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Workplace Stressors and their Impact on Mental Health: Strategies for promoting well-being among Non-teaching in Higher Education

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ABSTRACT

This study examines workplace stressors and mental health among non-teaching personnel in a higher education institution in Marikina, Philippines. It addresses a gap in research by focusing on administrative and support staff, whose roles are critical to institutional operations but often overlooked in mental health studies. The study aims to describe the prevalence of workplace stressors and assess organizational interventions that support employee well-being. A descriptive research design was used, employing census sampling of 91 permanent non-teaching personnel. Data were collected through a validated survey instrument based on World Health Organization frameworks. Descriptive statistics, including weighted mean and standard deviation, were used to analyze workplace stressors, mental health indicators, and perceived organizational interventions. Findings reveal that non-teaching personnel experience moderate to high levels of workplace stress, primarily driven by heavy workload, role demands, and limited career development opportunities. Mental health symptoms were present at a neutral level, suggesting early-stage or manageable stress conditions. Despite this, respondents strongly supported institutional interventions, particularly leadership training, mental health policies, and wellness programs. The study concludes that workplace stress among non-teaching staff is largely systemic. It highlights the need for organizational strategies that address structural stressors and promote sustainable mental health practices. The findings provide a basis for developing targeted institutional policies and interventions to improve employee well-being and organizational effectiveness.

Keywords:
Workplace Stressors; Non-Teaching Personnel; Mental Health; Organizational Interventions; Higher Education; Employee Well-Being

RESUMO

Este estudo examina os fatores de estresse no trabalho e a saúde mental de funcionários não docentes em uma instituição de ensino superior em Marikina, Filipinas. Ele aborda uma lacuna na pesquisa ao focar em funcionários administrativos e de apoio, cujas funções são essenciais para as operações institucionais, mas frequentemente negligenciadas em estudos sobre saúde mental. O estudo tem como objetivo descrever a prevalência dos fatores de estresse no ambiente de trabalho e avaliar intervenções organizacionais que apoiam o bem-estar dos funcionários. Foi utilizado um delineamento de pesquisa descritivo, com amostragem censitária de 91 funcionários não docentes permanentes. Os dados foram coletados por meio de um instrumento de pesquisa validado, baseado em diretrizes da Organização Mundial da Saúde. Estatísticas descritivas, incluindo média ponderada e desvio padrão, foram utilizadas para analisar os fatores de estresse no trabalho, indicadores de saúde mental e intervenções organizacionais percebidas. Os resultados revelam que os funcionários não docentes apresentam níveis moderados a elevados de estresse no trabalho, impulsionados principalmente por carga de trabalho excessiva, demandas de função e oportunidades limitadas de desenvolvimento de carreira. Os sintomas de saúde mental foram observados em nível neutro, sugerindo condições de estresse em estágio inicial ou ainda gerenciáveis. Apesar disso, os participantes demonstraram forte apoio a intervenções institucionais, especialmente treinamento de liderança, políticas de saúde mental e programas de bem-estar. O estudo conclui que o estresse no trabalho entre funcionários não docentes é, em grande parte, de natureza sistêmica. Destaca-se a necessidade de estratégias organizacionais que abordem fatores estruturais de estresse e promovam práticas sustentáveis de saúde mental. Os achados fornecem base para o desenvolvimento de políticas institucionais e intervenções direcionadas que visem melhorar o bem-estar dos funcionários e a eficácia organizacional.

Keywords:
Fatores Estressores no Trabalho; Pessoal Não Docente; Saúde Mental; Intervenções Organizacionais; Ensino Superior; Bem-Estar dos Funcionários

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Introduction

Work gives meaning to a human person's existence, as it is how we contribute to society by being productive members of it. Working is rewarding since humans can see their purpose, progress, and social connection through work. Although work is deeply rewarding it can also be a source of stress in someone's life, and worse if not handled appropriately can lead to a serious toll on both mental and physical health. Among other professions, they say teaching is one of the most stressful jobs since it is naturally demanding. Teaching is a noble profession, since it builds the young to become productive, humane, and responsible citizens. Teachers are the producers of other professions which is why we cannot take for granted these people who chose this career. Unfortunately, others leave this profession because of overwhelming responsibilities.

In higher education institutions, non-teaching personnel carry diverse responsibilities that sustain daily operations and institutional functions. Their roles include administrative processing, records management, student services, technical support, and compliance-related tasks (Pandit, 2025). These responsibilities often extend beyond standard working hours, especially during peak periods such as enrollment, reporting cycles, and accreditation requirements. Unlike faculty, non-teaching staff operate within structured systems where efficiency, accuracy, and responsiveness are continuously expected (Suminguit et al., 2025). They frequently manage multiple tasks simultaneously while addressing the needs of various stakeholders, including students, faculty, and administrators.

The pressure to meet institutional deadlines and maintain service quality contributes to increasing workplace demands, making stress a persistent concern within this group. Despite their critical role in institutional effectiveness, the mental health experiences of non-teaching personnel receive limited attention in research and policy discussions. Reports of workplace strain across educational settings highlight the need to examine how organizational demands affect this workforce. This underscores the importance of addressing workplace stress among non-teaching staff and developing institutional strategies that support their well-being. Mental health is a critical component of overall well-being, influencing how individuals think, feel, and respond to workplace demands (Ong et al., 2019).

Stress is a complex, transactional process that reflects an individual's response to environmental or psychological demands perceived as taxing or exceeding available coping resources (Lazarus & Folkman, 1984). In this context, stress does not originate solely from the demands of the job, but from how non-teaching personnel appraise and respond to these demands. It involves psychological, physiological, and behavioral reactions to work-related pressures that challenge their capacity to cope. Within higher education institutions, non-teaching personnel often experience stress due to imbalances between job demands—such as administrative workload, organizational procedures, service expectations, and institutional pressures—and the resources available to them, including autonomy, support systems, and

skills (Karasek, 1979). These conditions position stress as an inherent aspect of their work environment, which may manifest as either positive (eustress) or negative (distress) outcomes depending on how these demands are managed (Mohammad et al., 2025).

The World Health Organization also recognizes the role of employers to provide a healthy work environment for employees. They reported that 15% of working age adults were estimated to have a mental health condition in 2019. This huge number can directly hamper their productivity and most importantly their instructional effectiveness that might affect their dealings with the students. This number also makes mental health in the workplace an interesting subject of research. The World Health Organization defined Mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community," which is a fundamental human right and a core component of overall health (WHO, 2025). For the administrators in the higher education institution, this state of well-being among faculty members being protected and provided by the academic institution is mandatory since faculty members' efficiency is dependent on their well-being. It is important to note that the mental health of faculty members should not be compromised, since their ability to provide quality instruction, conduct rigorous research, and provide meaningful mentorship—the very pillars of the academic profession–will be diminished (Chirico et. al., 2021).

Addressing the mental health of non-teaching personnel is not only a matter of individual well-being but also an institutional responsibility and workforce right. The World Health Organization states that work should function as a protective factor for mental health; however, poor working conditions can contribute to psychological harm. Globally, an estimated 12 billion working days are lost each year due to depression and anxiety, resulting in approximately $1 trillion in productivity losses (WHO, 2022).

In higher education institutions, failure to support non-teaching personnel can lead to operational inefficiencies such as reduced service quality, delays in administrative processes, increased staff turnover, and weakened institutional support systems. Since non-teaching staff are directly involved in student services, records management, and institutional coordination, their well-being affects the overall functionality of the academic environment. When they experience high levels of stress or burnout, service delivery becomes inconsistent, which can indirectly affect student satisfaction and institutional performance.

Maintaining the mental well-being of non-teaching personnel supports organizational stability and service effectiveness. This study examines the relationship between workplace stressors and the mental health and well-being of non-teaching staff in higher education institutions in Marikina. It also evaluates existing institutional mechanisms that support mental health and proposes research-based recommendations to improve working conditions and promote a supportive and sustainable work environment.

This study investigates workplace stressors experienced by non-teaching personnel at a higher education institution in Marikina, Philippines, focusing on the prevalence and nature of work-related pressures and their relationship with mental health outcomes. It also examines the extent to which organizational factors contribute to psychological well-being and identifies institutional interventions considered necessary to support employee wellness. The study aims to determine whether organizational strategies effectively address workplace stress and promote sustainable mental health practices among non-teaching staff. Specifically: To describe the prevalence and level of workplace stressors experienced by non-teaching personnel at a higher education institution in Marikina, Philippines; To assess the organizational interventions perceived as necessary to enhance employee well-being and support workplace mental health among non-teaching personnel.

Methodology

Research Approach

This study utilized a descriptive research design. It is primarily descriptive, aiming to determine the prevalence and types of workplace stressors experienced by non-teaching personnel in a higher education institution located in Marikina. Furthermore, the study investigates the levels of mental health and well-being outcomes related to exposure to these stressors. This approach is suitable for describing existing conditions and exploring the co-variation of variables without altering the work environment.

Sampling

In this study, a census sampling method was employed. The target population included all permanent non-teaching staff working at the chosen higher education institution in Marikina, such as administrative, clerical, and technical personnel (n=91). Every eligible individual was invited to take part in the research. Participants had the choice to complete the survey either online through Google Forms or with paper-and-pen questionnaires, depending on their convenience and accessibility. The final sample consisted of all permanent non-teaching employees who voluntarily filled out and submitted the survey.

Instrument Development and Validation

The main data collection tool was a self-administered, structured survey questionnaire, developed using frameworks and indicators from the World Health Organization guidelines on workplace mental health. This instrument was created to evaluate the prevalence of workplace stressors and their effects on the mental health and well-being of non-teaching staff.

The study adhered to established procedures to ensure the validity and reliability of the instrument used in the research (Raden Ismail et al., 2023) For validity, the initial pool of questionnaire items was reviewed by a panel composed of administrators, a statistician, and a

research director. Their feedback guided revisions related to item clarity, domain alignment, and construct representation. A pilot test involving 30 non-teaching personnel, who were excluded from the main sample, was conducted to assess the instrument's reliability. Minor modifications in item phrasing and structure were applied based on pilot data analysis to enhance interpretability and response accuracy.

The questionnaire was composed of four major sections, each corresponding to a specific objective:

Section 1: Demographic and Work-Related Profile.

This section gathered key categorical information, including age, gender, length of service, employment type, and office location. These variables were utilized for descriptive analysis and possible subgroup comparisons.

Section 2: Workplace Stressors.

This section assessed the frequency and perceived intensity of exposure to various workplace stressors, such as workload demands, role ambiguity, interpersonal relationships, and organizational support. Participants rated their responses on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree.

Section 3: Mental Health and Well-Being Indicators.

This section evaluated the presence of mental health symptoms related to workplace stress, including emotional exhaustion, anxiety, concentration difficulties, and decreased motivation. A frequency scale was used to measure how often respondents encountered each of these symptoms.

Section 4: Organizational Intervention Strategies.

This section collected quantitative feedback regarding potential organizational interventions designed to reduce workplace stress and enhance well-being, such as workload modifications, wellness initiatives, and institutional support systems.

Data Collectiona and Analysis

Data were gathered through a structured survey administered to regular non-teaching personnel at a higher education institution in Marikina, Philippines. The validated questionnaire was distributed through face-to-face administration, allowing respondents to complete the instrument in person under the guidance of the researcher. This approach ensured clarity of instructions, provided opportunities for immediate clarification of queries, and facilitated accurate and complete data collection while maintaining confidentiality and voluntary participation.Respondents were provided with clear instructions on how to accomplish the questionnaire and were given a one-week period to complete their responses. Follow-up reminders were issued at regular intervals to encourage participation and ensure a sufficient response rate. Upon the conclusion of the collection period, survey responses were

automatically compiled and exported to Microsoft Excel, which was used for data cleaning, organization, and analysis. Only completed responses were retained for analysis.

Descriptive statistics, such as the Weighted Mean ($\bar{x}$), were employed to determine the average level of agreement and prevalence of workplace stressors among permanent non-teaching personnel. These measures were also used to assess the impact of stress on respondents' mental health and well-being, as well as the perceived importance and effectiveness of organizational interventions aimed at mitigating workplace stress. The study utilized a 5-point Likert scale with the following interpretation: 4.21–5.00 (Strongly Agree), 3.41–4.20 (Agree), 2.61–3.40 (Neutral), 1.81–2.60 (Disagree), and 1.00–1.80 (Strongly Disagree), which guided the interpretation of mean scores for each indicator. The Standard Deviation (SD) was also reported to reflect variability in responses.

To establish internal consistency, Cronbach's alpha coefficients were computed for each scale. The results indicate high reliability: $\alpha = 0.853$ for the Prevalence and Intensity of Workplace Stressors, $\alpha = 0.912$ for the Prevalence of Mental Health Symptoms Associated with Workplace Stress, and $\alpha = 0.907$ for Organizational Interventions. The overall reliability of the instrument was $\alpha = 0.869$, indicating that the instrument is acceptable and consistent for measuring the constructs under study.

Ethical Consideration

The conduct of this study was guided by the ethical principles of respect for persons, confidentiality, and voluntary participation. Before taking part, all potential respondents received a written informed consent form that clearly outlined the study's purpose, their role, the procedures involved, and the potential risks and benefits of participation. Informed consent was secured from all participants prior to administering the survey.

Participation in the study was completely voluntary, and respondents were made aware of their right to decline participation or withdraw at any time without facing any penalties or negative repercussions. To ensure participants' privacy, no personally identifiable information was gathered, and all responses were kept strictly confidential. The survey data were collected anonymously, with no responses associated with specific individuals or shared with institutional authorities or third parties.

All completed questionnaires submitted in paper format were securely stored and accessible only to the researchers. Digital data were protected with password-secured files, while physical questionnaires were kept in locked storage. In line with ethical research standards, all research data will be retained solely for this study's purposes and will be securely destroyed after publication and the completion of the research.

Result and Discussion

This section presents the results organized according to the specific objectives of the study. Data gathered through the structured questionnaire reveal the workplace stressors experienced by administrators, research specialists, and statisticians in a higher education institution in Marikina, Philippines, and their relationship with mental health outcomes and employee well-being. The following tables and analyses provide detailed insights into the prevalence of workplace stressors, reported mental health indicators, and perceived organizational interventions, offering implications for institutional practices, policy development, and the promotion of sustainable workplace mental health initiatives in higher education.

Table 1.

Prevalence and Intensity of Workplace Stressors

Indicators	*M*	*SD*	*V.I*
Heavy Workload	4.01	1.02	Agree
Work Schedule	3.47	1.09	Agree
Role in Organization (e.g. role ambiguity, role conflict, responsibility for other people)	3.86	1.00	Agree
Interpersonal Relationships and communications (e.g. Poor relationship with superiors, social or physical isolation, bullying, interpersonal conflict, harmful work behaviors)	3.59	1.09	Agree
In house seminar	3.11	1.28	Neutral
Work Environment (e.g. inadequate equipment availability, poor environmental conditions such as lack of space, excessive noise, poor lighting, and internet connection)	3.48	1.27	Agree
Career Development (e.g. career stagnation, under promotion, poor pay, job insecurity)	3.85	1.00	Agree
Unfair Treatment (discrimination, unjust disciplinary measures, favoritism)	3.60	1.24	Agree
Work and Home Interface (e.g. conflicting demands of work and home, caregiving responsibilities, low support at home)	3.46	1.06	Agree
General Weighted Average	**3.44**	**0.67**	**Agree**

The table 1 displays the weighted mean and standard deviation of perceived workplace stressors among non-teaching staff in a higher education institution. The categorical mean of 3.44 (SD = 0.67) reflects a moderate to high level of exposure to these stressors, indicating that non-teaching personnel generally recognize the presence of such stressors in their work environment.

Of the stressors identified, Heavy Workload (WM = 4.01, SD = 1.02) stood out as the primary source of stress. This outcome highlights the growing administrative responsibilities faced by non-teaching staff, which include multitasking, preparing compliance

documentation, serving multiple stakeholders, and working extended hours—challenges often reported in bureaucratic academic environments. Supporting this finding, Law et al. (2020) noted that consistently high workload is a significant predictor of psychological distress, especially in roles where individuals have limited control over task distribution.

Workload closely followed, with the Role in the Organization rated highly (WM = 3.86, SD = 1.00) and Career Development also receiving high ratings (WM = 3.85, SD = 1.00). These stressors highlight issues such as role ambiguity, role conflict, limited opportunities for promotion, and perceived career stagnation—challenges commonly faced by non-teaching staff in higher education. According to Jayman et al. (2022), unclear role expectations and restricted career advancement significantly contribute to stress and disengagement among university employees, especially those outside academic positions.

Stressors associated with Interpersonal Relationships (WM = 3.59, SD = 1.09) and Unfair Treatment (WM = 3.60, SD = 1.24) also showed moderate levels of agreement, highlighting concerns about communication barriers, favoritism, and perceived unfairness. These aspects of organizational climate are important, as negative workplace relationships have been connected to reduced psychological safety and higher emotional exhaustion (World Health Organization, 2022).

In contrast, in-house seminars (WM = 3.11, SD = 1.28) and the work–home interface (WM = 3.46, SD = 1.06) received relatively lower ratings. This suggests that, although still relevant, these factors are less universally experienced compared to stressors related to workload and organizational structure. This pattern indicates that institutional and organizational factors, rather than conflicts in personal life, are the main sources of stress among non-teaching staff.

Overall, the findings indicate that workplace stress among non-teaching personnel is systemic, stemming from factors such as job design, role clarity, and career structures rather than isolated personal issues (Banu et al., 2024). This perspective aligns with the organizational risk approach endorsed by the World Health Organization, which emphasizes tackling stressors at their source instead of relying solely on individual coping strategies.

Table 2 displays the occurrence of mental health symptoms among non-teaching staff due to Workplace Stress. The average rating of 2.62 (SD = 0.79) falls within the neutral or "sometimes" category, suggesting that although symptoms are observed, they are not yet experienced at severe or frequent intensities.

Table 2

Prevalence of Mental Health Symptoms Associated with Workplace Stress.

Indicators	*M*	*SD*	*V.I*
Anxiety (feelings of unease, nervousness)	2.77	1.05	Neutral
Depression (feelings of sadness, hopelessness, or lack of interest in daily activities.)	2.42	1.15	Disagree
Lower Resilience (reduced ability to cope with and recover from challenges, setbacks, or stressful situations)	2.36	0.90	Disagree
Burnout (mental, physical, and emotional exhaustion)	2.78	1.02	Neutral
Social Withdrawal (avoid interactions with others, whether it is colleagues, friends, or family)	2.45	1.21	Disagree
Sleep Disturbances (difficulty falling asleep or staying asleep, often due to racing thoughts or stress)	2.68	1.06	Neutral
Loss of Motivation (decrease in the desire or drive to complete tasks or engage in work related activities)	2.55	1.00	Disagree
Physical Tension (feeling of tightness or stiffness in muscles, headache)	2.70	1.15	Neutral
Irritability (easily frustrated, upset, or angry, often over small issues)	2.85	0.97	Neutral
Overeating/Under-eating (consuming food in excess or less)	2.66	1.01	Neutral
General Weighted Average	**2.62**	**0.79**	Neutral

The most frequently reported symptoms included Irritability (WM = 2.85, SD = 0.97), Burnout (WM = 2.78, SD = 1.02), and Anxiety (WM = 2.77, SD = 1.05). These symptoms are commonly linked to sustained exposure to workload pressure and emotional labor, especially in administrative roles that are service-oriented. According to Law et al. (2020), these early psychological symptoms often serve as precursors to more severe mental health issues if workplace stressors remain unaddressed.

Conversely, Lower Resilience (WM = 2.36, SD = 0.90) and depression (WM = 2.42, SD = 1.15) received the lowest ratings, implying that most respondents have not yet experienced significant psychological impairment. This could suggest the presence of personal coping mechanisms, social support networks, or informal organizational buffers that assist non-teaching staff in managing stress temporarily.

Nevertheless, the presence of moderate stressor exposure (as shown in Table 1) alongside neutral-level mental health symptoms (refer to Table 2) indicates a hidden risk. According to the WHO (2022), these patterns frequently represent a "preclinical" phase of occupational stress, during which employees may continue to perform their duties but remain susceptible to decline if organizational stressors are not addressed.

Although the mental health impact is not currently severe, the findings emphasize the need for early preventive measures to prevent escalation into burnout, absenteeism, or decreased productivity (Leclercq & Hansez, 2024)

Table 3

Organizational Interventions to Promote Mental Health and Well-Being

Indicators	*M*	*SD*	*V.I*
Manager Training for Mental Health. Its goal is to enhance supervisors' and managers' ability to safeguard and promote the mental well-being of their team members by providing them with the knowledge of when and how to offer suitable support.	4.60	0.59	Strongly Agree
Develop Mental Health Policy. Outlines the commitment of organization in promoting mental health, procedures and guidelines for reporting concerns, resources, and support	4.58	0.63	Strongly Agree
Training and seminars in Mental health literacy for workers/employees	4.42	0.92	Strongly Agree
Facilities for Leisure-based gender-neutral physical activities like aerobics, yoga, boxing.	4.34	0.97	Strongly Agree l
Monitoring and evaluation. surveys, track absenteeism and presenteeism	4.30	1.00	Strongly Agree
Wellness Initiatives. Fitness classes, healthy eating, and healthy snack options inside the campus.	4.42	1.00	Strongly Agree
General Weighted Average	**4.46**	**0.68**	**Strongly Agree**

Table 3 shows a strong agreement among non-teaching staff about the significance of organizational interventions. With a categorical mean of 4.46 (SD = 0.68), it falls into the “strongly agree” category, reflecting a solid support for mental health initiatives led by the institution.

The most highly rated intervention was Manager Training for Mental Health (WM = 4.60, SD = 0.59), highlighting the important role that supervisors play as initial responders to employee distress. This result supports the recommendations of the WHO and ILO, which identify enhancing managerial capacity as one of the most effective protective measures for workplace mental health.

Similarly, Developing a Mental Health Policy (WM = 4.58, SD = 0.63) and Promoting an Inclusive Environment (WM = 4.56, SD = 0.73) received strong support, underscoring employees’ preference for formalized, transparent, and equitable systems that institutionalize well-being instead of depend-ing on ad hoc initiatives. Jayman et al. (2022) highlighted that inclusive organizational cultures enhance psychological safety and reduce stress associated with perceived unfairness and marginalization.

Interventions including Mental Health Literacy Training, Wellness Initiatives, and Leisure-Based Physical Activities also garnered high ratings, reflecting an understanding that promoting mental health necessitates a comprehensive approach that combines education, lifestyle support, and organizational oversight.

Together, these findings indicate that non-teaching staff heavily support systemic, preventive, and leadership-focused strategies, emphasizing the importance of organizational accountability in promoting mental health (Lomotey, 2025).

Conclusion

This study offers empirical evidence indicating that non-teaching staff in higher education face structural and organizational stressors inherent to the modern academic environment. The results show that stress among non-teaching employees is mainly influenced by workload demands, role-specific pressures, and limited opportunities for career advancement, rather than by personal or family-related issues. These stressors mirror the growing complexity of administrative and service functions that non-teaching personnel undertake to maintain institutional operations.

Despite the ongoing moderate level of reported mental health symptoms, the combination of persistent stress exposure and relatively stable psychological outcomes indicates a state of functional resilience rather than a lack of risk. Non-teaching staff seem to maintain their performance despite ongoing demands, a pattern that might hide early signs of strain and increase the risk of future mental health issues if organizational conditions do not improve. This is especially important, as international research on workplace mental health highlights that subclinical stress often comes before burnout, disengagement, and decreased work performance.

The study notably highlights a clear preference for organizational solutions rather than individual coping strategies. The high regard for leadership development, inclusive institutional practices, and formal mental health governance mechanisms emphasizes the view that well-being is a shared and systemic responsibility. For non-teaching staff, whose roles are closely tied to hierarchical and procedural frameworks, the existence—or lack—of supportive organizational structures significantly influences psychological safety and resilience.

Overall, the findings highlight that non-teaching personnel should be viewed not as peripheral actors but as a vital workforce whose mental health directly impacts institutional stability, service quality, and educational effectiveness .Ensuring their well-being is thus more than just employee support; it is a strategic investment in the long-term sustainability of higher education institutions.

Recommendations

Based on the study's results, the following suggestions are put forward to enhance mental health initiatives for non-teaching staff in higher education institutions.

Redesign of Administrative Workflows

Institutions ought to conduct a thorough review of their administrative procedures to pinpoint workload bottlenecks, duplicate functions, and inefficiencies. By redesigning workflows and reallocating responsibilities, they can decrease task accumulation and help alleviate stress caused by time pressures and role overload.

Structured Career and Role Development Frameworks

A well-defined articulation of role expectations, performance metrics, and career advancement pathways should be institutionalized for non-teaching staff. Offering access to

professional development and opportunities for advancement can help reduce stress stemming from uncertainty, stagnation, and perceived unfairness.

Leadership Accountability for Workplace Well-Being

Supervisors and unit leaders must be formally trained and held responsible for creating mentally healthy workplaces. Leadership development initiatives should include mental health awareness, supportive communication skills, and early detection of potential issues as essential competencies.

Institutionalization of Mental Health Governance

Integrating a comprehensive mental health framework into institutional policies is essential. This framework should detail preventive measures, support systems, referral processes, and monitoring mechanisms. Incorporating mental health into governance structures helps ensure ongoing commitment beyond temporary initiatives.

Preventive and Inclusive Well-Being Initiatives

Regular well-being evaluations, comprehensive wellness initiatives, and opportunities for physical and social participation should be incorporated into campus life. These efforts act as preventive measures that enhance resilience and foster a sense of community among non-teaching staff.

Future Research Directions

Future studies may expand the scope of this research by including multiple higher education institutions to allow for comparative analysis across different organizational contexts. This can improve the generalizability of findings. Further research may also employ inferential or mixed-method approaches to examine deeper relationships between workplace stressors and mental health outcomes among non-teaching personnel. Qualitative data can provide insights into lived experiences that are not captured through quantitative measures.

Longitudinal studies are recommended to track changes in stress levels and mental health over time, particularly in response to implemented institutional interventions. This can help determine the long-term effectiveness of workplace policies and programs. There is also a need to explore specific subgroups of non-teaching staff based on job roles, employment status, or years of service to identify targeted intervention strategies.

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