

Relationship Between Workplace Stress, Job Satisfaction, and Mental Well-Being Among Working Professionals

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Abstract: *Workplace conditions may be associated with employees' job satisfaction and mental well-being. This cross-sectional study examined associations between six workplace domains, job satisfaction, and positive mental well-being among 60 working professionals eligible for participation based on an age range of 26–60 years, recruited through non-probability convenience sampling. The observed age range in the final sample was 26–56 years. Data were collected using the 35-item Health and Safety Executive Management Standards Indicator Tool (HSE-MSIT), the 36-item Job Satisfaction Survey (JSS), and the five-item World Health Organization-Five Well-Being Index (WHO-5). HSE-MSIT domain scores were oriented so that higher scores represented more favourable perceived workplace conditions. Pearson correlations were examined with Holm adjustment across 12 domain–outcome tests. All six domains were positively associated with job satisfaction and WHO-5 percentage scores after adjustment. Support showed the strongest correlation with job satisfaction ($r = .783$), while Demands showed the strongest correlation with WHO-5 scores ($r = .617$). In simultaneous regression models, the six domains explained 71.2% of the variance in job satisfaction and 47.1% of the variance in WHO-5 scores. Control and Support showed significant unique associations with job satisfaction; Demands and Support showed significant unique associations with WHO-5 scores. These cross-sectional findings indicate associations rather than causal effects. The results should be interpreted in view of the convenience sample, self-report measures, and modest sample size.*

Keywords: workplace stress; workplace conditions; job satisfaction; positive mental well-being; working professionals

1. Introduction

Work is an important context for adult functioning, providing income, social contact, structure, and opportunities for achievement. However, workplace conditions may also expose employees to psychological demands that are associated with job attitudes and well-being. Occupational stress frameworks emphasize the relationship between job demands and the resources available to workers, including control and social support (Bakker & Demerouti, 2007; Karasek, 1979).

The Health and Safety Executive (HSE) Management Standards framework identifies six areas relevant to the management of work-related stress: Demands, Control, Support, Relationships, Role, and Change. The Indicator Tool provides an indication of workers' perceptions of these workplace conditions. It is not a clinical measure of individual stress, and its domain scores should be interpreted in relation to the working environment (Health and Safety Executive [HSE], n.d.).

Job satisfaction refers to employees' evaluations of their jobs and job-related experiences. Spector's 36-item Job Satisfaction Survey (JSS) assesses nine facets of job satisfaction and provides a total score when items are scored according to the instrument key (Spector, 1985). Positive mental well-being is a distinct outcome. The World Health Organization-Five Well-Being Index (WHO-5) assesses positive well-being over the preceding two weeks and can be transformed to a 0–100 percentage score (Topp et al., 2015).

Although workplace conditions, job satisfaction, and positive mental well-being have each been examined in

occupational research, their relationships may differ across samples and measurement approaches. A domain-level analysis can help clarify which perceived workplace conditions are most closely associated with job satisfaction and well-being within a particular sample. The present study therefore examined the associations between the six HSE-MSIT domains, job satisfaction, and positive mental well-being among working professionals. It also assessed the unique statistical associations of the six domains with each outcome when considered together. In keeping with the cross-sectional design, the findings are interpreted as associations and statistical prediction, not evidence of causation.

2. Method

2.1 Research design and participants

A quantitative, non-experimental, cross-sectional correlational design was used. The final analytic sample comprised 60 currently employed participants who were eligible for participation based on the age criterion of 26–60 years, provided consent, and met the study eligibility criteria. The observed age range of the final sample was 26–56 years. Participants were recruited through non-probability convenience sampling. Of 71 submitted responses, two respondents did not consent and nine reported that they were not currently employed, leaving 60 eligible records for analysis.

2.2 Measures

Sociodemographic questionnaire. Participants reported age, gender, educational qualification, marital status, occupation,

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employment type, work experience, and usual weekly working hours.

Health and Safety Executive Management Standards Indicator Tool (HSE-MSIT). The 35-item tool assesses six workplace domains: Demands, Control, Support, Relationships, Role, and Change. Item scoring was oriented so that higher domain scores indicated more favourable perceived workplace conditions. Domain means were calculated on the 1–5 response metric. The six domain scores were used as the primary workplace-condition indicators; an overall composite was not treated as an official HSE total score.

Job Satisfaction Survey (JSS). The 36-item JSS assesses nine facets of job satisfaction using six response options. The scoring key was checked against the wording and order of the administered questionnaire because two items appeared in a different order from the standard sequence. Negatively worded items were reverse-scored so that higher scores consistently represented greater satisfaction. Possible total scores range from 36 to 216 (Spector, 1985). In this sample, the corrected total score had a mean of 134.82 (SD = 26.24; observed range = 70–200; Cronbach's $\alpha = .923$).

World Health Organization-Five Well-Being Index (WHO-5). The five items were scored from 0 to 5 and summed to a raw score from 0 to 25. The raw score was multiplied by four to produce a percentage score from 0 to 100, with higher scores indicating greater positive well-being (Topp et al., 2015). Internal consistency in this sample was Cronbach's $\alpha = .881$.

2.3 Procedure and ethical considerations

Data were collected through Google Forms. Participants received study information and provided electronic informed consent before completing the questionnaire. Responses were screened for consent, current employment, age eligibility, and completeness. No missing responses were identified in the scored assessment items for the 60 included records. The approved project documentation records that institutional ethics approval was obtained before data collection.

2.4 Statistical analysis

Descriptive statistics summarised participant characteristics and study variables. Pearson product-moment correlations examined the associations between each of the six HSE-MSIT domains and each outcome. Holm adjustment was applied across the 12 domain–outcome correlation tests to control the family-wise error rate. Separate simultaneous multiple linear regression models entered the six HSE-MSIT domains together to predict JSS total score and WHO-5 percentage score. Internal consistency was estimated using Cronbach's alpha for the JSS and WHO-5. Statistical significance was evaluated at $p < .05$. Given the cross-sectional design, findings were interpreted as associations rather than causal effects.

3. Results

3.1 Participant characteristics

Table 1: Participant demographic and employment characteristics (N = 60)

Characteristic	Category / statistic	n (%) or value
Age	Mean (SD)	36.40 (9.94)
Age	Observed range	26–56 years
Gender	Male	33 (55.0%)
Gender	Female	27 (45.0%)
Marital status	Married	39 (65.0%)
Marital status	Single / unmarried	21 (35.0%)
Education	Higher secondary	1 (1.7%)
Education	Diploma	1 (1.7%)
Education	Undergraduate degree	26 (43.3%)
Education	Postgraduate degree	25 (41.7%)
Education	Doctoral degree	4 (6.7%)
Education	Other	3 (5.0%)
Employment type	Full-time	48 (80.0%)
Employment type	Contract / temporary	10 (16.7%)
Employment type	Part-time	2 (3.3%)

3.2 Descriptive statistics for study variables

Role had the highest mean score among the six HSE-MSIT domains, followed by Relationships. Demands had the lowest mean score, followed by Change. These are descriptive comparisons within this sample only; they do not establish whether any domain meets an external standard or is adequate in absolute terms.

Table 2: Descriptive statistics for study variables (N = 60)

Variable	Mean	SD	Observed range
HSE-MSIT Demands	3.081	0.753	1.375–5.000
HSE-MSIT Control	3.314	0.719	1.333–4.833
HSE-MSIT Support	3.409	0.723	1.889–4.889
HSE-MSIT Relationships	3.775	0.650	2.000–5.000
HSE-MSIT Role	4.187	0.654	2.600–5.000
HSE-MSIT Change	3.194	0.755	1.667–5.000
JSS total score	134.82	26.24	70–200
WHO-5 percentage score	53.47	21.22	0–88

Note. Higher HSE-MSIT domain scores indicate more favourable perceived workplace conditions. WHO-5 percentage scores are calculated as raw scores multiplied by four.

3.3 Correlation analysis

All six HSE-MSIT domains were positively associated with job satisfaction, and all six associations remained statistically significant after Holm adjustment. Support showed the strongest observed correlation with job satisfaction ($r = .783$), followed by Control ($r = .765$). Role showed the smallest observed correlation ($r = .551$), although it remained positive and statistically significant. The relative sizes of these coefficients describe the pattern in this sample and do not establish that the correlations differ significantly from one another.

Table 3: Correlations between HSE-MSIT domains and job satisfaction

HSE-MSIT domain	JSS: Pearson r	Holm-adjusted p
Demands	.641	< .001
Control	.765	< .001
Support	.783	< .001
Relationships	.560	< .001
Role	.551	< .001
Change	.648	< .001

All six HSE-MSIT domains were positively associated with WHO-5 percentage scores, and all six associations remained statistically significant after Holm adjustment. Demands showed the strongest observed correlation with WHO-5 ($r = .617$), followed by Support ($r = .594$) and Control ($r = .566$). Role showed the smallest observed correlation ($r = .336$; Holm-adjusted $p = .009$). These coefficients describe associations in this sample and should not be interpreted as evidence that workplace conditions caused differences in well-being.

Table 4: Correlations between HSE-MSIT domains and WHO-5 percentage scores

HSE-MSIT domain	WHO-5: Pearson r	Holm-adjusted p
Demands	.617	< .001
Control	.566	< .001
Support	.594	< .001
Relationships	.455	< .001
Role	.336	.009
Change	.369	.008

Table 5: Simultaneous multiple regression model for job satisfaction (JSS total, $N = 60$)

Predictor	B	SE	t	p	95% CI for B
Constant	9.095	14.180	0.641	.524	-19.346 to 37.537
Demands	4.133	3.837	1.077	.286	-3.562 to 11.828
Control	10.417	4.729	2.203	.032	0.932 to 19.903
Support	12.483	4.989	2.502	.015	2.476 to 22.490
Relationships	3.088	4.038	0.765	.448	-5.012 to 11.187
Role	3.417	3.727	0.917	.363	-4.059 to 10.893
Change	3.112	4.000	0.778	.440	-4.910 to 11.135

Model fit: $R^2 = .712$, adjusted $R^2 = .679$, $F(6, 53) = 21.795$, $p < .001$.

Table 6: Simultaneous multiple regression model for positive mental well-being (WHO-5 percentage, $N = 60$)

Predictor	B	SE	t	p	95% CI for B
Constant	-13.917	15.521	-0.897	.374	-45.048 to 17.215
Demands	9.516	4.199	2.266	.028	1.093 to 17.939
Control	5.173	5.177	0.999	.322	-5.211 to 15.556
Support	11.345	5.461	2.077	.043	0.391 to 22.298
Relationships	0.572	4.420	0.129	.897	-8.293 to 9.438
Role	-1.209	4.080	-0.296	.768	-9.392 to 6.974
Change	-4.650	4.378	-1.062	.293	-13.431 to 4.131

Model fit: $R^2 = .471$, adjusted $R^2 = .412$, $F(6, 53) = 7.878$, $p < .001$.

3.4 Multiple regression analysis

The six HSE-MSIT domains jointly explained 71.2% of the variance in JSS total scores ($R^2 = .712$, adjusted $R^2 = .679$, $F(6, 53) = 21.795$, $p < .001$). Control ($B = 10.417$, $p = .032$) and Support ($B = 12.483$, $p = .015$) showed statistically significant unique associations with job satisfaction after adjustment for the other domains. Demands, Relationships,

Role, and Change were not statistically significant unique correlates in this model.

The six HSE-MSIT domains jointly explained 47.1% of the variance in WHO-5 percentage scores ($R^2 = .471$, adjusted $R^2 = .412$, $F(6, 53) = 7.878$, $p < .001$). Demands ($B = 9.516$, $p = .028$) and Support ($B = 11.345$, $p = .043$) showed statistically significant unique associations with WHO-5 scores. Control, Relationships, Role, and Change were not statistically significant unique correlates in this model. Because higher HSE-MSIT scores represented more favourable workplace conditions, the positive coefficients indicate that more favourable ratings in Demands and Support were associated with higher positive well-being scores after adjustment for the other domains.

4. Discussion

The results indicated that more favourable ratings across the six workplace domains were associated with greater job satisfaction and positive mental well-being among the participants. Role had the highest domain mean, whereas Demands had the lowest. These descriptive differences provide a profile of the sample but do not indicate whether any domain meets an external benchmark or whether the differences between domain means are statistically significant.

Support showed the strongest bivariate association with job satisfaction, followed by Control. This pattern is compatible with occupational frameworks that emphasise workplace resources, social support, and decision latitude (Bakker & Demerouti, 2007; Karasek, 1979). The positive correlations indicate that participants who reported more favourable workplace conditions also tended to report greater job satisfaction. However, the cross-sectional design cannot establish temporal order or determine whether workplace conditions influence satisfaction, satisfaction influences perceptions of the workplace, or other factors contribute to both.

Demands showed the strongest bivariate association with WHO-5 scores, while Demands and Support retained statistically significant unique associations in the simultaneous regression model. The scoring direction is essential to interpretation: higher HSE-MSIT domain scores represented more favourable perceived workplace conditions, not greater stress. The positive regression coefficients therefore indicate that more favourable ratings in Demands and Support were associated with higher WHO-5 scores after accounting for the other domains. The non-significant coefficients for the remaining domains do not establish that those conditions are unimportant; overlapping predictors and the modest sample size may affect estimates of their unique associations.

Taken together, the findings are broadly compatible with occupational stress frameworks that consider the relationship between work demands and available resources. Nevertheless, the present study did not test a causal mechanism, assess clinical stress diagnoses, or evaluate a workplace intervention. The findings should be interpreted as sample-specific associations. The domain-level approach

is preferable to presenting the researcher-derived overall composite as an official HSE total score; the combined Support domain should also be interpreted in line with the scoring approach used in this study.

5. Limitations

Several limitations should be considered. First, the cross-sectional design does not establish temporal order or causality. Second, non-probability convenience sampling and a sample of 60 participants limit generalisability. Third, all measures were self-reported and may be affected by response tendencies and common-method variance. Fourth, the sample was not designed to support robust subgroup comparisons. Fifth, unusually high weekly working-hour reports occurred in some records; these values were not independently verified and were not used as substantive findings. Sixth, the HSE-MSIT assesses perceived workplace conditions and is not a clinical diagnostic measure. Finally, Support was analysed as a combined domain in the current scoring approach; future research could examine manager and peer support separately if supported by the instrument version and prespecified scoring plan.

6. Conclusion

Among the 60 working professionals in this sample, more favourable perceived workplace conditions were associated with greater job satisfaction and positive mental well-being. Support showed the strongest observed bivariate association with job satisfaction, whereas Demands showed the strongest observed bivariate association with WHO-5 scores. The six domains jointly explained 71.2% of the observed variance in job satisfaction and 47.1% of the observed variance in WHO-5 scores. Control and Support showed significant unique associations with job satisfaction; Demands and Support showed significant unique associations with positive mental well-being. These results are correlational, sample-specific, and not evidence of causal effects. Further research using larger and more diverse samples, transparent scoring procedures, and longitudinal designs is warranted.

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