in society are the fundamental considerations and dynamics of constructivism and interpretivism research paradigms. These paradigms assert that reality is subject to interpretation, positing that there is no singular truth. Qualitative methods are significant to get the multiple realities and to understand the experiences and social actions fundamentally (Ugwu, Akere & Onoh, 2021).

This study was guided by constructivism and interpretivism two complementary paradigms that emphasize the socially constructed nature of reality and the importance of understanding human experiences within their contexts. Constructivism contributed by framing occupational stress as a product of social and organizational structures rather than a fixed phenomenon. It allowed the researcher to explore how employees construct meaning around occupational stressors and wellness initiatives, highlighting multiple realities shaped by individual backgrounds and workplace cultures. Interpretivism added depth by focusing on the subjective interpretation of experiences. It enabled the researcher to analyse signs, symbols, and narratives to uncover the concealed meanings behind employee coping mechanisms and perceptions of stress management. This paradigm emphasized that reality is not singular but understood through lived experiences and social actions.

3.2.3. Research methodology

Methodology refers to the framework that outlines the scientific execution of the investigation to fulfil the research objectives (Kumar, 2019). Research methodology encompasses the tools, procedures, strategies, and decision-making frameworks that inform research choices (Patel & Patel, 2019). Research methodology pertains to the systematic approach employed to implement interventions in response to a problematic circumstance (Shrestha & Giri, 2021). Research methodology encompasses not just research methods but also the rationale for the selection of certain methods and procedures. It includes the complete process from evaluating the participants to decisions on data collecting, as well as its gathering, management, and reporting.

Gakuu, Kidombo and Keiyoro (2016) define qualitative research as a methodical and subjective inquiry aimed at elucidating life experiences and attributing significance to those experiences. Qualitative research employs diverse methodologies, including comprehensive interviews and thorough examination of historical documents. Qualitative research emphasizes the investigation of processes, personal experiences, and the significance individuals assign to

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occurrences. Qualitative research allowed employees to articulate how occupational related stress feels, manifests and affect their mental health. Occupational related stress is a lived experience shaped by personal points of view within an organisational culture. Qualitative research uncovers how employees interpret occupational related stress and common mental health issues as results of occupational related stress. In this study, a qualitative approach allowed employees to give an in-depth expression of the occupational related stress on employee's mental health. Furthermore, this methodology enabled the researcher to investigate and acquire a nuanced understanding of the occupational related stress influencing employees' mental health.

3.2.4. Research Approach

Research approaches are systematic frameworks and methodologies that encompass the entire research process, from overarching assumptions to specific techniques for data collection, analysis, and interpretation (David & John, 2017). Creswell (2018) posits that a research approach encompasses the strategy and methodology for conducting studies, ranging from overarching assumptions to specific methodologies for data collecting, analysis, and interpretation. This investigation employed a qualitative methodology.

Qualitative research study is to investigate individuals' perceptions of a social phenomenon. Mahajan (2018) characterizes qualitative research as a mode of social action that examines how individuals interpret and comprehend their experiences to grasp their social reality. Mkandawire (2019) observes that qualitative design, when examining qualitative data gathering methods in research, is characterized as a subjective approach to evaluating opinions, behaviours, attitudes, and social interactions. Qualitative research focuses on investigating and comprehending the significance attributed by individuals or groups to a social or human issue (Creswell, 2014). Gakuu and Keiyoro (2016) characterize qualitative research as a systematic and subjective inquiry aimed at elucidating life experiences and attributing significance to those experiences.

By employing this approach, the study was able to capture the nuanced ways in which employees interpret occupational stressors, coping mechanisms, and psychosocial challenges. This allowed the researcher to uncover meanings embedded in participants' narratives and to situate those experiences within broader organizational and social contexts. The significance of using a qualitative approach lies in its ability to generate rich, contextual insights that quantitative methods may overlook. Rather than claiming direct improvements in well-being,

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the approach provided a platform for employees to articulate their perspectives, thereby informing future research, practice, and policy development in occupational environments.

3.2.5. Research design

Kumar (2019) characterizes research study design as a series of decisions pertaining to the topic of investigation, the target audience, the employed research methodologies, and the intended objectives. Research design provides guidance for unexplored region. The researcher must implement and comply with this stringent plan. It tackles the study questions and guarantees the provision of suitable and pertinent responses (Gray, Grove & Sutherland, 2016).

The exploratory research design is an investigation aimed at answering a question or examining a phenomenon. The characteristics of the entity under investigation preclude the manipulation of variables by the researcher, render controlled conditions unfeasible, or inhibit the researcher from identifying all influencing factors on the entity. This research aims to discern overarching principles that elucidate data and observations (Singh, 2021). Umesh (2021) defines exploratory research design as a valuable means of finding out ‘what is happening; to seek new insights; to ask questions and to assess phenomena in a new light. The purpose of the exploratory research design is to ensure that studies with little information are explored to develop an understanding of the concepts with little knowledge. In qualitative research studies, researchers use exploratory research designs to venture into uncharted territory and establish more insightful information (Marshall & Rossman, 2016).

The researcher was directed by the objectives to enhance insights and comprehension of the topic under investigation. The research process was adaptable, utilizing a limited sample to collect data for qualitative analysis. The researcher's objective was to capture the perspectives and perceptions of participants as they engaged in their real experiences. The exploratory study design of the qualitative approach offers a framework for investigating contextual behaviours and interpretations. This approach was versatile, allowing researcher to explore multiple aspects and dimensions of occupational related stress and mental health. It facilitated a comprehensive analysis of the context and circumstances in which occupational stress arises. This study significantly relied on open-ended questions to explore the effects of occupational related stress.

3.2.6. Research settings

Gakuu, Kidombo and Keiyoro (2016) define the study setting as the specific location in which a study is conducted. Qualitative researchers often do data collection in situ, at the area where

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people experience the subject or problem being studied. They neither admit individuals into laboratories nor frequently dispatch equipment for individuals to utilize, as is customary in survey research. Qualitative studies are primarily investigative endeavours wherein researchers systematically comprehend a social phenomenon through contrasting, comparing, reproducing, categorizing, and classifying the subject of inquiry (Creswell & Creswell, 2018).

The research study took place in a selected company situated in Florida, Roodepoort in the City of Johannesburg Metropolitan Municipality, located in Gauteng Province. This municipality is distinguished from other Gauteng municipalities by its sheer scale, economic dominance, and global significance. Johannesburg is South Africa's largest city economy and contributes half of Gauteng's population. Johannesburg Metropolitan Municipality has six regions, with Roodepoort located in region C. It is located about 16 kilometres west of Johannesburg and was established in 1890. The City of Johannesburg has a population that is estimated at 6324,350 in 2024.Gauteng Province comprises three Metropolitan Municipalities, two District Municipalities, and six local municipalities. The Johannesburg Metropolitan Municipality comprises roughly 45% of the Gauteng population.

The selected company provides a range of health care administration and wellness services. This includes medical scheme administration, health risk management programmes, pharmaceutical oversight and employee wellness programmes. The selecting company is multidisciplinary comprising healthcare professionals such as nurses, clinicians, mental health care practitioners, administrators and support personnel like cleaners and security officers.

3.2.7. Population and sampling procedure

Population refers to the entire group of individuals or elements that share a common characteristic. It represents the larger, comprehensive group that is the focus of a study or analysis. In research, the population is the total set of individuals from which a sample is drawn to make inferences or generalizations (Willie, 2023). According to Kumar (2014), The target population were among employees from the selected company who had experienced occupational-related stress. The researcher identified target groups by using organisational knowledge through HR reports on newsletter addressing departments with high absenteeism records and heartbeat survey. The researcher target departments with known to have high occupational related stress such as health care practitioners with their administrative and support personnel. Researcher obtained approval from HR and made sure that gatekeepers understood that participation is voluntary and confidential. The researcher sent email to the

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staff. Researcher ensured that ethical consideration was thoroughly emphasized throughout the study. The study's population must be able to provide the data needed to answer the research question. The target population was selected professionals and administrative employees such as Social Workers, Nurses, Registered counsellors, Psychologists, Clinicians, Admin assistants and receptionists who have experienced occupational stress from the selected company in Florida, Roodepoort, City of Johannesburg, Gauteng Province. This population was essential to provide responses to the research questions, aims, and objectives of the study. They met the inclusion criteria for the study and effectively answered the research questions.

3.2.7.1. Non-probability sampling

Nester (2022) characterizes non-probability sampling as a purposive method utilized to select samples that meet research inquiries. Non-probability random sampling is constrained in its ability to transfer judgment considerations and generalize research findings, depending on the features of the research question posed by the investigator. Non-probability sampling emphasizes external value for the transfer of concerns. (Nester, 2022). Non-probability sampling is a sampling method in which each member of the population has no known likelihood of being selected for the sample (Bhardwaj, 2019). Sampling is the method utilized to pick a subset of a population for research purposes. It involves choosing particular components from the target population (Mouton, 2015).

This study employed non-probability sampling. The researcher used non-probability sampling, which uses non-randomized methods to draw the sample and mostly involves judgment. The researcher selected participants who are easy to access within the researcher's occupational obligations. The researcher used their own judgment to select a sample that represented the target population. The researcher employed non-probability sampling to explore phenomena with the potential to yield useful insights. Purposive sampling is used to identify respondents most likely to provide relevant and valuable information. It is a method for identifying and selecting situations that use limited research resources efficiently (Palinkas, 2015).

A purposive sample involves selecting participants based on the researcher’s discretion, without employing randomization. Purposive sampling emphasizes the attributes of a target population, facilitating the researcher in addressing research inquiries (Campbell, Greenwood, Prior, Shearer, Walkem, Young, Bywaters, & Walker, 2020). Purposive sampling is a method wherein the researcher deliberately chooses people who possess substantial information relevant to the inquiry (Gray, Grove & Sutherland, 2017). Purposive sampling encompasses

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many non-probability sampling approaches, usually referred to as judgmental sampling, that depend on the researcher's discretion in selecting units. This is a type of non-probability sampling in which the researcher selects individuals for the sample based on various criteria, such as specialized knowledge of the research topic or the ability and willingness to participate in the study (Myneni, 2015).

For the purpose of this study, the researcher employed purposive sampling to select participants who possess specified qualities or experiences pertinent to the investigation, such as employees experiencing significant occupational-related stress. The researcher delineated the required information and selected appropriate subjects based on their exposure and experience. The participants were personnel from the selected company in Florida, Roodepoort, within the City of Johannesburg Metropolitan Municipality, Gauteng Province. The researcher developed a set of criteria for inclusion, exclusion, and eligibility to participate in the study.

The following was the criteria of inclusion in the study:

- Must be employed as a social worker, nurse, clinician, registered counsellor, psychologist or administrative staff at a selected company.
- Employees must have at least minimum 3 years of work experience
- Must have self-reported 6 months experience of occupational-related stress.
- A minimum qualification of matric (National Senior Certificate), consistent with the entry requirements across the selected qualifications
- Have an understanding of English for the interview process.
- Be willing and able to provide written informed consent and participate in the face-to-face semi-structured interview.

The following were the exclusion criteria:

- Employees not employed as a social worker, nurse, registered counsellor, or administrative staff.
- Less than 3 years of experience, as limited exposure, may not adequately reflect occupational stress experience.
- Employees on extended leave, not actively working or employed at the time of data collection
- Employees from the management as they may protect the image of the company

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- Employees not willing to provide consent, and those having a limited understanding of English.
- Employees with qualifications below matric (National Senior Certificate)

3.3. Data Collection Methods and Instrument

Data collection is a fundamental aspect of any research project. For any research to be complete, the researchers must finish data collection. It provides guidance on the processes, procedures, and techniques for collecting, transcribing, analysing, and implementing data (Burns & Grove, 2013). Data collection involves acquiring, evaluating, and analysing data to generate accurate insights using established, approved methodologies aligned with the research objectives. The importance of data collection stems from the necessity of data for doing research (Mazmar, 2021). The data collection phase, as the fundamental stage of research, might compromise the quality of the outcome by minimizing the potential for errors throughout the project. A meticulously organized study must allocate sufficient time for data collection to yield pertinent results. Incomplete or erroneous data can undermine the dependability of the conclusions (Hamed, 2021).

The researcher employed semi-structured face-to-face interviews utilizing an interview guide that included several questions to be addressed with the participants. A semi-structured interview often involves an interviewer possessing a predetermined set of questions in the form of an interview schedule, while retaining the flexibility to alter the sequence of inquiries. In this interview format, the interviewer was generally afforded substantial opportunities to submit follow-up questions based on significant answers. A semi-structured interview comprises both structured and unstructured components, featuring standardized and open-ended questions (Sahoo, 2021). The interviewer could have probed the interviewee for further clarity on the original response (Sahoo, 2021). The researcher used English because of the participants' diversity. The researcher approached the company's gatekeepers and presented a research proposal to obtain management approval to conduct the study. The researcher was ensuring that ethical considerations were also emphasized to obtain assurance from the superiors, as the topic aligns with the organization.

The researcher selected semi-structured interviews as they are flexible with structure, combining a prepared set of guiding questions with the freedom to probe deeper. This method ensures that important areas are explored while allowing deeper understanding to unfold. It encourages participants to give open-ended responses in their own words and produce detailed

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narratives that reveal processes, meaning, and lived experiences. Participants were responding to similar guiding questions; therefore, the data can be compared consistently. Open-ended questions foster continuous dialogue and make participants feel heard. These methods build trust, especially in sensitive contexts, leading to more authentic responses.

Interviews were held in quiet, private spaces within the selected company and at locations preferred by the participants to ensure confidentiality and minimize interruptions. These locations were chosen because they provided a familiar and comfortable setting for participants, reducing anxiety and encouraging openness. The participants were comfortable with the interview locations. Each interview typically lasted 30 to 45 minutes, allowing sufficient time to explore guiding questions while also giving participants space to elaborate on their experiences. The data collection process lasted a month. Before commencing the interviews, the researcher obtained informed consent from all participants. This involved explaining the study's purpose, the voluntary nature of participation, and assurances of confidentiality. Consent forms were distributed and signed prior to the interviews, and participants were reminded that they could withdraw at any stage without consequence.

3.4. Data Analysis

In qualitative research, data analysis pertains to the non-numerical assessment and interpretation of observations to discern underlying themes and relational patterns (Babbie, 2016). Creswell (2018) asserts that data analysis involves partitioning, deconstructing, and reconstructing data to derive meaning from textual and visual information. The process of data analysis involves interpreting the significance of the data acquired by the researcher. A thematic analysis was performed. Thompson (2022) characterizes thematic analysis as a method for examining qualitative data that categorizes the information into pertinent themes and identifies patterns within the raw data. The study adhered to Thompson's sequential steps: Familiarisation, Coding, Theme Development, Theorising, and Writing Up.

3.4.1. Familiarisation

Familiarisation entails repeatedly reviewing the acquired data, listening to audio recordings, and examining the transcripts. The researcher persistently reviewed the transcripts and audio recordings to comprehensively grasp the facts (Mermir, 2020). The researcher was analysing the transcripts with discernment and assuring comprehension (Sundler et al., 2019).

3.4.2. Coding

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According to Saladaña (2015), a code is explained as "a word or short phrase that symbolically assigns a summative, salient, essence-capturing, or evocative attribute to a segment of language-based or visual data." The process of assigning an interpretive label to concepts, ideas, structures, or themes that surface from the data is known as coding. (Saldana 2016).

The data was coded by the researcher. The researcher was able to systematically identify patterns related to occupational stress and categorize them. The researcher used code to mark every point of significance encountered during data analysis. The researcher was combining codes that could be placed together, and codes that were found to be unimportant were discarded.

3.4.3. Development of themes

Codes are particular and succinct; however, themes can be far more complicated and can integrate a variety of codes. Thematic analysis is a form of abductive thematic analysis, and themes are distinct from codes. (Guest et al., 2012; Saldaña, 2015). Therefore, developing themes begins by looking at relationships between different codes and sorting them based on their ability to collectively explain the story behind the data (Thompson, 2022).

The researcher was organizing codes into broader themes, such as specific stressors or coping mechanisms. The researcher initially developed themes by analysing the relationships among different codes and prioritizing them based on their efficacy in collectively conveying the data's meaning, so effectively representing a phenomenon when organized in this manner. If an individual code is deemed a crucial data element, it has been incorporated into a theme.

3.4.4. Theorising

According to Polit and Beck (2017) theorising refers to the process of developing or forming theories about a subject. It involves analysing concepts, identifying patterns, and constructing explanations based on observations or existing knowledge. Theorising is how we make sense of the world, sharing ideas together and spotting connections and forming explanations based on what we observe or already know.

The researcher synthesized established ideas with study findings to create a comprehensive framework for comprehending the effects of occupational related stress on employees' mental health. The researcher employed a literature study and a theoretical framework.

3.4.5. Writing up

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The results were documented utilizing headings that delineated each theme. Quotations from the raw data were utilized to substantiate the theorization, accompanied by a theoretical elucidation for each theme, demonstrating the connection between theory and empirical facts. Researchers employ quotations when readers require greater access to empirical data, and the development of themes and abstraction is not readily discernible (Hopper et al., 2021).

The researcher sought to deliver a comprehensive description of the background, participants, and social environment. The researcher was verifying that the facts are comprehensible to readers, assessing whether the fieldwork environment and participants mirror their own conditions, and evaluating the potential success and efficacy of the recommendations in their context. The researcher integrated an ecological system approach with study findings, establishing a comprehensive framework for comprehending the impact of occupational stress on employees' mental health. The researcher analysed data by examining historical theoretical knowledge and frameworks to ascertain their explanatory power regarding the relationships among the themes.

3.6. Pilot study

A pilot study is a preliminary feasibility assessment aimed at evaluating several components of the methodologies intended for a bigger, more comprehensive, or confirmatory research project. The major objective of a pilot study is not to address specific research inquiries but to avert researchers from initiating a large-scale investigation without sufficient understanding of the proposed methodologies. Pilot research is undertaken to avert the emergence of a critical fault in a study that is expensive in terms of time and resources (Polit & Beck, 2017). A pilot study is a preliminary form of a comprehensive study, serving as a trial run in anticipation of the full-scale investigation. The latter is referred to as a 'feasibility' study. It may also involve a targeted pre-testing of research instruments, such as questionnaires or interview schedules (Creswell, 2018).

A pilot study was conducted to evaluate the research methodology for this topic. The researcher employed an assessment to ascertain if the questions facilitated the extraction of comprehensive information from participants. The researcher sought to determine the efficacy of the research approach. The researcher engaged two volunteers, who were excluded from the main investigation, to partake in the pilot study. The pilot study was conducted to pre-test the interview schedule and to assess the participants' comprehension of the questions in the main study. The determination of the duration of time the researcher spends with participants

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during the interview also contributed to this. It was additionally aiding in determining whether the queries want modification.

3.7. Quality criteria

3.7.1. Trustworthiness

Trustworthiness facilitates quality assurance and the verification of the accuracy of information gathered from participants. Trustworthiness encompasses four criteria: credibility, transferability, dependability, and confirmability; which are discussed below (Muzari, 2022). Assessing trustworthiness in qualitative research guarantees that the results are reliable, transportable, confirmable, and dependable (Nowell, Norris, White & Moules 2017). The subsequent criteria are employed to guarantee the trustworthiness of this investigation.

The researcher employed these criteria to gain approval from both the academic community and the public. The researcher used trustworthiness because the study is likely to be used in policy making and applied in real-world scenarios. Using trustworthiness, the researcher was making sure that the study stands up to scrutiny and can be relied upon for making informed decisions. The researcher employed trustworthiness to guarantee that the findings are credible, reliable, and applicable.

3.7.2. Credibility

Credibility refers to the degree to which research findings accurately reflect the phenomenon being investigated (Nowell et al. 2017). It examines the assessment of the genuine value of qualitative research and the veracity and precision of the study findings (Korstjens and Moser, 2018). The researcher ensured credibility through prolonged engagement, spending reasonable time with the employees, and establishing rapport with the participants to ensure honest responses. The researcher returned to the participants to confirm if the findings accurately represent the employees' perspectives and if they agree with the findings and other explanations for the findings. Also, the researcher had employees review and question the findings to check if they are plausible and reasonable. The researcher was ensuring that the findings were credible and accurately represented the participants' views.

3.7.3. Transferability

Transferability denotes the extent to which study findings can be utilized or adapted to other contexts with diverse participants (Creswell, 2016). This study assured transferability by

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including a comprehensive account of the sampling method, methodology, and the processes of data collection and analysis (Nowell et al. 2017). Transferability assesses the applicability of qualitative study findings to diverse contexts involving different populations (Korstjens & Moser, 2018). The researcher ensured independent checking of findings by colleagues and supervisors. The findings were discussed between researcher and independent coders through clear and complete explanations, the researcher enabled readers to assess the applicability of the findings to analogous scenarios, hence enhancing the study's transferability.

The researcher is the main investigator conducting the study and together with academic research supervisors overseeing the research process, ensuring that the methodology and findings are credible. The independent coders are colleague's fellow researchers who were not directly involved in collecting the data but assisted in analysing it. Their role was to review interview transcripts, apply coding frameworks, and check whether themes and categories identified by the primary researcher were consistent and unbiased. By involving supervisors and independent coders, the study strengthened its transferability because the findings were not shaped solely by one person's interpretation. Instead, they were cross-checked, discussed, and validated by multiple parties. This transparency and collaborative verification allow readers to trust that the results can be applied to similar contexts

3.7.4. Dependability

Dependability denotes the degree to which the study can be replicated by other researchers yielding consistent results (Nowell et al. 2017). Dependability refers to the consistency of findings throughout time (Korstjens & Moser, 2018). This indicated that the individuals participating in the study's findings, evaluations, interpretations, and recommendations would align with the data they provided (Korstjens & Moser, 2018). In this study, the researcher ensured dependability through continued supervision with the study supervisor and co-supervisor. This ensured that any faults overlooked by the researcher are identified by the supervisors. A comprehensive elucidation of the complete research methodology, data acquisition and analysis, as well as the formulation of recommendations presented. Furthermore, the use of an audio recorder, field notes, and an independent coder were ensuring dependability (Nowell et al. 2017). The researcher was seeking the assistance of an independent coder to analyse and discuss the findings.

3.7.5. Conformability

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Conformability is the degree to which the study findings can be verified by other researchers. In other words, the study findings are solely based on the participants' responses and not the researcher's bias (Nowell et al. 2017). Conformability is about making sure that the data and interpretations of the findings are not just made up by the person doing the research but are clearly based on the data (Korstjens & Moser, 2018). In this study, to ensure confirmability the transcribed data were taken back to the participants for confirmation. Researcher utilized different approaches to improve the conformability of their findings, including peer debriefing and member checking. The researcher was conducting a substantial review of the literature to verify whether existing literature supports the findings. Furthermore, the researcher recorded her role in the research process and personal reflections that might influence data collection and interpretation to ensure that data collection and findings are free of bias (Nowell et al. 2017).

3.7.8. Reflexivity

Reflexivity is the process of being a researcher and thinking critically about oneself (Korstjens & Moser, 2018). This pertained to the researcher's inherent biases, preferences, and perceptions of the respondent as well as the influence of the researcher's relationship with the respondent on the latter's responses (Korstjens & Moser, 2018). The researcher sought to enhance their understanding of research methodologies.

3.8. Ethical considerations

Researchers need to maintain universal ethical standards which are acceptable in research. In the human behaviour and animal environment, researchers must ensure they uphold the required ethical standards that are recognized (Harris and Atkinson, 2016). Resnik (2015) indicates that researchers must always adhere and comply with the local, national, regional, and international highest levels of ethical morals. At all times, the researcher must have respect for the subject of this study. The research must have respect for the rights of the participants and avoid inflicting harm on them. Ethical considerations further involve the avoidance of cheating and plagiarism in their studies (Bryman & Bell, 2017).

The researcher adhered to universal ethical principles, demonstrating strong moral integrity and regard for the participants. The researcher guaranteed confidentiality and secured consent from the participants for their involvement in the study and for audio recording. The subsequent ethical principles were essential in this study and were adhered to in order to safeguard the dignity of the participants. Ethical issues are essential and aim to safeguard the study

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participants. The ethical protocol guarantees that the research study's activities and the researcher's objectives will not proceed if participants are injured in any manner. The researcher abstained from causing harm to anyone, in accordance with the ethical principles outlined below.

3.8.1. Informed consent

Informed consent is fundamental to ethical standards in clinical research. The informed consent procedure provides crucial trial information to prospective participants, enabling them to make a well-informed decision about their involvement. It serves as a legal and symbolic document indicating the participant's consent to engage in the research study (Kadam, 2017). Informed consent denotes that research participants are provided with and comprehend all necessary information to determine their willingness to partake in a study. Informed consent signifies that the individual involved in the evaluation is thoroughly apprised of the assessment being undertaken. The primary objective of informed consent is to enable participants to make an informed decision about their participation in the study (Kumar, 2019).

The researcher prepared the consent forms, which included comprehensive information about the study's aims and objectives. The researcher informed participants that there would be no compensation for their involvement. The researcher conveyed to participants the intended use of the findings, any possible harmful effects of their involvement, and the individuals who would have access to the results. The researcher informed the participants that the material would be utilized solely for scholarly purposes. Supplementary information was offered should the individual experience any distress throughout their involvement. The researcher noted that participants received debriefing counselling. The researcher obtained consent from the organization's officials to conduct the research. The researcher informed the participants that they would be audio-recorded during the interview. The participants were neither coerced nor pressured into signing any documents. The researcher provided the consent form for signature to affirm their willingness to participate. The participants were neither coerced nor compelled to sign any documents.

3.8.2. Voluntary participation

Kilinc and Firat (2017) define voluntary participation as a decision or action executed without external influence or coercion. They specified that participants possess the choice to resign from the research without any obligation to continue, and further indicated that in the absence

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of voluntary participation, survey respondents may disclose their preferred behaviours while concealing undesirable ones. To obtain credible information from the respondent, participation in the research study must be voluntary and free from coercion or inducement. Coercing participants may lead them to be reluctant to disclose accurate information; however, in exchange for material compensation, they may participate, potentially resulting in the acquisition of erroneous data. Permitting voluntary engagement will ensure that individuals understand the research domain and consent to participate in data collection (Mumford et al., 2021).

Voluntary participation signifies those individuals engage in the studies of their own accord. The researcher notified participants that they may withdraw from the study at any time without adversely affecting their future engagement with services or their current ties to any researchers or research organizations participating. The researcher provided sufficient information for the prospective participant to make an informed decision about participating in the study. The researcher ensured that participants understood the consent form and that they could withdraw from the study at any time without justification. The researcher informed the participants that their involvement was voluntary and that they would not face any disadvantages if they chose to withdraw from the interview at any point.

3.8.3. Avoidance of harm

Doody and Noonan (2016) submit that harm can be physical or emotional. Avoidance of harm is a fundamental ethical principle in research and professional practice. It ensures that participants, or individuals involved in a study are not exposed to unnecessary risks, distress, or negative consequences. Kumar (2014) emphasizes the importance of assessing whether a participant's involvement in a study could potentially harm them before collecting data. It is unethical to gather information in a way that instils fear or distress; if such a situation arises, precautions must be taken. In social research, it is common practice to withhold information that could embarrass individuals or jeopardize their personal relationships and well-being (Babbie, 2016).

The researcher mitigated potential harm to participants by encouraging them to withdraw from the study at their discretion. The researcher commenced the empirical phase of the investigation only after obtaining ethical clearance. Harm can manifest in both physical and psychological forms, including tension, discomfort, worry, reduced self-esteem, or a violation of privacy. The study process must not, under any circumstances, adversely affect the participants, whether

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intentionally or unintentionally. The researcher directed participants who needed individual sessions and support groups to multiple mental health practitioners to avoid conflicts of interest with colleagues, given the sensitive nature of the topic.

3.8.4. Confidentiality and privacy

According to Gamal et al. (2021), confidentiality requires that only the researcher and, potentially, a select few staff members be privy to participants' identities, and that these individuals also commit to maintaining secrecy. According to Gamal et al. (2021), confidentiality is defined as an agreement regarding the preservation and access to classified or sensitive information, with a focus on data access. Confidentiality entails ensuring that only the researcher knows the identities of the study participants. Confidentiality signifies that any identifying information is exclusively accessible to the researcher and the research supervisors, with no availability to others. Confidentiality guarantees the exclusion of identifiable information from reports or published materials (Kumar, 2014). Due to the frequently limited participant numbers in peer-based programs, it is crucial to carefully phrase reports to prevent the possibility of individual identification, even in the absence of names (Kumar, 2014).

According to Gamal et al. (2021), privacy pertains to individuals and their rights. When the data pertains to personal information, the issues of secrecy align with those of privacy. Privacy ensures that only authorized individuals can access protected data and information. The researcher requested the participant's consent to audio record the interviews. The researcher communicated that the audio recordings and interview schedules would remain confidential and secured in a locked cabinet or drawer. The researcher notified the participants that electronic data would be protected with passwords, that their data would be retained for 6 years if no publications arise from the study, and how the data would be disposed of after this 6-year period. The researcher notified participants of their rights to privacy and the safeguarding of their personal data

The researcher safeguarded participants' privacy by ensuring their data remained confidential and secure. The researcher guaranteed that the personal information collected would not facilitate participant identification and would not be disclosed to outsiders without the participants' prior consent. The researcher-maintained confidentiality by assigning participants an identity number or pseudonym, thereby safeguarding identifiable information and

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preventing its entry into any computer system or accessible database. The researcher notified participants that a pseudonym had been assigned to them, and their actual names would not be included in the final report. Furthermore, access to the data would be restricted to individuals specified in the consent form.

3.8.5. Anonymity

By granting interviewees anonymity, all information gathered is free of their personal details, including name, address, email, and other crucial facts that could be used to identify them (Crow & Wiles, 2008). Maintaining the confidentiality of the information gathered protects respondents and enables them to divulge important details, thereby ensuring the validity of the results (Saunders et al., 2015). This helps safeguard the confidentiality of willing research participants. Parahoo (2014) refers to people being completely anonymous, and since researchers know participants, absolute anonymity is impossible. The participants were assured by the researcher that any information obtained from the interviews would be kept private and secure. The researcher told the participants that their names and personal information would be kept private and that the final research report would not contain any identifying information. Although the participants agreed to the use of direct quotes, the researcher ensured their anonymity by using pseudonyms rather than their true names. All identifying information was eliminated from the researcher's final reports. In addition to adhering to the confidentiality protocol of their individual professions, researchers assumed responsibility for protecting all sensitive data during collection, access, and storage.

3.8.6. Non-Maleficence

Non-maleficence aims to safeguard participants from unfair practices in a research study (Iphofen & Tolich, 2018). The moral precept of beneficence and non-maleficence explains the researcher’s obligation to fully avoid causing any harm to the participant intentionally or be able to identify and eliminate any source of harm to the participant (Guillemin & Gillam, 2015). Non-maleficence means seeking to do no harm. To lower potential risk and preserve participant safety, researchers must weigh potential advantages against potential hazards (Parahoo, 2014).

The researcher ensured that participants who experienced discomfort during or after data collection had access to support mechanisms by directing them to the Employee Assistance Program and to other mental health professionals outside the workplace. The researcher was also aware that the demands of the study shouldn't compromise participants and that, if a participant started to feel uncomfortable or disturbed, the researcher should offer them the

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option to stop and meet again at their own discretion. The researcher respected the individuals' cultural norms and refrained from asking questions that might reveal sensitive information. To avoid making the subjects feel uncomfortable, the researcher did not ask too many questions.

3.9. Limitations of the study

According to Coker (2022), limitations of a study refer to factors that may affect the scope, validity, or generalizability of its findings. In this research, several methodological and logistical constraints were noted. First, the study was geographically limited to selected company which restricts the generalizability of the findings to other occupational environments. Second, the sample size was constrained by the availability of participants and the willingness of employees to volunteer, which may have limited the diversity of perspectives captured. Scheduling posed another challenge, as interviews had to be arranged around working shift timetable, resulting in fewer opportunities to engage participants for extended discussions. Logistical constraints included the reliance on face-to-face interviews conducted within the selected company premises, which may have influenced participants' openness due to the proximity of employees and management. Financial limitations restricted the researcher's ability to expand the study to multiple companies or to employ additional research assistants, thereby narrowing the scope of data collection. Despite these constraints, the study was carefully designed to maximize the reliability of its findings within the available resources, and the limitations are acknowledged to provide transparency and context for interpreting the results.

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CHAPTER 4

4.1. PRESENTATION AND ANALYSIS OF RESEARCH FINDINGS

The researcher delivers data, which was collected, providing comprehensive analysis and interpretation. The data collected was presented in relation to the research questions which guided the research namely, how do occupational related stress outcomes affect employee's mental health? What are the common mental health issues faced by employees due to occupational related stress? What coping mechanisms do employees use to manage occupational related stress? Does the occupational environment offer stress management? If yes how effective is it? What are possible solutions that respondents think can be employed to deal with occupational related stress? What steps can employers take to better support mental health in the occupational space? The research findings are presented in alignment with the identified themes and subthemes. Themes elucidate the impact of professional stress on employees' mental health. The initial section of this chapter delineates the biographical context of the participants.

4.2. Profile of the participants

The research participants are employees based in Johannesburg, Gauteng province. The researcher utilized the English language, as the participants expressed a preference for it, citing it as the medium of instruction within their department, despite the researcher's willingness to converse in their native language. The researcher obtained comprehensive information. Face-to-face semi-structured interviews were conducted with each participant in English. The participants demonstrated professionalism by insisting on the use of the English language. The participants exhibited greater awareness of occupational stress, with many affirming their experiences of it, irrespective of their varying qualifications and positions, as well as their comprehension of the researcher's inquiries.

Table 4.2.1. Profile of participants

Category	Description
Total participants	15 employees
Location	Florida, Rooderpoort City of Johannesburg, Gauteng province
Gender distributions	10 females, 5 males
Age range	25-49 years

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Work experience	All participants reported more than 3 years of work experience
Qualifications	- 7 Employees: Degrees - 3 Employees: Diplomas - 2 Employees: Matric Certificates - 1 Employee Higher Certificate - 1 Employee: Honours Degree - 1 Employee: Master's Degree
Interview language	English (preferred by participants as medium of instruction)
Interview method	In-person, semi-structured interviews
Key findings	All Participants affirmed experiencing occupational-related stress

Table 4.2.1. above presents information on gender distribution, age range, qualifications and work experiences. This demographic overview is important because it situates the findings within the context of the participant's characteristics, ensuring that the analysis of occupational stress is interpreted with the reference to their diverse backgrounds.

Table 4.2.2. Biographical background

NO	Participants	Age	Gender	Qualifications	Types of work	Work experience	Timeframe of occupational stress
1	A	39	Female	Masters	Psychologist	14 years	10 years
2	B	38	Female	Bachelor's degree	Registered counsellor	16 years	16 years
3	C	31	Female	Honours	Professional Nurse	8 years	4 years
4	D	46	Female	Bachelor's degree	Clinical associate	19 years	11 years
5	E	28	Male	Diploma	Registered nurse	4 years	4 years
6	F	46	Female	Bachelor's degree	Social worker	21 years	17 years
7	G	25	Male	Diploma	Administrator	3 years	3 years

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8	H	30	Male	Diploma	Administrator	5 years	5 years
9	I	47	Female	Bachelor's degree	Registered counsellor	13 years	9 years
10	J	49	Female	Bachelor's degree	Social worker	23 years	23 years
11	K	36	Female	Bachelor's degree	Clinical associate	7 years	4 years
12	L	35	Female	Bachelor's degree	Social worker	10 years	10 years
13	M	25	Male	National senior certificate	Receptionist	3 years	2 years
14	N	32	Male	National senior certificate	Receptionist	6 years	5 years
15	O	30	Female	Higher certificate	Admin assistant	4 years	4 years

Table 4.2.2. The table above provides a summary of the demographic characteristics of the 15 employees participate in the research. The tables outline their age, gender, type of work, experiences, time frame of occupational related stress and educational qualifications. This information is crucial as it situates the participants within their professional and personal contexts, participants are professionals, administrative employees thereby strengthening the interpretation of the experiences with occupational related stress on employee's mental health. Professional's employees are nurses, social workers, registered counsellor's admin assistant and receptionists.

4.3. Themes and sub-themes

This section delineates the themes and sub-themes of the study. Themes derived from the research findings are given and analysed in relation to the aims of this study, namely to explore how occupational related stress outcomes affects employee's mental health; to examine common mental health issues faced by employees as results occupational stress; to identify coping strategies of employees utilized to manage occupational related stress; to describe

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intervention strategies to be employed to address occupational-related stress; and to provide recommendations to prevent occupational related stress. Table 4.3.1 presents the themes and sub-themes, which will be further discussed with direct quotations from the participants for support. Pseudonyms are employed in lieu of actual names for the presentation of the quotes.

Table 4.3.1. Framework analysis of themes and sub-themes derived from the data analysis

Themes	Sub-themes
1. Comprehension of the notion of occupational stress	▪ occupational related pressure and demands ▪ emotional and mental strain ▪ interpersonal conflict with colleagues and toxic culture environment
2. Occupational related stress outcomes affecting employees' mental health	▪ Anxiety ▪ Depression symptoms ▪ sleep disturbances ▪ social withdrawals ▪ irritability and cognitive strain
3. Common mental health issues faced by employees as a result of occupational stress.	▪ Anxiety and persistent worry ▪ Depression symptoms ▪ Emotional exhaustion/Fatigue ▪ Substance use
4. Coping strategies used by employees to mitigate occupational related stress	▪ Physical exercise method ▪ Mindfulness, meditation, breathing techniques ▪ social support from colleague's support and family ▪ Avoidance and withdrawal (building resilience) ▪ Maladaptive coping (Substance use) ▪ Focusing on completing tasks ▪ Seeking support from leadership ▪ Utilising EAP
5. Intervention strategies to address occupational related stress	▪ Strengthening employee wellness programs ▪ Effective workload management ▪ Training managers/supervisor

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6. Recommendations to prevent occupational related stress	▪ Onsite mental health support ▪ Promoting work-life balance ▪ Recreational and wellness activities

4.4. Theme 1: Understanding of the concepts of occupational related stress

4.4.1. It was important to explore the participants to respond to occupational related stress definition based on how they experience it and understand it. This section has three sub themes namely, (1) occupational related pressure and demands, (2) emotional and mental strain, (3) interpersonal conflict with colleagues and toxic culture environment.

4.4.2. Defining the concepts occupational related stress

The finding shows that participants share a broad but consistent understanding of what occupational related stress is although each participant described it in their own words. Most participants described occupational related stress as pressure that arises directly from the occupational environment. This shows that participants view occupational related stress as something embedded in the structure of their occupation, not as a personal weakness. Stress is seen as a natural response to the pressures of the occupation. This finding shifts the responsibility towards the occupational environment rather than blaming employees. Participants also defined occupational related stress as, below:

4.4.3. Occupational related pressure and demands

Across these four participants, occupational related stress is consistently described as occupational related stress that is generated from the occupational environment that affects both mental and physical well-being. Each participant uses different wording, but their definitions share several core ideas that reveal how participants conceptualise stress in the occupational environment. For example, participants A, D, E & F defined occupational related stress as.

Participant A- *"Occupational related stress is the stress that is related to things that you come across maybe that can stress you at work level, so yeah that's how I understand it it's when you get stressed at work"*

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Participant D- *"According to my understanding, occupational stress is a form of chronic stress that arises from difficult working conditions and negatively impacts an individual's performance, as well as their physical and mental health."*

Participant E- *"I understand occupational stress as the strain I experience when work-related pressures, demands, or unexpected events begin to affect both my mental and physical well-being."*

Participant F-*"My understanding of occupational stress is that it arises from challenging working conditions and interactions with colleagues. It can negatively affect both mental and physical health, and over time may contribute to chronic illnesses such as high blood pressure and other related conditions."*

Participant A reflects a general understanding of stress as arising from occupational related stress. Abebe and Alemseged (2016) characterize occupational stress as physical or emotional elements that lead to bodily and mental imbalances within the work environment. Similarly, Sedigheh and Zahra (2018) emphasize that stress occurs when occupational demands threaten an employee's capabilities and resources, forcing deviation from normal functioning. ***Participant D,*** this perspective highlights the chronic stress caused by difficult working conditions that affects personal performances, physical and mental health. This participant's view also supports Sedigheh and Zahra (2018), who argue that occupational related stress alters psychological conditions and undermines normal functioning.

Participant E, this definition emphasizes unexpected events and pressures as triggers of stress, affecting both mental and physical well-being. This aligns with Amiri (2018), who characterizes occupational stress as the interplay between working conditions and individual traits, resulting in pressures surpassing the employee's capacity to manage. It also reflects the findings of Abebe and Alemseged (2016), view that stress includes both physiological and psychological pressures experienced in the occupational environment. ***Participants F*** expands the concept by linking occupational related stress to interpersonal relationships and long-term health consequences. It aligns with Amiri (2019), who highlights the chronic nature of occupational related stress and its impact on health. Furthermore, Sedigheh and Zahra (2018) note that occupational demands can threaten employee resources, leading to psychological strain and deviation from normal functioning. The participant's mention of chronic illness echoes Abebe and Alemseged (2016), who emphasize that stress results in bodily and mental imbalances. For the purpose of this study, occupational related stress is therefore understood

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as multidimensional construct that manifests in observable psychological, emotional, and behavioural responses such as burnout, absenteeism and presenteeism. These definitions allow the researcher to analyse how occupational related stress interacts with employee's mental health, organisational structures and wellness interventions.

4.4.5. Emotional and mental strain

The finding shows that participants understand occupational related stress not only as a response to workload or occupational pressures, but also as a deep emotional and psychological experience. Their definitions highlight how stress affects their internal emotional world, coping capacity, and overall mental functioning. Participant B explains occupational stress overwhelm coping mechanisms, showing that the emotional pressure becomes too intense for normal coping strategies to manage. This indicates that the stress is experienced as mental draining and disruptive to psychological balance. The finding also reveals that emotional strain is multidimensional affecting both psychological and physical well-being. Emotional strain is triggered by everyday occupational related stress. For examples Participants B and E.

Participant B- *Occupational related stress pressures often overwhelm coping mechanisms, making it difficult for individuals to manage effectively. Mmmhhh, unlike everyday stress, which can sometimes serve as a motivator and enhance performance, occupational stress tends to be considerable negative. It undermines productivity rather than supporting it."*

Participant G- "*Occupational related stress can be defined as the interaction between workplace conditions and employees' individual characteristics, occurring when the demands of the professional environment exceed the employees' capacity to manage them effectively."*

The findings from Participant B and Participant G highlight occupational related stress as a complex interaction between workplace demands and individual coping capacities. Participant B emphasized that occupational related stress overwhelms coping mechanisms, making it difficult for individuals to manage effectively. Unlike everyday stress, which can sometimes enhance performance, occupational related stress is predominantly negative, undermining productivity and psychological balance. Participant G further defined occupational related stress as the interaction between working conditions and employees' individual characteristics, occurring when professional demands exceed coping capacity.

These perspectives are consistent with scholarly definitions. Schaufeli and Taris (2017) conceptualize occupational related stress as an interaction between environmental demands and

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individual coping resources, identifying workload, role ambiguity, interpersonal conflict, and job insecurity as major stressors. Similarly, the World Health Organization (2024) defines occupational related stress as the physical, mental, and emotional responses that arise when work demands exceed an individual's capabilities or resources, with stressors ranging from high workloads and tight deadlines to interpersonal conflicts and inadequate support systems. Participants' definitions validate the researcher's idea that occupational related stress is best understood as a dynamic interaction between occupational demands and coping resources, producing emotional and mental strain that undermines productivity and well-being.

4.4.6. Interpersonal conflict with colleagues and toxic culture environment

The findings show that the occupational related stress is not only caused by excessive workload but also by interpersonal relationships within the occupational environment. Participants describe how interactions with colleagues, misunderstanding and emotional withdrawal contribute significantly to their stress levels. This shows that occupational environment is shaped not only by tasks but also by social interaction and social behaviours. For example, participants C, E and F.

Participant C- "*Occupational stress can be defined as the strain or pressure that arises primarily from the workplace. It may result from excessive workload, challenging responsibilities, or interpersonal conflicts with colleagues."*

Participant E- "*I understand occupational stress as the strain I experience when work-related pressures, demands, or unexpected events begin to affect both my mental and physical well-being."*

Participant F-*"My understanding of occupational stress is that it arises from challenging working conditions and interactions with colleagues. It can negatively affect both mental and physical health, and over time may contribute to chronic illnesses such as high blood pressure and other related conditions."*

Occupational related stress has been identified as a significant workplace hazard with long term health consequences, including hypertension and cardiovascular disease, particularly when triggered by toxic occupational environments and interpersonal conflicts (Davies, 2022). This perspective is reinforced by Participant F, who explained that occupational stress arises from challenging occupational conditions and interactions with colleagues. They emphasized that

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such stress negatively affects both mental and physical health and, may contribute to chronic illnesses such as high blood pressure.

The participant's testimony provides empirical evidence that aligns with Davies' scholarly assertion that toxic occupational cultures and interpersonal conflicts do not merely undermine psychological well-being but also manifest in serious mental and physical health risks. This convergence between participant experience and academic literature strengthens the argument that occupational related stress is multidimensional, with profound implications for both individual health and organizational outcomes.

The findings highlighted that occupational related stress is not only caused by excessive workload but also by interpersonal relationships within the occupational environment. Participants C explained how misunderstandings, emotional withdrawal, and toxic interactions with colleagues contribute significantly to stress levels. This demonstrates that the occupational environment is shaped not only by tasks but also by social behaviours and interpersonal dynamics. Al-Ghazali and Afsar (2021) argue that task-related and interpersonal conflicts can significantly influence employees' psychological states and innovative behaviours, showing that conflict is a critical dimension of occupational related stress.

Participants C, E, and F further reinforce this perspective by describing stress as arising from workload, unexpected events, and challenging interactions with colleagues, which negatively affect both mental and physical health. Over time, these stressors may contribute to chronic illnesses such as high blood pressure, underscoring the long-term impact of toxic occupational cultures. The researcher findings further indicate that occupational stress was not solely attributed to poor organizational culture, but also to the manner in which employees interacted and managed their relationships with one another.

4.5. Theme 2: Occupational related stress outcomes affecting employee's mental health

The focus in this section was to understand how occupational related stress affects employee's mental health. During the in-person interview with the participant the researcher recognized that professional stress induces many interrelated mental health responses amo.ng participants. Most of the participants indicated that the stress affects employees emotionally, cognitively, social and behaviourally. These occupational related stress outcomes include but not limited to namely, (1) Anxiety, (2) Depression symptoms, (3) sleep disturbances, (4) social withdrawals, (5) irritability and cognitive strain.

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4.5.1. Anxiety

Anxiety emerged as one of the most dominant mental health outcomes, during the face-to-face interview participants described constant worry about meeting deadlines and reaching targets, fear of not meeting expectations, leaving them feeling overwhelmed and fear of losing their occupation as well. These finding shows that occupational related stress creates a state of prolonged psychological patterns where employees struggle to relax and feel mental settled. Anxiety becomes a norm that is triggered by excessive workload pressure and performance reviews. The findings further indicated that some participants often feel worthless and worry a lot about occupational related stress. For example, Participants A, D, E and H.

Participants A- *"anxiety disorder because I often feel worthless, sometimes I worry a lot about work related stress and I don't meet deadlines at some point, and I developed some kind of depression symptoms".*

Participant D- *"Anxiety is the mental health issue I face, caused by constant worry about deadlines and performance. I struggle with anxiety, feeling tense and unable to relax due to work-related pressures."*

Participant E- *"Anxiety is the mental health issue I face, caused by constant worry about deadlines and performance. I struggle with anxiety, feeling tense and unable to relax due to work-related pressures."*

Participant H- *Occupational stress often keeps me awake at night as I anticipate the workload for the following day. I experience anxiety when worrying about meeting deadlines, which makes it difficult to relax, as I fear that failing to cope could put my job at risk"*

Participant H described how anxiety keeps them awake at night, worrying about deadlines and fearing job loss. While this reflects strain, it also demonstrates heightened vigilance and motivation to meet expectations, aligning with Ismail and Alhassan's (2024) who suggest that anxiety can drive survival and performance in demanding occupational environments. Participants D and E emphasized constant worry about deadlines and performance. Although they experienced tension, their anxiety reflects a strong commitment to meeting occupational demands, which can be interpreted as a motivating factor.

Participant A reported feelings of worthlessness and depression symptoms when deadlines were missed. Yet, the underlying worry about performance shows the same drive to meet expectations, which Ismail & Alhossani (2024) highlight as a potential advantage in complex

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occupational settings. The participants' lived experiences strongly support Attridge (2019), who argues that employees across different fields face challenging demands and occupational conditions requiring high emotional engagements, when these demands surpass organizational or personal resources and last over time, they result in chronic disorders such as anxiety. The participants' descriptions of prolonged worry, inability to relax, and fear of failure illustrate how excessive demands surpass coping resources, resulting in anxiety disorders and related symptoms. Findings from the study revealed that several participants reported experiencing heightened productivity during periods of anxiety. However, they emphasized that while situational anxiety could be beneficial, its persistence in a chronic form was detrimental, ultimately impairing mental health

4.5.2. Depression symptoms

It is disheartening that during the in-person interview, the researcher encountered multiple participants reporting symptoms linked to depression stemming from occupational related stress. When stress becomes chronic, it can trigger depressive symptoms that affect employee's mood and psychological functioning. These findings shows that employees reach a point where their emotional resources are depleted, leaving them unable to cope effectively with daily demands. Mostly of participant indicated that the occupational related stress does not only cause temporary discomfort, but it can be prolonged into depressive symptoms like withdrawal and feeling worthlessness. For example, participants K and F.

Participant K- *One of the mental health issues I have personally experienced because of occupational related stress is a sense of hopelessness and wanting to give up. These feelings are often triggered by workplace conflicts, which make me feel drained and consumed by stress. I believe colleagues should share the same positive mindset, yet when they do not, it feels as though we are not working together on the same path. This lack of unity creates tension and makes me feel as if the workplace is unstable, like a ship that could sink if everyone is not aligned."*

Participant F- *"The most common mental health issues I face in the workplace include symptoms of depression, such as withdrawal and difficulty sharing my problems because I fear being judged. This often leads me to isolate myself, avoiding interactions with colleagues and struggling to build supportive networks."*

Participant I, reported feeling emotionally drained, overwhelmed, and on the verge of depression due to burnout and workplace conflict. Participant K, described hopelessness,

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wanting to give up, and feeling destabilized by occupational conflict and lack of unity among colleagues. Participant F highlighted withdrawal, fear of judgment, and isolation, which prevented the development of supportive networks. These participants evidence align with Chand, Arif and Kutlenios (2021), who emphasize that occupational depression significantly affects employees' physical, emotional, and mental well-being, while also reducing productivity. They note that depression contributes to absenteeism, resignation, dismissal, and unemployment, creating toxic occupational environments. The participants' descriptions of hopelessness, emotional exhaustion, and isolation illustrate these outcomes, showing how stress undermines both individual health and organizational stability.

Similarly, Das (2023) identifies occupational factors that perpetuate depression, including burnout, occupational conflict, lack of support, bullying, and discrimination. Participant I's burnout, Participant K's conflict with colleagues, and Participant F's isolation due to fear of judgment directly reflect these mediating factors. The participants' lived experiences demonstrate how role conflict, lack of emotional support, and toxic workplace culture exacerbate depressive symptoms. This study's findings indicated that occupational stress might induce depressive symptoms that adversely affect employees' mood, psychological functioning and coping capacity. Participants described emotional depletion, hopelessness, withdrawal, and isolation, showing that occupational related stress extends beyond temporary discomfort into prolonged depression.

4.5.3. Sleep disturbances

Sleep disturbances emerged as one of the most widespread mental health outcomes amongst the participant. The finding shows that occupational related stress disrupts employee's ability to rest, recover and regulate their emotions. During face-to-face interviews participant observed that participants described difficulty in falling asleep, waking up always, overthinking at night and experiencing the fatigue the following day due to the lack of sleep. The findings reveal that occupational related stress interferes with both quality and quantity of the sleep. For example, Participant A, B, I, &J

Participant A- *"I can say that sometimes I don't sleep very well because I'm stressed and I will be thinking about those things that are stressing me and you will find out that I'm sleeping less hours which will make me more tired when I wake up to go to work and, I will experience sleeping problems the next day at work as I was stressing throughout the night"*

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Participant B- "*After prolonged exposure to occupational stress, the most common mental health challenge I have experienced is sleeping disturbance. I often sleep late to complete unfinished tasks, and this leaves me feeling drained the following day. While I do not face a wide range of mental health issues, the persistent sleep disruption has been the most significant effect of work-related stress on my well-being."*

Participant I- *"Occupational related stress affects my mental health by leaving me constantly on edge about meeting deadlines, performance expectations, and reviews. It disrupts my sleep, causes cognitive strain, and makes me feel mentally exhausted and overwhelmed."*

Participant J- *"One of the mental health issues I have personally experienced because of occupational related stress is difficulty in sleeping. Stress often follows me into the night, leaving me awake and worrying about upcoming tasks."*

Participant A reported sleeping fewer hours due to occupational related stress, leading to tiredness and poor functioning at work. Participant B, emphasized persistent sleep disruption as the most significant effect of occupational related stress, leaving them drained. Participant I linked occupational related stress to disrupted sleep, cognitive strain, and mental exhaustion. Participants K and J described occupational related stress following them into the night, leaving them awake and worrying about upcoming tasks (Sonnentag & Fritz, (2015), They argue that recovery from occupational demands requires restful sleep, but when occupational related stress persists into the night, employees experience reduced sleep quality and quantity, undermining emotional regulation and well-being. This matches Participant A, K, and J, who described lying awake at night, overthinking tasks, and waking up tired the next day. Their inability to relax shows how stress interferes with recovery and emotional regulation.

The WHO (2024) emphasizes that occupational-related stress results in physical and mental health issues, including sleeplessness, weariness, and exhaustion, which diminish productivity and elevate the risk of chronic illness. This aligns with Participant B and I, who reported persistent sleep disruption, fatigue, and cognitive strain. Their accounts illustrate how insomnia and exhaustion undermine well-being and productivity. Palmer et al. (2019), they emphasize that sleep problems are among the most common symptoms of occupational related stress, often linked to workload pressure, missing deadlines, and role conflict. This directly reflects Participant I's anxiety about deadlines and performance reviews, and Participant B's tendency to stay up late finishing tasks. Both show how excessive workload and role demands translate into sleep disturbances. This study's findings indicated that work stress impairs employees'

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capacity to rest, recuperate, and manage emotions. Participants described falling asleep, waking frequently, overthinking at night, and experiencing fatigue the following day. Occupational related stress prevents relaxation, leading to insomnia, exhaustion and reduce coping capacity. The researcher found that most of the participant complained about presenteeism and taking unplanned leave because of fatigue. This convergence between lived experiences and academic literatures validates the researcher's idea that sleeps disturbance is a serious mental health outcome of occupational related stress.

4.5.4. Social withdrawals

The researcher found that social withdrawals emerged as a leading behavioural and emotional response to occupational related stress across several participants. Although the intensity and expression of withdrawals varied, when employees experienced overwhelming stress, they retreat from social interaction both within and outside the occupational environment. The social withdrawal functioned as both mechanisms and symptom of declined mental health, showing the depth of the effects that occupational related stress has on interpersonal functioning. Many participants described lacking the energy to engage with colleagues or family members after a stressful day. Some participants explained that they avoided casual conversations at work, they cancelled social plan just to recover because they feel drained. One participant described returning home mentally drained and seeking quietness rather than social engagements. The researcher found that withdrawal is not only emotional but also sensory, helping individuals regulate overstimulation. One of the participants indicated that social withdrawal extended beyond the occupational environment. Participants described distancing themselves from partners, children, friends and social activities. Some participant reported isolating themselves at home, preferring to be alone rather that engage with family. This demonstrates that occupational related stress disrupts not only professional relationships but also family dynamics and emotional availability. For example, participant, G J &, M

Participant G- *"I sometimes experience emotional strain, often triggered by frustration and exhaustion from small setbacks. During these times, I notice that I become less patient. Another challenge I face is social withdrawal, as I sometimes avoid casual conversations at work or even outside the workplace because I feel I lack the energy to engage."*

Participant J *"The most common mental health challenges I face in my occupation include depressive symptoms, sleep disturbances, and social withdrawal. Workplace conflicts often make it difficult to communicate with colleagues, which worsens my stress. When I am not*

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mentally well, I experience fatigue and disrupted sleep, leaving me unable to rest properly and waking up the next day still exhausted."

Participant M-"*As a result of occupational-related stress, I sometimes avoid social interaction because I lack the emotional capacity to engage with others."*

Participant G reported avoiding casual conversations at occupational environment and outside the occupational environment because of emotional strain and fatigue. This aligns with Xin et al. (2024), who found that occupational loneliness and emotional exhaustion mediate withdrawal behaviours, showing how occupational related stress drains interpersonal functioning. Participant J highlighted depressive symptoms, sleep disturbances, and withdrawal, noting that occupational conflicts made communication difficult. This resonates with Bryan et al. (2023), who demonstrated that occupational loneliness and conflict are risk factors for withdrawal and poor mental health. Participant K described occupational related stress following them into the night, leaving them awake and worrying about tasks, which indirectly contributes to withdrawal by reducing energy for social engagement. This reflects Das (2023), who emphasized that occupational conflict, burnout, and lack of support perpetuate depression and social isolation. Participant M, explained avoiding social interaction due to lacking emotional capacity, which matches Xin et al. (2024) again, as they highlight how emotional exhaustion reduces employees' ability to engage socially, leading to withdrawal both inside and outside the occupational environment. The findings reveal that social withdrawal emerged as a behavioural and emotional response to occupational related stress. Participants described retreating from social interaction both within and outside of the occupational environment. Cancelling social plans and isolating themselves at home due to exhaustion and lack of emotional energy.

4.5.6. Irritability and cognitive strain

During the face-to-face interviews, irritability and cognitive strain emerged as significant psychological effects of occupational related stress. These two experiences were closely intertwined, with participants describing how mental overload, emotional exhaustion, and excessive workload pressure impaired their ability to think clearly and regulate their emotions. The findings reveal that occupational stress does not only affect productivity but also disrupts emotional stability and cognitive functioning. Irritability was a recurring experience across multiple participants. It appeared when individuals felt overwhelmed, fatigued, or unable to cope with competing demands. Participants described becoming short tempered, easily irritated

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and more reactive at home. Participants described difficulties such as trouble concentrating, forgetfulness, mental fatigue and reduced ability to multitask. For example, Participant, A, B, & H.

Participant A-"*OK at work like I indicated before, when I have occupational stress, I will be less productive when I am at work and then it will lead to excess workload because when I'm stressed there will be some kind of work that I wouldn't be doing by the time I will be stressed and I won't be able to focus which means when I'm OK and by the time I get better I will be having heavy workload which will be very difficult for me to do and at home I become less productive at home as well and you find out that maybe I'm shouting the people that I'm staying with because I'm stressed with work related issues and it makes other people that I stay with to feel not comfortable in my presence and I become distance to other people which means it affects my relationship with other people even with my kids which means when I'm stressed, I will distance myself from them as well, which I feel like it affects them emotionally because they won't be able to have access to me as a mother because I'm stressed and taking work frustration to them"*

Participant B- *"Sometimes, when the workload is excessive and I am heavily burdened with tasks or activities during a particular term, I experience occupational stress. This is not an everyday occurrence, but it becomes particularly intense around submission deadlines. Physically, the distress manifests as exhaustion, while emotionally I fluctuate between frustration and fatigue. During these periods, I often feel overwhelmed and notice that my patience with colleagues decreases."*

Participant B- "*Occupational stress does not end when I leave the office or classroom; I often carry it home. Sometimes, this leads to frustration that I unintentionally direct toward my partner or children, such as raising my voice when overwhelmed. In terms of productivity at work, stress reduces my efficiency. Although I rarely miss work, but I do experience presenteeism. I notice that occupational related stress slows me down, causes me to not pay attention into details and leads to minor mistakes or forgetfulness in completing tasks.*

Participant H- "*I experience irritability and mood swings, becoming increasingly impatient with those around me. Even small issues can trigger strong reactions because my emotional reserves are depleted."*

Participant A reported reduced productivity, inability to focus, forgetfulness, and irritability at home (shouting at family, distancing from children). This statement aligns with Sharmeen and

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Chaudhry (2025), who emphasize that mental overload and emotional exhaustion impair cognitive functioning and emotional regulation, leading to irritability and reduced productivity. Participant B, described frustration, fatigue, reduced patience with colleagues, presenteeism, and minor mistakes due to occupational related stress. Matches Van Jaarsveldt & Jacobs (2024), who showed that burnout manifests as fatigue, irritability, and reduced patience with colleagues, especially during periods of excessive workload. Participant C reported difficulty concentrating, disrupted workflow due to competing demands, irritability, and reduced time for family responsibilities. Matches Van Jaarsveldt and Jacobs (2024) again, as their study highlights how workload strain and burnout reduce focus, increase irritability, and affect both professional and personal life. Participant H, experienced irritability, mood swings, and impatience, with small issues triggering strong reactions due to depleted emotional reserves. Matches WHO (2023), which defines burnout as a syndrome of exhaustion, cynicism, and inefficacy, often expressed through irritability, mood swings, and emotional depletion. The participant testimonies strongly validate the researcher idea that occupational related stress disrupts both emotional stability and cognitive functioning, leading to mental fatigue and reduced productivity. Occupational related stress affects employee's mental health and spill over into personal life.

4.6. Theme 3: Common mental health issues faced by employees

The focus in this section was on common mental health issues faced by employees resulted in occupational related stress. During the in-person interviews with participants, the researcher identifies a consistent pattern of mental health difficulties among employees resulting from occupational stress. These issues were interconnected, often reinforcing one another and contributing to a cycle of emotional, cognitive and physical strain. There is significant psychological burden placed on employees who are experiencing occupational related stress. Common mental health issues include anxiety and persistent worry, depression symptoms, (3) emotional exhaustion /fatigue, (4) substance use.

4.6.1. Anxiety and persistent worry

Anxiety and persistent worry emerged as one of the most dominant psychological effects of occupational related stress amongst the participant. The findings show that occupational related stress was closely linked to excessive workload pressure, performance expectations, meeting deadlines and targets and other demands of occupational environment. Participants described anxiety not as an occasional feeling but ongoing emotional state that intensified during

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excessive workload periods or when they feel that they are unable to meet the employer expectations. Most of the participants reported experiencing anxiety when faced with tight deadlines and targets, performance reviews, fear of not meeting expectations. Participants described feeling constantly "on edge", overwhelmed or worried about whether they were performing adequately. This anxiety often began in the occupational environment but continued long after the workday ended. During the interview participant spoke about worrying at night about unfinished tasks, feeling anxious when falling behind submission, this shows that anxiety is deeply tied to occupational demands. For example, participant C, D, F L, H, &J

Participant C- "*Anxiety is the mental health issue I face, caused by constant worry about deadlines and performance. I struggle with anxiety, feeling tense and unable to relax due to work-related pressures."*

Participant D- *"Occupational-related stress has affected my mental health by causing anxiety, sleep disturbances, and burnout. I often feel constantly on edge, worrying about deadlines, performance reviews, or whether I have met expectations. Even small tasks can trigger excessive worry. Stress has also reduced my self-esteem and confidence, making me doubt my abilities and feel as though I am not good enough, even when evidence suggests otherwise. These mental health challenges have also led to physical symptoms."*

Participant F-*"Occupational-related stress affects my mental health by causing anxiety and sleep disturbances, often due to heavy workloads. The inability to rest properly leads to further exhaustion and sometimes contributes to high blood pressure. Stress also makes me feel anxious when I am unable to complete tasks or meet deadlines, creating a cycle of worry and reduced well-being."*

Participant L- *"One of the common mental health challenges I faced in my occupation was anxiety related to management expectations. When I first started, I was unsure of how certain procedures were supposed to be followed, particularly regarding absenteeism. For example, I did not realize that being absent on the same day in consecutive weeks was not acceptable. Management addressed this with me, and after explaining my reasons, I gained clarity on the rules. Since then, I have understood how things should be done, which has helped reduce my stress."*

Participant H- *"Occupational stress often keeps me awake at night as I anticipate the workload for the following day. I experience anxiety when worrying about meeting deadlines, which makes it difficult to relax, as I fear that failing to cope could put my job at risk"*

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Participant J- *"Occupational related stress has significant effects on employees' mental health. It often leads to anxiety and feelings of being overwhelmed, especially in the mornings. Sometimes, this stress can escalate, resulting in symptoms of depression and sleep disturbances. For example, I sometimes wake up already feeling stressed about the day ahead, which shows how deeply occupational stress impacts my well-being."*

Participant C, reported constant worry about deadlines and performance, feeling tense and unable to relax. Matches Mark & Smith (2018), who highlight that dealing with difficult bosses and high-pressure occupational obligations often triggers anxiety in employees. Participant D experienced ongoing anxiety, sleep disturbances, and burnout, with reduced self-esteem and confidence. This statement matches Meyer and Hünefeld (2018), who argue that lack of clarity about work's purpose and expectations contributes to persistent worry and self-doubt.

Participant F reported anxiety linked to heavy workloads, inability to rest, and physical symptoms such as high blood pressure. This statement matches Arlin (2022), who notes that burnout, poor organizational culture, and missed deadlines can escalate into anxiety disorders, reducing attention and productivity. Participant H described anxiety at night, worrying about deadlines and fearing occupational loss. Participant H support, Arlin (2022), who explains that occupational related stressors such as deadlines and supervisor conflict can lead to persistent worry, reduced productivity, and employment insecurity. Participant J reported anxiety escalating into depression and sleep disturbances, feeling overwhelmed even before the workday began. Participant concurs with Mark & Smith (2018), who highlighted those occupational demands, can create ongoing nervousness and anxiety that spill over into personal life. This finding is strongly supported by both participant testimonies and scholarly literature, which emphasize that occupational demands such as deadlines, performance expectations, and workplace conflicts intensify anxiety and undermine employee well-being. The participants' accounts confirm the researcher's idea that anxiety is not occasional but a persistent emotional state tied to occupational demands. Anxiety emerges from excessive workload, unclear expectations, and fear of underperformance.

4.6.2 Depression

During the interview participants alluded about depressive symptoms caused by occupational related stress. Not all participants used the clinical term depression, but many described emotional and behavioural experiences that align closely with depressive symptoms. These symptoms appeared to develop gradually because of prolonged occupational related stress. The

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researcher findings show that depressive symptoms were not isolated incidents but part of psychological strain affecting employee's motivations, emotional stability and well-being. Many participants described feeling emotional drained, hopeless, or defeated when work demands became overwhelming. These feelings often developed after long periods of occupational related stress especially when participants felt unable to meet expectations of the employer and occupational burnout. For example, participants A, C, F, G, I and J.

Participant A, *- "anxiety disorder because I often feel worthless, sometimes I worry a lot about work related stress and I don't meet deadlines at some point, and I developed some kind of depression symptoms"*

Participant C- "*Occupational related stress has negatively affected my mental health in several ways. Sometimes, I find it difficult to wake up and go to work, knowing that the same stressful occupational environment awaits me, particularly during exam periods when I must complete assessments daily. This ongoing pressure often leads me to experience anxiety and, sometimes, symptoms of depression. When I fall behind on submissions or struggle to meet deadlines, the stress intensifies, leaving me mentally drained and emotionally vulnerable."*

Participant C-"*Yes, I have experienced depression as a result of occupational-related stress. Sometimes, ongoing stress has left me feeling hopeless and drained. I lose motivation to engage in tasks I once enjoyed and struggle to find meaning in my work. My mood shifts frequently, and I often feel emotionally exhausted."*

Participant F*- "The most common mental health issues I face in the workplace include symptoms of depression, such as withdrawal and difficulty sharing my problems because I fear being judged. This often leads me to isolate myself, avoiding interactions with colleagues and struggling to build supportive networks."*

Participant G- *"Eeeer, Employees often face mental health effects such as anxiety and symptoms of depression. These challenges may arise from constant worry about manager expectations, performance reviews, workshops, and meetings. The emotional strain can extend beyond the workplace, affecting overall well-being even outside of working."*

Participant I, *-" Sometimes, Occupational related stress makes me feel emotionally drained and affects my sleep. I sometimes feel unwell and overwhelmed and I am on the verge of depression because of burnout and work conflict"*

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Participant I- "*I have faced symptoms of depression, such as persistent negative thoughts and emotional exhaustion. Instead of resting, my mind often races with worries or ideas, which further disrupts my ability to relax and recover"*

Participant J- *"The effects of occupational related stress on my mental health include experiencing depressive symptoms and low mood. Although I have not been formally diagnosed with depression, I often feel emotionally drained and withdrawn."*

Participant A described feelings of worthlessness and depressive symptoms when occupational deadlines were missed. This reflects DSM-5 criteria of persistent negative self-perceptions and low mood, and supports Chand, Arif and Kutlenios (2021), who emphasize that unmet treatment needs and toxic occupational environments perpetuate depression, leading to absenteeism and reduced productivity.

Participant C reported hopelessness, loss of motivation, and emotional exhaustion during exam periods and heavy workloads. This aligns with DSM-5 features of major depressive disorder (loss of interest, fatigue, sadness) and supports Das (2023), who identifies role conflict and procedural injustice as mediators of depression in professionals. Participant F, described withdrawal and isolation due to fear of judgment. This matches DSM-5 symptoms of social withdrawal and supports Das (2023), who highlights workplace discrimination and lack of support as factors exacerbating depression. Participant G, noted anxiety and depressive symptoms arising from constant worry about manager expectations and performance reviews. This supports Chand, Arif and Kutlenios (2021), who link depression to occupational related stressors such as poor organizational culture and supervisor conflict. Participant I, reported emotional exhaustion, persistent negative thoughts, and disrupted sleep due to burnout and conflict. This reflects DSM-5 criteria of fatigue and cognitive disturbance, and supports Das (2023), who emphasizes burnout and occupational conflict as pathways to depression. Participant J described low mood, emotional withdrawal, and feeling drained. This matches DSM-5 features of persistent sadness and diminished interest, and supports Chand, Arif and Kutlenios (2021), who note that depression reduces occupational productivity and increases risk of resignation or dismissal. The participants' lived experiences confirm the researcher's idea that depression develops gradually from prolonged occupational related stress and manifests in emotional, cognitive, and behavioural symptoms. Participants' testimonies and scholarly evidence demonstrate that occupational stress is a significant driver of depression, undermining motivation, emotional stability, and interpersonal functioning. The researcher's

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findings reveal that depressive symptoms caused by occupational stress were not isolated but part of a broader psychological strain affecting employee's mental health.

4.6.3. Emotional exhaustion /fatigue/burnout

Emotional exhaustion, fatigue, and burnout emerged as major psychological effect of occupational related stress amongst participants. The researcher found out that the experiences were closely linked to excessive workload pressure, constant emotional demands and inability to recover after work. The findings reveal that many employees are working under conditions that slowly destroying their emotional and physical resilience. For example, Participants M, K, G, E.

Participant M-"*I experience occupational-related stress occasionally rather than every day. This happens mostly when my workload is heavy, and I struggle to manage my time effectively. As a result, I often carry tasks home, which leaves me feeling physically exhausted and sometimes defeated."*

Participant K, -" *One of the mental health issues I have personally experienced because of occupational related stress is a sense of hopelessness and wanting to give up. These feelings are often triggered by workplace conflicts, which make me feel drained and consumed by stress. I believe colleagues should share the same positive mindset, yet when they do not, it feels as though we are not working together on the same path. This lack of unity creates tension and makes me feel as if the workplace is unstable, like a ship that could sink if everyone is not aligned."*

Participant G- *"I sometimes experience emotional strain, often triggered by frustration and exhaustion from small setbacks. During these times, I notice that I become less patient. Another challenge I face is social withdrawal, as I sometimes avoid casual conversations at work or even outside the workplace because I feel I lack the energy to engage."*

Participant E, -" *One of the most common mental health challenges I encounter in my occupation is anxiety linked to fatigue. I often feel worried when I am unable to complete tasks on time, and this sometimes leaves me emotionally drained or defeated. As a result, I may experience a sense of emptiness and exhaustion that makes it difficult to function effectively or accomplish my responsibilities."*

The participants' testimonies confirm the researcher's idea that burnout is not a sudden event but a gradual erosion of emotional and physical resilience caused by prolonged occupational

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stress. Emotional exhaustion manifests in: Fatigue and defeat (Participant M), Hopelessness and conflict-driven stress (Participant K), Frustration, reduced patience, and withdrawal (Participant G), Anxiety linked to emptiness and exhaustion (Participant E).These experiences correspond with academic descriptions of burnout as a state characterized by tiredness, cynicism, and inefficacy (WHO, 2023), intensified by high workload stress and detrimental organizational culture (Van Jaarsveldt & Jacobs, 2024; Sharmeen & Chaudhry, 2025). Participants evidence approves that occupational related stress gradually destroys emotional and physical resilience, leading to burnout, fatigue, and emotional exhaustion.

4.6.4. Substance abuse

Research findings indicated that alcohol/substance abuse is one of the most common mental health problems. Participants reported that excessive pressure in occupational environments lures them to alcohol and substance abuse. One participant reported how he drinks to cope with occupational related stress. Few participants explicitly reported using alcohol as coping mechanism, this finding is still significant. It demonstrated that occupational related stress could create conditions that increase vulnerability to substance use. Occupational environment described by the participants is characterised by burnout, social withdrawals, mental fatigue, and emotional exhaustion. Researcher found out that indeed these conditions can push individuals toward coping mechanisms that provide temporary relief. Researcher also found out that prolonged occupational related stress may turn to substance to numb emotional difficulties, escape from pressure and reduce stress temporarily. For example, participants G and H.

Participant G- *"Occupational related stress has affected my mental health in several ways. One of the main impacts is social withdrawal, where I tend to isolate myself from colleagues and even friends outside of work because it feels easier than engaging with others. Sometimes, I depend on alcohol outside the occupational environment as a coping mechanism."*

Participant H- "*I abuse alcohol to manage stress and that lead me to alcohol use disorder. I sometimes use weed as immediate relief, but it does not solve my problems. Occupational stress affects my concentration, decision-making, and creativity, and over time this leads to lower productivity and increased absenteeism, impacting both myself and the organization"*

Participant G reported social withdrawal and reliance on alcohol outside the occupational environment as a coping mechanism. Participant G supports Nomura et al. (2020), who assert that occupational stress is escalating in contemporary society and contributes to heightened

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usage of psychoactive substances, also aligns with Essfioui (2025), who indicates that occupational stress elevates the likelihood of substance use as a coping mechanism. Participant H, admitted to alcohol abuse and occasional cannabis use to manage stress, which led to alcohol use disorder and reduced productivity. Participant H supports Vushwakarma et al. (2025), who emphasize that substance abuse is frequently associated with coping mechanisms for stress, trauma, and misfortune. Essfioni (2024) posits that work-related stress elevates the likelihood of psychoactive substance usage as a coping mechanism for occupational challenges and responsibilities. Fernandes and Donato (2017) further assert that professionals frequently perceive alcohol or drugs as the most readily available and immediate means to manage occupational pressures, notwithstanding the adverse repercussions. The researcher's findings indicate that alcohol and substance abuse emerged as one of the most common mental health problems linked to occupational stress. Although only a few participants explicitly reported using alcohol or drugs. The participants' testimonies confirm the researcher's idea that occupational stress creates vulnerability to substance abuse. Stress-related conditions such as burnout, fatigue, and social withdrawal reduce resilience and increase reliance on maladaptive coping strategies.

4.7. Theme 4: Coping strategies used by employees to mitigate occupational related stress

From the research findings indicate that employees use different coping strategies to manage occupational related stress. These strategies reflect differences in personal resilience, occupational support and the nature of the stressors. The findings show that employees rely on a combination of personal coping mechanisms, social support and occupational strategies, while some resort to avoidance or maladaptive behaviours when occupational related stress becomes overwhelming**.** Research findings revealed that participants identified various techniques to mitigate the effects of professional stressors on their mental health. Participants acknowledged that occupational stress is unavoidable but proposed methods to mitigate it. The strategies that surfaced comprise (1) physical exercise, (2) Mindfulness, meditation, breathing techniques, (3) social support from colleague's support and family, (4) Avoidance and withdrawal, (5) Maladaptive coping (Substance use), (6) focusing on completing tasks, (7), Seeking support from leadership, (8), Utilising EAP.

4.7.1. Physical exercise method

From the face-to-face interview findings, participants use physical activity to reduce stress and regain emotional balance. Researcher found that this strategy helped participants regulate

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emotions, reduce anxiety and create a sense of control over their stress. For example, participants A, G, H, J and M.

Participant A," *"Mostly I do exercise physical exercise, and I try to walk when I'm stressed so that my stress level can go down, that means I will leave stressed behind"*

Participant G-," *To cope with occupational related stress, I rely on regular physical exercise. Exercise not only helps me maintain my health but also provides an outlet to release tension. In addition, interacting with others during these activities offers social support, which further reduces stress and improves my overall well-being."*

Participant H- *"I prioritize proper sleep and rest. I also engage in regular physical exercise, which helps me manage stress more effectively. Sometimes, I talk with supportive people when I need to share my experiences, and I sometimes rely on personal activities such as doing household chores or hobbies to restore balance and maintain my mental well-being."*

Participant J- *"One of the coping strategies I use to deal with occupational stress is physical exercise. I don't exercise every day, but I make sure to do it whenever I am experiencing occupational related stress, as it helps me manage the pressure better."*

Participant M-"*To cope with occupational-related stress, I rely on physical exercise and effective time management, taking small steps to balance my workload."*

The participants' testimonies confirm the researcher's idea that physical exercise is a powerful coping strategy for occupational related stress. Several participants above demonstrates that exercise provides both physical and psychological benefits such as improved circulation, better sleep, emotional regulation, reduced anxiety, enhanced resilience and social support (Participants, A, G, H, J & M).

The findings show that physical exercise emerged as a common coping strategy among employees to manage occupational stress. Participants described how engaging in physical activity helped them regulate emotions, reduce anxiety, and regain a sense of control over their stress. This corresponds with Amiri (2018), who contends that regular physical activities, including jogging, walking, and gym workouts, are extremely efficacious in alleviating occupational related stress. Physical activity enhances blood circulation, decreases blood pressure, alleviates muscle tension, and regulates cholesterol levels. More importantly, it provides relaxation, improves sleep quality, and enhances working ability, thereby helping employees overcome the burden of occupational related stress.

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4.7.2. Practicing mindfulness, meditation and breathing techniques

Mindfulness, meditation and breathing techniques strategies emerged as one of the most effective and frequently used psychological tools amongst the participants who actively sought to regulate their emotional and cognitive responses to occupational elated stress. From the research findings participants used this strategy to restore calm, improve focus, and manage overwhelming emotions during periods of excessive workload pressure. Participants indicated that by practicing mindfulness to bring awareness to the present moment, reducing racing thoughts, interrupt worry and manage emotional overload. Participants reported that by using meditation they can reconnect with a sense of calm, improve patience and emotional balance. Meditation served as a restorative practice, especially for participants who felt emotionally drained or overwhelmed by constant demands. It allowed them to pause, reset, and regain control over their emotional responses. Participant described breathing techniques as quick way to manage stress. Participants used breathing techniques to slow down physiological stress responses, reduce anxiety, improve concentration and calm the mind during awful moments. For example, participant B, C and H.

Participant B, *"To cope with occupational related stress, I rely on strategies such as mindfulness, meditation, breathing exercises, and short relaxation sessions to calm my mind and regain focus. My workplace also provides stress management support through the Employee Wellness Programme. Supportive leadership plays a key role, as supervisors encourage open communication and occasionally adjust workloads when stress levels are high, which makes the interventions more effective."*

Participant C- *"I also practice mindfulness and meditation, using breathing exercises and short meditation sessions to calm my mind and regain focus. I also engage in social and emotional regulation, and I lean on family and friends for emotional support. Sharing my experiences with loved ones and peer groups helps lighten the burden and provides relief."*

Participant H- *"I dedicate time to hobbies, rest, and healthy eating to restore balance outside of work. I practice mindfulness and incorporate daily meditation to support my well-being."*

Participant B relied on mindfulness, meditation, breathing exercises, and short relaxation sessions to calm the mind and regain focus. Participant B supports Jackson (2022) and Panditharathene and Chen (2021) who highlight mindfulness as a learned skill that fosters present-moment awareness and reduces worry. also aligns with Shapiro et al. (2015) as participant B's use of mindfulness improved resilience and emotional regulation. Participant C

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practiced mindfulness and meditation, using breathing exercises to calm the mind and regain focus, while also relying on social support. Participant C supports Gupta (2016), who explains that relaxation should begin consciously and eventually become natural, reducing stress's impact on the body and mind. Participant C also supports Steinhouse (2018), who emphasizes mindfulness as a tool for resilience and coping with adverse experiences. Participant H dedicated time to hobbies, rest, healthy eating, and daily meditation to restore balance. Participant H supports Harvey (2017), who argues that removing stress through relaxation can prevent illness and also aligns with Jackson (2022), as participant H's mindfulness practice reflects present-moment awareness and non-judgmental acceptance, improving emotional balance. The participants' testimonies confirm the researcher's idea that mindfulness, meditation, and breathing techniques are restorative practices that help employees manage occupational related stress. These strategies reduce racing thoughts and worry, restore calm and emotional imbalance, prevent illness and promote resilience.

4.7.3. Social support from colleague's support and family

From the research findings participant relied on colleagues for emotional support. Participants reported that employees played crucial role in supporting each other as they are all aware that they are working in a stressful occupational environment. Participant reported that they share workload pressures, offering advice and guidance and create a sense of belonging amongst each other. Participant D highlighted that colleagues were her primary source of emotional support especially during difficult periods. She described how talking to colleagues helped her feel less alone and more capable of coping with occupational related stress. For example, participants D, G and H.

Participants D- *"The coping strategies I use for occupational-related stress are workplace-oriented. I seek support from colleagues, as talking with co-workers who understand the pressures help me feel less isolated. I engage in social and emotional regulation, and I lean on family and friends for emotional support. Sharing my experiences with loved ones and peer groups helps lighten the burden and provides relief."*

Participant G- *"To cope with occupational related stress, I rely on regular physical exercise. Exercise not only helps me maintain my health but also provides an outlet to release tension. In addition, interacting with others during these activities offers social support, which further reduces stress and improves my overall well-being."*

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Participant H- *"To cope with occupational related stress, I rely on several strategies. Individually, I use exercise and time management to stay balanced. Socially and emotionally, I spend time with friends to shift my focus away from work pressures. I also practice self-care activities, such as relaxing with television or other hobbies, to restore my well-being"*

Participant D, relied on colleagues as her primary source of emotional support, describing how talking with co-workers reduced feelings of isolation. She also leaned on family and friends for emotional relief. Matches Lecca & Taddei (2020), who emphasize that workplace allies and community bonds provide a safety net, reduce isolation, and restore confidence. Participant G used physical exercise as a coping strategy but highlighted that interacting with others during these activities offered social support, reducing stress and improving well-being. Participants G, aligns with Lecca and Taddei (2020), who note that collaborative spirit and shared experiences motivate ongoing development and strengthen resilience. Participant H relied on friends and social activities to shift focus away from work pressures, alongside self-care practices. Participant H supports Lecca and Taddei (2020), who argue that home lives and close community bonds replenish mental and physical resources, boosting motivation and productivity. Participants emphasized that colleagues play a vital role in sharing workload pressures, offering advice, and creating a sense of belonging. Family and friends also provided emotional support, helping employees restore balance and resilience. The participants' testimonies confirm the researcher's idea that social support is a protective factor against occupational stress. Colleagues provide emotional reassurance and practical help, while family and friends restore balance outside of work. This dual support system strengthens resilience, reduces isolation, and enhances productivity.

4.7.4. Avoidance and withdrawals

From the research finding these behaviours were used as a way to protect emotional energy, reduced overstimulation and create temporary relief from overwhelming work demands. Participants reported that when they are emotionally drained or overwhelmed, they withdraw from both occupational environment and home. Participant reported to avoid conversations with colleagues, isolating themselves after work, cancelling social plans, preferring to be alone to recover and reported that feeling too tired to interact with the family. Researcher found out that withdrawal was used as protective mechanism to conserve emotional energy when occupational related stress became unmanageable. For example, participants C, F and G.

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Participant C- *"To cope with recent mental health challenges, I rely on workplace support and my own personal strategies. My approach is to take each day as it comes, without dwelling on the same issue for a prolonged period. Once the source of stress has been resolved, I move forward and let go of it, rather than continuously focusing on the problem. This coping mechanism allows me to maintain perspective and concentrate on possible solutions rather than remaining stuck in the difficulties."*

Participants F-*"The most common mental health issues I face in the workplace include symptoms of depression, such as withdrawal and difficulty sharing my problems because I fear being judged. This often leads me to isolate myself, avoiding interactions with colleagues and struggling to build supportive networks."*

Participant G- "*Sometimes, I experience presenteeism, where I am physically present at work but unable to contribute effectively due to mental fatigue. This strain also extends to my personal life, affecting both relationships and sleep. I often become irritable and less patient, which weakens communication and reduces emotional connection with others. I sometimes experience social withdrawals, preferring to rest, watch television, or sleep rather than engage in conversation at home."*

Participant C Strategy: Avoids dwelling on stressors, focuses on moving forward once the issue is resolved. Participant C supports Pancholi et al. (2024), who highlight avoidance as a growing coping trend in occupational settings. Employees disengage from stressors to conserve energy, though this can reduce long-term engagement. Participant F Strategy: Withdraws and isolates due to fear of judgment, avoids interactions with colleagues, struggles to build supportive networks. Aligns with Hämmig (2025), who found that stress and lack of recognition lead to withdrawal behaviours such as disengagement, absenteeism, and reduced social support. Participant G Strategy: Experiences presenteeism, irritability, and social withdrawal at home, preferring rest or passive activities over interaction. Participant G, Karakitsiou et al. (2025), who shows that occupational related stress spills into personal life, leading to avoidance behaviours, weakened family connections, and emotional fatigue. Participants findings validate the researcher's idea, avoidance and withdrawal are protective mechanisms against occupational related stress, but they carry long-term risks of isolation, presenteeism, and reduced resilience.

4.7.5. Maladaptive coping (Substance use)

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Participants reported that excessive pressure at work lures them to alcohol and substance abuse. One participant reported how he drinks to cope with occupational related stress. Researcher found out that the occupational related stress can escalate into harmful behaviours when support systems are lacking. For example, participants G and H.

Participant G- *"Occupational related stress has affected my mental health in several ways. One of the main impacts is social withdrawal, where I tend to isolate myself from colleagues and even friends outside of work because it feels easier than engaging with others. Sometimes, I depend on alcohol outside the occupational environment as a coping mechanism.*

Participant H- *"I abuse alcohol to manage stress and that lead me to alcohol use disorder. I sometimes use weed as immediate relief, but it does not solve my problems. Occupational stress affects my concentration, decision-making, and creativity, and over time this leads to lower productivity and increased absenteeism, impacting both myself and the organization.*

Participant G, reported social withdrawal and reliance on alcohol outside the occupational environment as a coping mechanism. Participant G supports Nomura et al. (2020) and Essfioui (2025), who note that occupational stress elevates vulnerability to psychoactive substance use. Also aligns with Fernandes and Donato (2017), who argue that alcohol is often perceived as the most accessible coping tool. Participant H admitted to substance use disorders and occasional cannabis use to manage stress, which led excessively used alcohol and it participant reduced concentration, and absenteeism. Matches Vushwakarma et al. (2025) and Essfioni (2024), who emphasize that occupational related stress and trauma often push employees toward maladaptive coping strategies such as alcohol and drug use. The researcher's findings reveal that occupational related stress can escalate into harmful behaviours such as alcohol and substance abuse, particularly when support systems are lacking. Participants described turning to alcohol or cannabis as coping mechanisms to numb emotional difficulties, escape occupational pressures, and temporarily reduce stress. While these strategies provide short-term relief, they ultimately worsen mental health, reduce productivity, and increase absenteeism.

4.7.6. Focus on completing tasks

From research findings participant focus on completing task emerged as a practical coping strategy used by participants to manage occupational related stress. This strategy involves participant actively engaging with occupational demands to reduce workload pressure to regain control and prevent stress from escalating. Participant reported that this strategy described to

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create mental relief, reduce anxiety and restore sense of accomplishment. The researcher found that reinforcement helped to suppress the feelings of helplessness and for some reason, the satisfaction of finishing a task provided emotional energy to continue coping with occupational related stress. ***Participant C*** described this clearly: completing tasks helped her relax afterward because the mental burden was lifted. This shows that task completion served as as tress-relief mechanism**,** not just a productivity strategy. For example, participants C and N.

Participant C- "*One of the coping strategies I employ to deal with burnout is focusing on completing stressful tasks or meeting deadlines. Once the source of stress is resolved, I allow myself to relax and engage in activities that make me happy and restore my energy. This often includes spending quality time with my friends, my husband, and my children, which helps me to feel supported and regain balance."*

Participant N-" *To cope with my workload, I concentrate heavily on my job responsibilities, even to the point of burning myself out, as a way to avoid dealing with personal problems than experiencing occupational related stress."*

Participant C reported that completing stressful tasks or meeting deadlines helped her relax afterward, as the mental burden was lifted. She then engaged in restorative activities with family and friends. Participant C supports Slavova and Tarpomanova (2025), who found that task-focused coping reduces stress and restores balance and also aligns with Conceição & Palma-Moreira (2025), who highlight that problem-focused coping improves performance and reduces anxiety. Participant N concentrated heavily on job responsibilities, even to the point of burnout, as a way to avoid dealing with personal problems. Participant N supports Conceição & Palma-Moreira (2025), who caution that over-engagement with tasks can lead to burnout despite short-term relief. His account illustrates the potential downside of task-focused coping when used excessively without balance. The participants' testimonies confirm the researcher's idea that task completion serves as both a productivity tool and a stress-relief mechanism. By actively engaging with occupational demands, employees reduce workload pressure, regain control, and suppress feelings of helplessness.

4.7.7. Seeking support from leadership

From the research findings participants who received support from their leaders described it as one of the most effective ways to manage occupational related stress. Participants alluded that leadership support helped them feel valued and understood, reduced workload pressure, navigate emotionally challenging situations, gain clarity on expectations and feel less isolated

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in their struggles. Participant B highlighted that supportive leadership made a significant difference in her ability to cope. When leaders adjusted workloads or acknowledged stress levels, she felt more capable and less overwhelmed. Participants reported that when leaders listen to their concerns and validated their experiences it helped employees to feel safe, reduced anxiety, build trust and maintain motivation. Participant D noted that her manager's emotional support helped her cope during periods of intense stress. Having a leader who listened and empathised made her feel less alone and more capable of managing her workload.

Participant B- *"Addressing occupational related stress requires strong and supportive leadership from management that ensures employees feel acknowledged when raising concerns"*

Participant G- *"One possible solution to address occupational related stress is for management to divide workloads into smaller and manageable tasks rather than requiring multiple submissions at the same time. This approach would help employees focus more effectively and reduce work pressure. In addition, supportive leadership is essential, managers should provide regular check-ins, constructive feedback, and emotional support to ensure employees are coping well with their responsibilities."*

Participant B reported that supportive leadership made a significant difference, especially when managers adjusted workloads and acknowledged stress levels. Participants B supports Kaur (2025), who found that supportive leadership reduces stress by validating concerns and clarifying expectations and also aligns with Aslan et al. (2025), showing that democratic leadership styles reduce stress compared to autocratic approaches. Participant D highlighted her manager's emotional support, noting that empathy and listening helped her cope during intense stress.

Matches Hassanein et al. (2025), who emphasize that supportive leadership fosters trust, psychological safety, and wellbeing. Participant G suggested dividing workloads into smaller tasks and emphasized the importance of regular check-ins, constructive feedback, and emotional support. Matches Hassanein et al. (2025), who found that supportive leadership practices such as feedback and check in enhance well-being. The participants' testimonies confirm the researcher's idea that seeking support from leadership is one of the most effective ways to manage occupational stress.

4.7. 8.Utilising EAP

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From the research findings, participants are using Employee assistance programmes although some participants alluded that they are not used to it, and they feel like there is no confidentiality. Researcher found that participants they are aware that EAP is designed to provide psychosocial support, counselling, and stress management resources. The researcher found that there is low uptake, limited accessibility and mixed perceptions of its effectiveness. For example, participants A, C, E and G.

Participant A, *- "The kind of support that we get at work there are some employee Wellness programs that we get sometimes, so because we don't get that every day, it becomes very difficult for me to manage work stress. if EAP program was based at work having some kind of social workers or counsellors to can help us with work stress, it was going to be very easy for us to deal with stress now because we get this kind of help sometimes there may be a certain period of time that's when I can feel that my stress level is not easily manageable"*

Participant C- *"My occupational space does offer stress management initiatives; however, I cannot fully attest to their effectiveness since I have not personally participated in them. Those who have attended workshops or Employee Assistance Program (EAP) wellness sessions have provided encouraging feedback, noting that the interventions were helpful. Based on their experiences, the programs appear to be effective, even though I have not yet engaged with them myself."*

Participant E, -"*I tend to seek guidance from my seniors instead of making use of programs like the Employee Assistance Program (EAP). I have not considered using the EAP, as I place greater value on the support and advice I receive from experienced colleagues. But the EAP program I think it is effective."*

Participant G- *"In the occupational environment, stress management programs such as the Employee Assistance Program (EAP) are offered, but they are not implemented regularly. Which I find it to be not effective, Instead, they tend to occur infrequently, perhaps once a quarter, which limits their effectiveness. For such initiatives to truly support employees, they should be conducted more consistently ideally once or twice a week, to provide ongoing assistance and meaningful impact.*

Participant A, Felt EAPs were not accessible daily and suggested having counsellors on-site for ongoing support. Participant A supports Naidu & Olivier (2025), who found that consistent implementation is key to effectiveness. Also aligns with Masejane et al. (2024), who highlight accessibility challenges. Participant C did not personally use EAPs but noted positive feedback

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from colleagues who found them effective. Participants C supports EAPA (2022), which shows that EAPs can improve wellbeing and satisfaction when trusted and used. Participant E, Preferred guidance from seniors over EAPs but acknowledged their effectiveness. Participant E supports Masejane et al. (2024), who found that employees often substitute EAPs with informal support networks due to confidentiality concerns. Participant G Criticized EAPs for being infrequent (quarterly) and suggested more regular sessions. Participant G supports Naidu & Olivier (2025), who emphasize that frequency and consistency are critical for stress reduction and also aligns with EAPA (2022), which stresses that regular implementation improves productivity and wellbeing. The participants' testimonies confirm the researcher's idea: EAPs are designed to provide psychosocial support, counselling, and stress management resources, but uptake is low due to limited accessibility, confidentiality concerns, and irregular implementation.

4.8. Theme 5: Intervention strategies to address occupational related stress.

From the research findings, participants identified various coping method they implemented to mitigate with occupational related stress to reduce its effect on their mental health. The coping strategies that emerged include (1) Strengthening employee wellness programs, (2) Effective workload management

4.8.1. Strengthening employee wellness programs

From the research findings participants actively used the EAP services although many expressed the need for improvements. Participants indicated that mental health practitioner must better promote EAP services, quick response times, more accessible counselling, awareness campaigns and integration of EAP onsite operations. Researcher found that there is low utilisation of the EAP is not due to lack of need but duet to accessibility barriers and limited visibility. Participants reported that they want EAP to be more present, more responsive and more embedded in the occupational environment. For example, participants A, C, D, G, I and J.

Participant A- "*Department offers some stress management programs but they are not effective enough because when you need help you need to call them and you'll find out maybe there is queue on the line and they are busy and you can easily give up, which means it can take time for you to get counselling services".*

Participant C- *"My occupational space does offer stress management initiatives; however, I cannot fully attest to their effectiveness since I have not personally participated in them. Those*

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who have attended workshops or Employee Assistance Program (EAP) wellness sessions have provided encouraging feedback, noting that the interventions were helpful. Based on their experiences, the programs appear to be effective, even though I have not yet engaged with them myself."

Participant D-"*Yes, my workplace does provide stress management initiatives through employee wellness programs. These include mindfulness workshops, wellness days, and access to counselling services offered via the Employee Assistance Program. Such initiatives are designed to support employees in managing occupational stress and improving overall mental health."*

Participant G- *"In the occupational environment, stress management programs such as the Employee Assistance Program (EAP) are offered, but they are not implemented regularly. Which I find it to be not effective. Instead, they tend to occur infrequently, perhaps once a quarter, which limits their effectiveness. For such initiatives to truly support employees, they should be conducted more consistently ideally once or twice a week, to provide ongoing assistance and meaningful impact."*

Participant I- *"I have used the employee wellness program, but I found it to be ineffective. Instead of helping, it sometimes left me feeling worse, so I do not consider it a reliable solution for managing occupational stress here in my workplace."*

Participant J- *"Yes, my workplace does offer stress management programs, and I find them to be very effective. The employee wellness program provides valuable support, and after participating in the services, I usually feel relieved and better able to manage my stress."*

Participant A, Highlighted delays and queues when accessing counselling services. Participant A supports Amani and Ong (2025), who found that accessibility barriers reduce uptake despite need. Participant C did not personally use EAPs but noted positive feedback from colleagues. Participant C supports EAPA-SA (2024), which emphasizes that visibility and promotion are key to encouraging participation. Participant D, Reported mindfulness workshops and wellness days as supportive initiatives. Participant D supports Mathaphuna et al. (2024), who found that consistent wellness programs improve productivity and wellbeing. Participant G criticized infrequent implementation (quarterly) and suggested weekly sessions. Participants G supports Mathaphuna et al. (2024), who stress that regularity and evaluation are essential for effectiveness. Participant I found wellness programs ineffective and sometimes counterproductive. Matches Amani and Ong (2025), who note that poor design and lack of trust

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can undermine program outcomes. Participant J reported positive experiences and stress relief after using wellness programmes. Participant J supports EAPA-SA (2024), which highlights that well-implemented EAPs enhance wellbeing and reduce stress. The participants' varied experiences reflect the mixed effectiveness of EAPs, some participants revealed positive outcomes that show that programmes are accessible and well implemented and they provide relief and support. Some participants highlighted barriers such as delays, infrequency and lack of trust which reduces effectiveness.

4.8.2. Effective workload management

Researchers discovered that excessive workload pressure is a primary source of occupational stress among the participants. Effective workload management emerged as a critical intervention strategy. Participants indicated that workload slows them down, reduces concentration, leads to mistakes and resulted in missing targets. Participants reported repeatedly that workload management is very important as it reduce stress, improving productivity and protecting mental health. For example, participant A, B, E&G

Participants *A, - "Effective load management would be possible if we were not assigned excessive tasks. Currently, we face a heavy volume of paperwork while simultaneously managing responsibilities with children. In addition, we are often required to submit documents that demand extensive completion. Reducing this administrative burden from our side would be highly beneficial"*

Participant B- *"One possible solution to occupational-related stress is effective workload management. This can be achieved by redistributing tasks, hiring additional staff, and setting realistic deadlines to reduce overwhelming pressure. Employee wellness programs, such as counselling services and stress management initiatives, should also be promoted, with employees encouraged to utilize the Employee Assistance Program since it is free of charge and beneficial."*

Participant E, *"One possible solution to address occupational related stress is effective management, where tasks are allocated according to employees' capabilities and roles. This ensures that individuals are not burdened with responsibilities outside their scope, while still allowing them to assist when they are able"*

Participant G- *"One possible solution to address occupational related stress is for management to divide workloads into smaller and manageable tasks rather than requiring*

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multiple submissions at the same time. This approach would help employees focus more effectively and reduce work pressure. In addition, supportive leadership is essential, managers should provide regular check-ins, constructive feedback, and emotional support to ensure employees are coping well with their responsibilities."

Participant A highlighted excessive paperwork and administrative burdens, compounded by family responsibilities. Matches Karakitsiou et al. (2025), who found that workload combined with home responsibilities intensifies stress and requires flexible management.

Participant B, Suggested redistributing tasks, hiring staff, and setting realistic deadlines. Participant B supports Sharmeen and Chaudhry (2025), who emphasize redistribution and deadline management as key workload interventions. Participants B also aligns with Demeroutia & Bakker (2025), who warn that unmanaged workload leads to burnout. Participant E, advocated for task allocation based on employee capabilities and roles. Participant E supports Sharmeen and Chaudhry (2025), who highlighted role clarity and capability-based allocation as stress-reducing strategies. Participant G recommended dividing workloads into smaller tasks and emphasized supportive leadership. Participant G supports Demeroutia and Bakker (2025), who stress that chronic workload stress leads to burnout unless managed effectively. Participant G also aligns with Karakitsiou et al. (2025), who found that supportive leadership enhances coping with workload pressures. The participants' testimonies and recent scholars confirm the researcher's idea that effective workload management is a critical intervention strategy for reducing occupational related stress.

4.8.3. Training managers/supervisors

The researcher found out that managers and supervisors play an important role in shaping employees experiences of occupational related stress. Participants described leadership behaviour as a major factor to influence their stress levels, productivity and mental health. The participants highlighted that training managers/ supervisors emerged as important intervention strategy to address occupational related stress. During the interviews, participants kept on emphasizing that the way the employers handle the workload, communication and emotional support significantly affects their well-being. For example, participant J&I, G

Participant J- *"Employers can better support mental health in the workplace by training managers in mental health awareness, fostering a supportive organizational culture, and implementing fair policies and practices.'*

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Participant J- *"Employers can better support mental health by training managers in mental health awareness. Since managers act as leaders who guide and maintain harmony in the workplace, equipping them with the skills to recognize and address stress ensures that employees feel supported and cared for. This approach fosters a healthier and more resilient organizational culture."*

Participant G- *"Employers can better support mental health in the occupational environment by training managers in mental health awareness. Supervisors should be equipped with the skills to recognize signs of stress, anxiety, or other challenges, and take responsibility for addressing them, since some employees may not openly share their struggles, managers must be attentive and proactive for example, noticing when someone does not seem okay and offering support. This kind of training ensures that leadership can respond effectively to employees' needs, even when issues are not directly voiced."*

Participant J, emphasized training managers in mental health awareness and fostering supportive organizational culture. Participant J supports Shekhar et al. (2025), who found that HR-led training programs equip managers to recognize stress and build resilience. Participant J also aligns with Sharmeen and Chaudhry (2025), who stress the importance of leadership behaviour in shaping stress outcomes. Participant I highlighted that managers' handling of workload and communication directly affects wellbeing. Participant I support Dlamini and Dlamini (2024), who found that poor managerial support worsens burnout, while proactive leadership reduces occupational related stress. Participant G, stressed that supervisors must be trained to recognize signs of stress and respond proactively, even when employees do not openly share struggles. Participant G supports Shekhar et al. (2025), who emphasize proactive recognition and intervention as key outcomes of manager training. Participant G also aligns with Sharmeen and Chaudhry (2025), who highlight the role of attentive leadership in reducing occupational stress. The participants' testimonies and recent scholars confirm the researcher's idea that training managers and supervisors is a vital intervention strategy to address occupational related stress. These accounts illustrate that leadership training is not only about technical management skills but also about emotional intelligence, mental health awareness, and proactive support.

4.9. Theme 6: Recommendations to prevent occupational related stress

The research findings shows that employees have a clear understanding of factors contributing to occupational related stress and they offer practical experience-based recommendations to

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prevent it. These recommendations reflect the desire for structural change, accessible mental health support and support organisational culture. The participants reported that they do not want to simply cope better but they want the occupational environment itself to become healthier, friendly, more balanced and more responsive to their needs. (1) Onsite mental health support, (2) Promoting work-life balance, (3) Recreational and wellness activities. (4) Create supportive culture.

4.9.1. Onsite mental health support

From research findings participant alluded that when they need help, they often face long queues on the line which discourages the from seeking EAP support. Participant F alluded that telephone counselling services feels insufficient and employees struggle to open up without in -person interaction. Participants repeatedly emphasized the importance of face-to-face counselling, describing it as more effective, trustworthy and emotionally supportive. For example, participants A, C and F.

Participant A- *"By establishing stress management stations or wellness rooms at schools. They must provide immediate access to counsellors or mental health professionals for staff. They must make employee wellness programs more frequent and accessible and offer regular workshops on stress management and coping strategies"*

Participant C" *"I believe occupational related stress could be managed more effectively if mental health practitioners were available directly within my workplace. Instead of scheduling workshops at external venues, which are often difficult to attend after working hours due to household responsibilities, I would prefer short wellness activities conducted on-site during the workday, such as 30-minute sessions. This arrangement would make participation easier for me and ensure that I receive timely support when needed."*

Participant F- "*The main form of support I believe we need to deal with occupational stress and mental health issues is counselling. At present, we do not always have access to counsellors, and it can be difficult for employees to open about their struggles. Having counsellors physically present in the workplace would make it easier for us to share our experiences and receive guidance. If they could also provide training, it would help us learn how to manage stressful situations more effectively. I feel that in-person support is more beneficial than relying on phone-based services"*

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Participant A Suggested stress management stations and wellness rooms with immediate access to counsellors. Participant A supports Virtanen & Tea (2025), who found onsite wellness interventions more effective than external workshops. Participant C preferred short onsite wellness activities during the workday instead of external workshops. Participant A, supports participant A supports Dhanpat et al. (2025), who highlight accessibility barriers when support is offsite or after hours. Participant F criticized telephone counselling as insufficient and emphasized the need for in-person support. Participant F supports Dhanpat et al. (2025), who Suggested remote services less effective due to lack of personal connection. Participant F also stresses the importance of trust and face-to-face interaction. The researcher strongly supports the participants' emphasis on onsite mental health services, showing that face-to-face counselling is more effective, trustworthy, and emotionally supportive than remote or telephone-based interventions. The findings validate the researcher's idea that embedding mental health practitioners directly in the workplace improves accessibility, reduces stigma, and enhances employee wellbeing.

4.9.2. Promoting work-life balance

Participant expressed frustration with occupational tasks spilling into their personal time, especially through after-hours tasks and weekend workshops. Participant suggested that employer must conduct workshops during working hours. Participant reported that employer must avoid weekend professional development, respect personal and family time and creating flexible scheduling where possible. Work life balance is a major contributor to stress. Participant reported that during their personal time they want adequate time to rest and recharge. For example, participants C, E and F.

Participants C- *"Employers can enhance mental health support and promote work–life balance by acknowledging that employees often feel as though they are employed 24/7, carrying work into their homes and leaving little time for personal life. Work–life balance would be strengthened if opportunities for staff to participate in extra-mural activities were provided during working hours, rather than scheduling workshops or professional development sessions over weekends. Weekend sessions frequently conflict with family responsibilities, such as attending children's sporting events, which adds further stress. Conducting wellness activities and professional development during the workday would therefore enable employees to maintain a healthier balance between their professional duties and personal lives."*

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Participant E- *"Employers can take several steps to better support mental health in the workplace. For example, they can organize orientation or wellness meetings to address emotional challenges and provide practical solutions. Creating recreational activities, especially during times like the festive season, can also help employees find balance and reduce stress. Implementing wellness programs and consulting services would give employees access to professional support for both occupational related stress and personal issues. However, many employees may not be fully aware of programs such as the Employee Assistance Program (EAP). Since the EAP can also extend support to family members, it is important to raise awareness and encourage open communication. Sharing information among colleagues can be valuable, as one person's knowledge of available resources may help another access the support they need."*

Participant F- *"Challenges at work often happened into my personal life, making it difficult to manage household responsibilities and care for my children. Stress leads to mood swings and poor sleep, as I spend nights worrying about tasks or what will happen the next day. This lack of rest leaves me exhausted, reducing my ability to perform well at work and limiting the energy I can give to my family. Work and home life are closely connected, so when stress affects one, it inevitably impacts the other, creating a cycle that undermines overall productivity."*

Participant C highlighted frustration with weekend workshops conflicting with family responsibilities. Participant C supports Karakitsiou et al. (2025), who suggested that that work spilling into personal time undermines family life and wellbeing. Participant C also aligns with Prasad et al. (2024), who emphasize conducting wellness activities during working hours to strengthen balance. Participant E, Suggested orientation meetings, recreational activities, and awareness of EAP programs. Participant E supports Sharmeen and Chaudhry (2025), who recommend wellness programs and recreational activities as stress-reducing strategies. Also aligns with Prasad et al. (2024), who highlight the importance of awareness and communication about support services. Participant F, reported that stress spills into personal life, causing poor sleep, exhaustion, and reduced family engagement. Participant F supports Karakitsiou et al. (2025), who describe the "24/7 employment" effect and its impact on family responsibilities. Also aligns with Prasad et al. (2024), who found that poor balance leads to sleep disturbances and reduced productivity. The participants' accounts confirm the researcher's idea: work–life balance is a critical factor in managing occupational related stress. Recent scholarship confirms that poor work–life balance is a major contributor to occupational stress, burnout, and reduced productivity. The participants' testimonies (C, E, and F) align with these findings, highlighting

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that after-hours tasks, weekend workshops, and spill over of work into personal time undermine wellbeing. Scholars emphasize that flexible scheduling, onsite wellness activities during working hours, and awareness of support programs like EAPs are critical interventions.

4.9.3. Recreational and wellness activities

Research findings show that recreational and wellness activities as an important intervention for preventing and managing occupational related stress. Participants indicated that their occupational environments are emotionally demanding, cognitively draining and physical exhausting. Participant expressed how recreational and wellness activities help them to decompress after stressful workdays even though some described that they are EAP program is not that effective. For example, participants B and E.

Participant B, *- "Addressing occupational related stress requires strong and supportive leadership from management that ensures employees feel acknowledged when raising concerns. Also, implementing Employee Wellness Programs can provide access to counselling services and tress management support. Wellness activities such as yoga, mindfulness, and relaxation practices may also be introduced to promote mental well-being and resilience in the workplace."*

Participant E- *"Employers can take several steps to better support mental health in the workplace. For example, they can organize orientation or wellness meetings to address emotional challenges and provide practical solutions. Creating recreational activities, especially during times like the festive season, can also help employees find balance and reduce stress. Implementing wellness programs and consulting services would give employees access to professional support for both occupational related stress and personal issues. However, many employees may not be fully aware of programs such as the Employee Assistance Program (EAP). Since the EAP can also extend support to family members, it is important to raise awareness and encourage open communication. Sharing information among colleagues can be valuable, as one person's knowledge of available resources may help another access the support they need."*

Participant B, emphasized leadership support, counselling services, and wellness activities such as yoga and mindfulness. Matches Mathaphuna et al. (2024), who found that structured wellness programmes deliver measurable returns when supported by management. Also aligns with Virtanen & Tea (2025), who highlight the effectiveness of onsite wellness activities in promoting resilience. Participant E suggested orientation meetings, festive season recreational

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activities, and awareness of EAP programs. Participant E supports Prasad et al. (2024), who emphasize recreational activities as a way to strengthen work–life balance and reduce stress. Participant E also aligns with Virtanen & Tea (2025), who stress that wellness activities embedded in workplace routines foster trust and participation. Recreational and wellness activities are increasingly recognized in recent scholarship as vital interventions for preventing and managing occupational stress. The participants' testimonies (B, E) align closely with these findings, showing that emotionally demanding and cognitively draining work environments require structured wellness initiatives to help employees decompress, recharge, and build resilience. The participants' accounts confirm the researcher's idea that recreational and wellness activities are essential interventions for managing occupational related stress.

4.9.4. Create supportive culture

From the research findings employees emphasize the need for a supportive organisational culture. Participants reported how a supportive occupational reduces the emotional burden of work, when employees feel valued, heard and understood, their stress becomes more manageable. The researcher found that employees feel safer, more confident and more resilient when surrounded by supportive colleagues and managers/ supervisors. For example, participants G, L and J.

***Participant G**, one possible solution to address occupational related stress is for management to divide workloads into smaller and manageable tasks rather than requiring multiple submissions at the same time. This approach would help employees focus more effectively and reduce work pressure. In addition, supportive leadership is essential, managers should provide regular check-ins, constructive feedback, and emotional support to ensure employees are coping well with their responsibilities."*

***Participant L-** "Employers can also take steps to better support mental health in the workplace by creating a supportive culture, regularly checking in on staff well-being, and inviting mental health professionals to provide training on mental health awareness. These measures can help employees feel valued, supported, and better equipped to manage stress.*

***Participant J-** "Supervisors and managers should avoid micromanaging employees, as this practice undermines trust, autonomy, and productivity. When leaders constantly monitor every detail of an employee's work, it signals a lack of confidence in their abilities"*

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Participant G emphasized dividing workloads into manageable tasks and supportive leadership through check-ins and emotional support. Participant G supports Shekhar et al. (2025), who found that structured leadership support builds resilience. Participant G also aligns with Dlamini and Dlamini (2024), who stress the importance of empathetic managerial practices. Participant L suggested creating supportive culture through regular wellbeing check-ins and mental health training. Participant L support Shekhar et al. (2025), who advocate HR-led training for managers to foster supportive cultures. Participant L also aligns with Sharmeen and Chaudhry (2025), who emphasize proactive mental health awareness. Participant J, criticized micromanagement, noting it undermines trust, autonomy, and productivity. Participant J support Sharmeen and Chaudhry (2025) who highlight that micromanagement increases stress and erodes confidence. Participant J also aligns with Dlamini and Dlamini (2024), who found that trust and autonomy are essential for reducing burnout. Creating a supportive organizational culture is widely recognized in recent scholarship as a cornerstone of effective stress management and employee wellbeing. The participants' testimonies (G, L & J) align strongly with these findings, showing that supportive leadership, trust, and proactive mental health awareness reduce the emotional burden of work and foster resilience. The participants' accounts confirm the researcher's idea: a supportive organizational culture reduces occupational stress and enhances resilience. The researcher found that supportive culture is not just about policies but about daily leadership behaviours that make employees feel valued, heard, and understood.

4.10. Chapter Summary

The data collected from research participants was presented, interpreted, and analysed in this chapter. The themes derived from research participants were succinctly elucidated and analysed. This chapter analysed, interpreted, and presented data regarding occupational stress and its impact on employees' mental health, the outcomes of such stress, prevalent mental health issues among employees, coping strategies employed, intervention methods to mitigate occupational stress, and recommendations for its prevention. The research findings were analysed and interpreted in accordance with the research's objectives. Research findings indicate that individuals experience occupational stress, with excessive workload as the primary factor, leading to mental health concerns due to this stress exposure. The chapter also disclosed that employees adopt various coping mechanisms, including physical exercise, mindfulness, meditation, avoidance, and withdrawal. The chapter clearly delineated some ideas that might be enacted to mitigate the effects of work stress on employees' mental health.

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CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS.

5.1. Introduction

This chapter presents the analysis of the research findings. This chapter reported and analysed the qualitative findings of the study that explored the effects of occupational stress on employees' mental health; the consequences of occupational stress; prevalent mental health concerns encountered by employees; employed coping methods, and the therapies and recommendations suggested by participants. The results were categorized into six primary themes and several subthemes.

5.2. Summary of the study

The research report comprises of five chapters which have been systematically structured to ensure the credibility and reliability of the study. The study adhered to all procedures specified for doing qualitative research.

Chapter One introduced the study by outlining the growing concern of occupational related stress on employee's mental health globally and in South Africa. The chapter highlighted that occupational related stress emerges when occupational environment pressures exceed an employee's capacity to manage, leading to psychological, emotional and physical issues. The background demonstrated that occupational related stress contributes to anxiety, depression, burnout, absenteeism, presenteeism, reduced productivity and poor work-life balance. The chapter also presented the problem statement, emphasising that despite organisational efforts, occupational stress remains poorly managed, with limited mental health policies, inadequate support systems, and rising mental health issues among employees. The research questions, aim, and objectives were delineated, concentrating on investigating the effects of occupational related stress on employee's mental health; identifying prevalent mental health disorders; analysing coping mechanisms; and recommending intervention and preventative techniques. The study's significance was emphasized, demonstrating its contribution to enhancing mental health policy in the workplace, fortifying employee wellness programs, and increasing awareness of occupational stress. Key concepts such as stressors, chronic stress, occupational related stress, and mental health were defined to provide conceptual clarity. Theoretical framework, Problem statement, major research questions, aim of the study, objectives of the study, significance of the study, definitions of the concepts, theoretical framework were also provided in this chapter.

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Chapter Two presented a thorough evaluation of existing literature on occupational related stress. It explored the theoretical and empirical foundations of occupational related stress, showing that occupational related stress outcomes stemming from the interplay between professional requirements and personal coping abilities. The literature highlighted common occupational related stressors such as workload, long working hours, toxic organisational culture, interpersonal conflict, job insecurity and inadequate resources. The roles of Employee Assistance Programmes (EAPs) and social workers were also discussed, showing how counselling, crisis intervention, and psychosocial support can mitigate stress and enhance employees' resilience. The literature emphasised the importance of emotional intelligence, work–life balance, and supportive organisational structures in reducing stress. The aim of the literature review is to evaluate previous or available articles, dissertations, theses, and documents by summarizing, analysing, and synthesizing a group of related literature of other authors worldwide regarding exploring the factors contributing to occupational-related stress on employee's mental health.

Chapter Three described the methodological approach used to conduct the study. A qualitative research design was adopted to explore employees lived experiences of occupational related stress. The study used semi structured face-to-face interviews to collect rich, in-depth data from fifteen participants employed in the City of Johannesburg. The chapter outlined the sampling method, data collection procedures, and data analysis techniques, including thematic analysis, which allowed the researcher to identify patterns and themes emerging from the participants' narratives. Ethical considerations such as confidentiality, informed consent, voluntary participation, and anonymity were strictly observed.

Chapter Four presented and analysed the qualitative findings of the study, which explored the effects of occupational related stress on employees' mental health; occupational related stress effects; common mental health issues faced by employees, coping strategies used, and the interventions and recommendations proposed by the participants. The findings were organised into six major themes and several sub-themes. The qualitative data were independently analysed by the researcher and verified by the supervisor to increase the credibility of the study.

5.2.1. Summary of the whole study

This study investigated the effects of occupational-related stress on employees' mental health within the City of Johannesburg, Gauteng Province. Guided by qualitative methodology, semi-structured face-to-face interviews were conducted with 15 participants representing diverse

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ages, genders, and educational backgrounds. The research was framed around key questions: how occupational stress outcomes affect mental health, what common mental health issues employees face, which coping mechanisms are employed, whether occupational environment offer stress management programs, and what solutions or recommendations can be implemented to better support employee well-being.

The study was framed around themes and subthemes derived from participants narratives, allowing for a complex understanding of how occupational related stress manifests, how it is experienced and what interventions may be effective. The study was structured around six major themes namely understanding of occupational stress; outcomes affecting mental health; common mental health issues; coping strategies; intervention strategies; and recommendations for prevention of occupational-related stress. These themes provided a framework for analysing how occupational stress manifests, how employees experience it, and how organizations can respond.

5.3. Conclusion based on the research findings

The conclusions derived from the observations outlined in Chapter Four are herein presented, organized according to the themes and subthemes. The conclusions will be based on the findings from each topic and subtheme during the data presentation and analysis.

5.3.1. Conclusions on the understanding of occupational related stress concepts

- Participants demonstrated a clear and concise understanding of occupational related stress concepts. Participants described occupational related stress as pressure and demands arising from excessive workload, meeting deadlines, administrative tasks and performance expectations.
- Participants described emotional and mental strain where occupational related stress overwhelmed coping mechanisms and interrupt psychological balance.
- Participants described interpersonal conflict and toxic occupational culture, including misunderstanding, interpersonal relationships and unsupportive occupational environment.
- It was revealed that participants viewed occupational related stress as structural and rooted in their work and organisational culture rather than personal decrepit.

5.3.2. Conclusions based on occupational related stress outcomes affecting mental health

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The findings revealed that occupational related stress has negative effects on employee's mental health. These outcomes show that occupational related stress affects employees holistically. These outcomes included:

- Anxiety, characterised by persistent worry, fear of not performing, fear of occupational loss and difficult in relaxing.
- Depressive symptoms that can lead participant to suffer from depression, including hopelessness, overthinking, emotional exhaustion and withdrawal on task that they used to enjoyed.
- Sleep disturbances such as insomnia, overthinking at night and fatigue the following day and experienced presenteeism if they go to work or taking unauthorised leave because they want to rest and trying to avoid sleeping on duty.
- Irritability and cognitive strain, including loss of memory, difficulty concentrating, multitasking, mood swings and reduced productivity.

5.3.3. Conclusion on common mental health issues resulting from occupational related stress

Participants identified several mental health issues that commonly arise from continuous occupational related stress. These findings highlight the mental health burden placed on employees and the prolonged risks associated with unmanaged occupational related stress. Common mental health issues include:

- Anxiety, especially around meeting deadlines and targets, performance appraisal/ reviews and excessive workload pressure.
- Depression, including symptoms of depression, including emotional numbness and loss of interest and feelings of worthlessness. The thoughts of wanting to give up all the time.
- Emotional exhaustion and fatigue where employees feel drained and unable to cope with daily demands of occupational environment.
- Substance use, participants using alcohol as maladaptive coping mechanisms.

5.3.4. Conclusion on coping strategies used by employees.

Participants used different coping strategies to manage occupational related stress. These strategies show that participant attempt to cope but poor organisational support is often inadequate. Coping strategies include.

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- Physical exercise method, such as taking a walk, gym activities when occupied by occupational related stress to release a tension
- Practicing mindfulness, meditation and breathing techniques to manage occupational related stress. This practice helps employees to regulate their emotions and reduce anxiety and restore mental wellness.
- Avoidance and withdrawal (building resilience), participants isolate themselves to cope with occupational related stress. Participant shows that ability to adapt to occupational related stress and maintain psychological stability enabling to cope with stress and decrease the likelihood of developing mental health.
- Task focused coping; where participant concentrate on completing stressful task to a point of burnout on themselves to reduced excessive workload. Participants also showed that they even carry the task to finish it at home.
- Seeking leadership/management support, the findings shows that if management is approachable, empathetic and responsive, participants feel heard, supported and valued. When leadership is dismissive the stress level intensifies.
- Utilising Employee Assistance programmes (EAP). Participants showed that they do utilise the programme however many of them found it to be infective due to call centre environment and long queues on the line waiting to be answered. Participant reveals that they preferred to have onsite mental health counsellors than having telephone counselling.

5.3.5. Conclusions based on intervention strategies to address occupational related stress.

- Participants identified several organisational interventions that could reduce stress. Intervention highlights the need for systematic changes rather than relying on individual coping only. Intervention strategies include:
- Strengthening employee wellness programmes, including more frequent and accessible support services. Participant complained about waiting on the line for hours wanting to reach services and they suggested that if they can employ more mental health practitioners who will operates 24/7.
    - Effective workload management such as reducing administrative burden. Participants reveals about teamwork so to redistributing task and setting realistic deadlines times.

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- Training managers and supervisors in mental health awareness so they can be able to read the signs if employees are not well, and to provide support and emotional intelligence and be able to refer to mental health services.

5.3.6. Conclusions on recommendations to prevent occupational related stress.

Participants offered practical recommendations to prevent occupational related stress and promote employee's well-being. Recommendations reflect employees' desire for healthier and supportive occupational environment.

- Participants reveal about onsite mental health support based in their workstations, including counsellors, wellness rooms and immediate services that would prevent changing minds and seek immediate professional help.
- Promoting work-life balance such as employers avoiding conducting weekend workshops and respect employees' personal times.
- Recreational and wellness activities, including yoga, mindfulness sessions, fitness programmes, and social events.

5.4. Summary of the main finding

Participants demonstrated a clear understanding of occupational related stress, identifying systemic pressures such as workload, organisational culture, and interpersonal conflicts as primary contributors. The study revealed notable mental health outcomes, including heightened anxiety, burnout, and emotional exhaustion, which were particularly evident among frontline employees. Recurring mental health issues such as depression caused by occupational stress-related such as physical symptoms, poor job satisfaction was reported as common consequences of prolonged exposure to occupational stressors. Employees employed diverse coping strategies, ranging from informal peer support and reliance on personal resilience to structured mechanisms such as wellness programmes. The research highlighted the importance of intervention strategies, with participants emphasising the need for accessible onsite mental support services, proactive organisational support, and targeted wellness initiatives. The study produced recommendations that underscored the necessity of integrated psychosocial support, improved organisational communication, and policy frameworks that prioritise employee wellbeing.

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5.5. Summary of research findings

The findings revealed that occupational-related stress is a multidimensional phenomenon embedded in the occupational environment demands, and relationships rather than a reflection of an individual weakness. Key insights include:

Theme 1: Understanding of Occupational Stress -Participants consistently defined occupational stress as arising from an occupational pressure, demands, and interpersonal conflicts. Stress was seen as a natural response to occupational conditions, not a personal failing.

Theme 2: Outcomes Affecting Mental Health- Occupational stress led to multiple interconnected mental health outcomes, including:

- **Anxiety** (constant worry, fear of failure, performance pressure).
- **Depression symptoms** (emotional exhaustion, hopelessness, withdrawal).
- **Sleep disturbances** (difficulty resting, fatigue, overthinking).
- **Social withdrawal** (isolation from colleagues, family, and friends).
- **Irritability and cognitive strain** (forgetfulness, reduced focus, emotional reactivity).

Theme 3: Common Mental Health Issues- Anxiety, depression, emotional fatigue, and substance use emerged as recurring issues, showing the depth of occupational stress's impact on psychological well-being.

Theme 4: Coping Strategies- Employees employed both adaptive and maladaptive coping mechanisms, including:

- Physical exercise, mindfulness, meditation, and breathing techniques.
- Social support from colleagues and family.
- Avoidance and withdrawal to build resilience.
- Maladaptive coping such as substance use.
- Seeking leadership support and using Employee Assistance Programs (EAP).

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Theme 5: Intervention Strategies- Participants emphasized the need for stronger wellness programs, effective workload management, and training for managers and supervisors to recognize and address stress.

Theme 6: Recommendations- Recommendations included onsite mental health support, promoting work-life balance, and introducing recreational and wellness activities to foster resilience and reduce stress.

5.6. Recommendations

5.6.1. Recommendations for policy developer

Based on the research regarding the effects of occupational-related stress on employees‟ mental health, the recommendations are as follows.

- The Government should establish mental health policies to address occupational stress and other mental health issues.
- There is need for the implementation of the Mental Health Act and strict adherence to the Act.
- Professionally trained mental health practitioners within the organisation should help employees with occupational related stress and personal problems too.
- It is essential to assist employees experiencing mental health challenges in employing adaptive behaviours to manage work-related stress. This will assist them in sustaining psychological, mental, and emotional well-being. For instance, avoiding alcohol and substance misuse as a means of coping.
- Introduce law enforces agencies that regulate workload distribution, ensuring tasks are aligned with staffing levels, occupational tasks and employee capacity
- Develop policies requiring all supervisors/managers to undergo training in mental health and leadership style
- Introduce policies that address and prohibit bullying, harassment and toxic behaviours.
- Organizational policies and processes must be conveyed to personnel.
- Psychosocial support and recreational facilities must be established to enhance social connection, self-esteem, and self-efficacy.

5.6.2. Recommendations for future research

This study's findings and observed gaps suggest numerous recommendations for future investigation. These recommendations aim to deepen understanding of occupational related

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stress, broaden the scope of inquiry, and strengthen evidence-based interventions within South African occupational environment. This study focused on 15 employees within the City of Johannesburg. It is recommended that future research should include a larger sample size, incorporate participants from multiple province sand compare public and private sectors experiences. In addition, future research should conduct longitudinal studies on occupational related stress by tracking employees over months and years assess long-term mental health outcomes and evaluate the long-term effectiveness of intervention such as Employee assistance programme (EAPs) wellness programmes or leadership training. Further, future research could focus on examining the experiences of vulnerable or high-risk groups, as certain groups may experience occupational related stress differently such as young employees entering workforce and women balancing work and caregiving roles.

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APPENDIX A: Research Instrument

Exploring the effects of occupational related stress on employees' mental health in the City of Johannesburg metropolitan municipality, Gauteng province.

SECTION A: Confirmation questions

1. Have you been employed in your current positions for at least 12 months?
2. Do you confirm that occupational related stress is a potential risk factor for mental health issues**? Yes/No**
3. In the past 6 months have you noticed any changes in your mental health that you believe are related to occupational stress? **Yes/No.**

SECTION B: Biographical questions

1. Age
2. Gender
3. Highest qualifications

SECTION C: Exploring the effects of occupational related stress on employees' mental health

1. What is your understanding of the concepts of occupational related stress? ----------
   ---
   ---
2. How frequent do you experience occupational related stress?----------
   ---
   ---
3. What are the effects of occupational-related stress on your mental health? ----------
   ---
   ---
4. How does occupational related stress affect your productivity at work and at home? --
   ---

SECTION D: Mental Health Effects Faced by an Employee

1. What are the most common mental health issues you faced in your occupation ?---
   ---

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2. Can you describe any mental health issues you have experienced personally as a result of occupational related stress?----------
---

What form of support do you receive to deal with stress and mental health issues? ----------
---

- **SECTION** E- **Coping strategies/mechanisms employed by employees**

1. What coping strategies do you use to deal with occupational-related stress? ----------
---
---
2. Does your occupational space offer stress management? If yes how effective it is?-----
---

SECTION F: Possible solutions and recommendations from the employees' opinions.

1. What are possible solutions that you think can be employed to deal with occupational related stress? ----------
---
2. What steps can employers take to better support mental health in the occupational space?----------
---

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APPENDIX B: Informed consent

Title of research project: ***Exploring the effects of occupational related stress on employees' mental health in the City of Johannesburg metropolitan municipality, Gauteng province***.

I am a Social Work Master's student from the University of Venda, I have intentions to research on Exploring the effects of occupational related stress on employees' mental health in the City of Johannesburg metropolitan municipality, Gauteng province. Throughout my study, Dr. T Sekgobela will be my supervisor& Mrs L Sibisi will be my co-supervisor. The relevant information below will be gathered to make an informed decision.

1. PURPOSE OF THE STUDY

The study aims to explore the effects of occupational related stress on employees' mental health.

2. PROCEDURE

Should you agree to participate in this study the following measures will be followed:

- A suitable place and time for interviews will be discussed with you. It is most likely to be in your respective workstation/ boardroom confidentiality will be possible.
- Researcher will explain the study in simple terms before handing over the consent form
- The interview will be recorded. Permission to record the interview will be asked from participants.
- The interview will last for approximately 30 to 45 minutes, it will require just one session with you within occupational premises.
- The interview will be recorded on a smartphone recorder app. Afterwards, the data will be transcribed, and you will be given the transcription to confirm its accuracy. The information collected will be exclusively used for this study and will not be used for any other purpose without your consent. Your participation is entirely voluntary, and you are free to withdraw from the study at any time

3. CONFIDENTIALITY

Interviews will be held with each participant in their respective workstations/boardroom to avoid interruptions. Each participant will be given a number or Pseudonym and ensure that no personal details does not appear in the final report /data analysis to maintain confidentiality. The researcher will maintain anonymity during the research process by using pseudonyms.

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Participants will be informed of the extent of confidentiality that would apply regarding their identity. Information provided will remain confidential such that the identity of participants will be reported anonymously for security reasons. Researcher will store real names for internal reference, keep them in a password-protected file separate from the study data. Researcher will Store physical documents in locked cabinets and digital data in encrypted databases or cloud systems with restricted access.

4. INFORMED CONSENT

Researcher will use accessible language to ensure participants fully understand the details. Researcher will encourage participants to ask about any concerns before signing. Researcher will ensure that they sign written consent form and remained with the copy**.** For this study, relevant information will be provided by the researcher by means of an interview with you as the interviewee regarding period of participation, procedures to be followed, confidentiality, voluntary participation and withdrawal from the study.

5. VOLUNTARY PARTICIPATION

Orally, on record, &written permission will be obtained from the participants where it will be made clear that participation in the study is voluntary. Participants will be informed that they are allowed to withdraw at any stage without penalty and their decisions will be respected.

6. PARTICIPATION IN THIS RESEARCH IS VOLUNTARY

You are at liberty to decline to be part this study, or to withdraw at any point even after you have given sociological consent to partake, without any negative consequences. Should you be eager to participate you are requested to sign below:

Participant Oath

I, **----------**hereby confirm my voluntary participation in the research study titled **[*Exploring the effects of occupational related stress on employees' mental health in the City of Johannesburg metropolitan municipality, Gauteng province*]**. By signing this oath, I acknowledge and agree to the following:

I am joining this study of my own free will and may withdraw at any time without consequences. I will provide truthful and accurate information to the best of my ability. I understand that my data will be protected and used solely for research purposes. I will comply

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with study guidelines and refrain from actions that may compromise the research process. I will respect the confidentiality of fellow participants and study proceedings.

By signing below, I affirm my understanding and acceptance of these terms.

Participant's full name----------Signature----------date

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CONFLICT OF INTEREST FORM

Conflict of interest is when an individual's private or personal interests and professional obligations are divergent to such an extent that an independent observer may have doubt as to whether or not the individual's professional actions are influenced by personal considerations, financial or otherwise

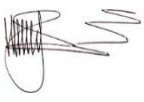
I, Ronewa **Netshitanzwani**…… (Staff/student number: **14002888**……) would like to disclose the following conflict of interests: ***Indicate YES or NO and state the nature of the conflict and explain how it will affect the integrity of the research.***

There is a conflict of interest due to either myself or a close family member benefiting in terms of:	**YES**	**NO**
Funds or research sponsorship		x
Use of UNIVEN facilities		x
Purchasing of major equipment by the University for this project		x
Delay of dissemination of the results resulting in benefit		X
Discounts or concessions		X
Employment		X
Other		X

Ronewa Netshitanzwani **23 April 2025**

…… ……..

Principal Investigator/Researcher Date



14.05.2025

HOD Da

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CONFLICT OF INTEREST FORM

Conflictofinterestiswhenanindividual'sprivateorpersonalinterestsandprofessionalobligation saredivergentto suchanextentthatanindependentobservermayhavedoubtastowhetherornottheindividual'sprof essional actionsare influenced bypersonal considerations, financialorotherwise

I, Ronewa **Netshitanzwani**…… (Staff/student number: **14002888**……) would like to disclose the following conflict of interests: ***Indicate YES or NO and state the nature of the conflict and explain how it will affect the integrity of the research.***

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Delay of dissemination of the results resulting in benefit		X
Discounts or concessions		X
Employment		X
Other		X

Ronewa Netshitanzwani **23 April 2025**

…… ……..

Principal Investigator/Researcher Date



14.05.2025

HOD Date

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RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

Appendix B

LETTER OF INFORMATION

Title of the Research Study: Exploring the effects of occupational related stress on employees' mental health in the City of Johannesburg metropolitan municipality, Gauteng province.

Principal Investigator/s/ researcher: Ronewa Netshitanzwani

Co-Investigator/s/supervisor/s: Dr T Sekgobela and Mrs L Sibisi

I am a Social Work Master's student from the University of Venda, I have intentions to research on the Exploring the effects of occupational related stress on employees' mental health in the City of Johannesburg metropolitan municipality, Gauteng province. Throughout my study, Dr. T Sekgobela will be my supervisor& Mrs L Sibisi is will be my co-supervisor. The relevant information below will be gathered to make an informed decision.

Brief Introduction and Purpose of the Study:

The study aims to explore the effects of occupational related stress on employees' mental health.

The idea for the study to is to create additional contributions to the present knowledge. The findings of the study will contribute to the employers and employees that mental health is not only caused by personal problems but occupational stress with occupational obligations. The study will assist in the development of policies to address occupational-related stresses. The development of policies will include the improvement of occupational-related policies, which will prevent and manage employee wellness services and psychosocial support services and enhance employee wellbeing. It will further enhance and improve employee well-being. Furthermore, it will mainstream challenges experienced by employees and bring awareness within the workplace that leads to occupational stress. The study will also examine the coping mechanism of employees experiencing stress and the intervention strategies. It will play a

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fundamental role in the prevention and elimination of effects of occupational stress that led to mental health problems.

Outline of the Procedures:

Should you agree to participate in this study the following measures will be followed:

- A suitable place and time for interviews will be discussed with you. It is most likely to be in your respective workstation/ boardroom confidentiality will be possible.
- Researcher will explain the study in simple terms before handing over the consent form
- The interview will be recorded. Permission to record the interview will be asked from participants.
- The interview will last for approximately 30 minutes to an hour. It will require just one session with you within Afrocentric premises.
- The interview will be recorded on a smartphone recorder app. Afterwards, the data will be transcribed, and you will be given the transcription to confirm its accuracy. The information collected will be exclusively used for this study and will not be used for any other purpose without your consent. Your participation is entirely voluntary, and you are free to withdraw from the study at any time.

Risks or Discomforts to the Participant:

Should the conversation delve into sensitive and personal topics that cause discomfort, it is important to remember that you are under no obligation to answer any questions you would rather not address, and that's entirely acceptable. Furthermore, you are not required to justify your decision to refrain from responding to

Benefits: Participation in the study may provide benefits to you and other employees and future employees to come, as information collected will help the employers to establish policy that will fairly address the occupational related stress that employees faced on daily basis within their work obligation.

Remuneration: Participants will not receive any kind of reimbursement for participating in this study.

Costs of the Study: Participants are not required to pay any fee to take part in the study.

Confidentiality: Interviews will be held with each participant in their respective workstations/boardroom to avoid interruptions. Each participant will be given a number or fake

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name and ensure that no personal details do not appear in the final report /data analysis to maintain confidentiality. The researcher will maintain anonymity during the research process by using pseudonyms. Participants will be informed of the extent of confidentiality that would apply regarding their identity. Information provided will remain confidential such that the identity of participants will be reported anonymously for security reasons. Researcher will store real names for internal reference, keep them in a password-protected file separate from the study data. Researcher will Store physical documents in locked cabinets and digital data in encrypted databases or cloud systems with restricted access.

Research-related Injury: There are no anticipated injuries associated with this project.

Informed consent: Researcher will use accessible language to ensure participants fully understand the details. Researcher will encourage participants to ask about any concerns before signing. Researcher will ensure that they sign written consent form and remained with the copy. For this study, relevant information will be provided by the researcher by means of an interview with you as the interviewee regarding period of participation, procedures to be followed, confidentiality, voluntary participation and withdrawal from the study**.**

Reason/s because the Participant May Be Withdrawn from the Study:

Participation in this study is entirely voluntary, and you have the right to withdraw at any point. Choosing not to participate will not lead to any harm.

Voluntary participation: Orally, on record, &written permission will be obtained from the participants where it will be made clear that participation in the study is voluntary. Participants will be informed that they are allowed to withdraw at any stage without penalty and their decisions will be respected**.**

Persons to Contact in the Event of Any Problems or Queries:

Researcher: Ronewa Netshitanzwani (084 059 7775), supervisor Dr T Sekgobela (0785108243) and Co- Supervisor Mrs L Sibisi (062 989 8712) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director Research and Innovation, Prof: Prof Makhubele

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter

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should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, (Ronewa Netshitanzwani), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number:
- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

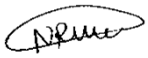
Full Name of Participant Date Time Signature

I, …….. …… ……..…… ……..

(*Name of researcher*) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Ronewa Netshitanzwani **23/04/2025**



…… Date**……** Signature**……**

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ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms R Netshitanzwani

STUDENT NO:
14002888

PROJECT TITLE: Exploring the effects of occupational-related stress on employees' mental health in the city of Johannesburg, metropolitan municipality, Gauteng province.

ETHICAL CLEARANCE NO: FHSSE/25/SW/07/2108

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr. T Sekgobela	UNIVEN, Social Work	Supervisor
Ms L Mafela	UNIVEN, Social Work	Co-Supervisor
Ms R Netshitanzwani	UNIVEN, Social Work	Investigator -Student

Type: Master's Research
Risk: *minimal risk to humans, animals, or environment (Category 2)*
Approval Period: **August 2025 – August 2026**

The Research Ethics Social Science Committee (RESSC) hereby approves your project as indicated above.

General Conditions
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
  - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project,
  - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepeesented.
  - The required annual report and reporting of adverse events was not done timely and accurately,
  - New institutional rules, national legislation or international conventions deem it necessary.

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2025

Name of the RESSC Chairperson of the Committee. Prof M. Mwale-Manjoro

Signature.....

University of Venda
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22 FEBRUARY 2026

To whom it may concern

This certificate has been awarded to **Netshitanzwani R**, student no. **14002888**, as proof of language editing services for the research project. The title of the study is: **Exploring the effects of occupational-related stress on employees' mental health in the City of Johannesburg Metropolitan Municipality, Gauteng province.**

Kind regards,



Ms. H Mulaudzi

0762057858

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