Work-Related Stressors and Employee Well-Being: The Mediating Role of Perceived Stress

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Abstract

Workplace stress is a critical concern globally, impacting both individual wellbeing and organizational performance. Employees face increasing demands such as heavy workloads, time pressure, role ambiguity, and technological changes, which continuously elevate stress levels. Understanding which stressors most affect employee wellbeing and how they operate is essential for designing effective and sustainable interventions. This study investigates the impact of workplace stress on employee wellbeing, identifying key stressors and exploring the mediating role of perceived stress among healthcare workers in Lumbini Province, Nepal. A quantitative research design was employed using structural equation modeling (SEM) to assess relationships among job-related stressors, perceived stress, and employee wellbeing. Data were collected via structured questionnaires from 403 employees across private and government hospitals using a purposive sampling technique. The results indicate that job insecurity, excessive pressure, role conflict, and workload significantly contribute to perceived stress, which in turn negatively influences employee wellbeing. Perceived stress mediates the relationship between these stressors and wellbeing, confirming its central role in the stress-wellbeing nexus. This study provides empirical evidence that perceived stress is a key mediator linking workplace stressors to employee wellbeing, highlighting the urgent need for targeted stress management interventions in Nepalese healthcare settings. The study is limited to the medical sector and relies on self-reported data, which may introduce bias. Therefore, organizations should implement effective interventions such as stress-reduction programs, clear communication, and workload management to enhance employee wellbeing and performance.

Keywords: Employee Well-being, Job Insecurity, Perceived Stress, Role Conflict, Stress Management, Work Pressure

Introduction

Workplace stress has emerged as a critical concern across the globe, affecting organizations in both developed and developing economies. In contemporary workplaces, employees face increasing demands such as heavier workloads, time pressures, technological changes, and role ambiguity, all of which contribute to heightened stress levels. When left unmanaged, these pressures not only impair individual wellbeing but also reduce organizational performance through outcomes like burnout, absenteeism, disengagement, and turnover (Bakker & Demerouti, 2017; Schaufeli & Taris, 2014). Work place stress has heightened in every work domains but, the effects of workplace stress are particularly severe in high-stakes sectors such as healthcare, where emotional labor, staff shortages, and unpredictable work conditions increase vulnerability to exhaustion and deteriorating service quality (Barello et al., 2020). These dynamics demonstrate that workplace stress is not just an individual problem but also a systemic organizational issue with broad implications in corporate arenas.

As per Ganster and Rosen (2013), workplace stress is defined as the physical and emotional strain caused by job demands that exceed an individual's capacity to cope, and has become a central focus in organizational research. Over time, workplace stress has been linked to several negative outcomes such as decreased job satisfaction, mental health issues, and lower organizational performance. Chronic workplace stress can lead to burnout, increased absenteeism, and even severe health conditions, including cardiovascular diseases. Despite its pervasive presence in today's workplace, managing stress effectively remains a critical challenge for both employees and employers. The growing recognition of workplace stress as a significant barrier to employee well-being raises an important question: how can organizations mitigate these negative effects?

Additionally, empirical research across different contexts has confirmed that organizational interventions ranging from providing supervisor and peer support to enhancing communication play a significant role in buffering negative outcomes, thereby improving employee resilience and wellbeing (Basit & Nauman, 2023; Sonnentag, 2018). Conversely, a lack of proactive stress management mechanisms has been consistently associated with low morale, decreased productivity, and higher turnover rates (Schaufeli & Taris, 2014; Day et al., 2012).

From a global perspective, stress-related issues are discussed in developing countries where structural and resource limitations constrain organizational capacity to provide adequate employee support. Within the Nepalese context, research shows that global stressors such as workload, role conflict, and job insecurity are compounded by local challenges like limited resources, weak institutional support, and evolving organizational demands. Studies indicate that healthcare and corporate employees in Nepal report higher-than-average levels of occupational stress, burnout, and intention

to leave their jobs compared to global trends (Shrestha, & Karki, 2021; Manandhar & Shrestha, 2019). There is a clear gap in research on the effects of work-related stressors on employee wellbeing within Nepal's healthcare sector. Although studies have explored occupational stress among employees in fields such as banking, education, and remote work (Khanal & Baral, 2024; Aryal, 2024; Karki, 2023), comprehensive investigations into healthcare professionals remain limited. Much of the available literature addresses workplace stress in general terms or focuses on stress management approaches, often neglecting the unique challenges faced by healthcare workers, including high patient loads, emotional labor, and shortages of resources (Adhikari & Joshi, 2025). While Singh et al. (2024) examined occupational stress among healthcare employees, most findings are fragmented and sector-specific. Few studies have examined how stressors like workload, job insecurity, work pressure, and role conflict interact to influence perceived stress and wellbeing in hospital and clinical settings.

Beyond this, little is known about the combined impact of multiple stressors and how they shape employee wellbeing. Addressing this gap, the present research seeks to investigate the role of emotional, instrumental, and informational support in mitigating workplace stress, particularly in fast-paced and high-pressure environments. This contribution is crucial, as international studies highlight the importance of supportive resources in buffering stress (Halbesleben, 2006; Sonnentag, 2018), yet their practical application in Nepal and comparable contexts remains underexplored. Furthermore, global research often isolates individual stressors rather than considering their interplay, which limits the applicability of findings to real-world organizational settings (Brough et al., 2018). As a result, organizations in developing economies may face challenges in designing culturally relevant, evidence-based interventions to support employee wellbeing.

To address the existing knowledge gap, the present study examines key workplace stressors and their influence on employee wellbeing. It specifically seeks to answer three guiding questions: what factors contribute to stress among employees, how does stress affect their overall wellbeing, and does perceived stress act as a mediator between work-related factors and wellbeing outcomes? By integrating international perspectives with Nepalese workplace realities, the study focuses on critical stressors such as workload, job insecurity, and role conflict, while also examining the mediating role of perceived stress in shaping wellbeing. The significance of this study lies in its contribution to both theory and practice: theoretically, it advances understanding by considering the combined effects of multiple stressors rather than isolating them; practically, it provides context-specific insights that can help organizations in Nepal design effective interventions to build resilience, reduce burnout, and improve long-term productivity. The paper begins with the introduction and literature review, followed by methodology and results, and concludes with discussion and implications for future

research.

Theoretical Framework and Hypothesis Formulation

Workplace stress and its impact on employee wellbeing among healthcare workers have been extensively investigated within organizational psychology and occupational health literature. Central to this body of work is the Job Demands-Resources (JD-R) model, which posits that high job demands such as workload, pressure, role conflict, and job insecurity lead to increased stress and, if unbuffered by adequate resources, result in diminished wellbeing and potential burnout (Bakker & Demerouti, 2017). The JD-R framework has been widely validated in healthcare settings, where excessive demands, time pressure, and ambiguous role expectations are frequent sources of psychological distress (Schaufeli & Taris, 2014).

Additionally, the Transactional Model of Stress and Coping by (Folkman, 2013) emphasizes the mediating role of perceived stress in the relationship between environmental stressors and psychological outcomes. According to this model, individuals cognitively appraise work situations, and their subjective perception of stress guides subsequent coping responses and health impacts. Thus, the degree to which stressors such as workload and pressure affect wellbeing is mediated by how healthcare workers interpret and manage these challenges (Lazarus & Folkman, 1984).

Empirical studies further reinforce these theoretical perspectives. For example, high work pressure and workload have consistently been linked to elevated perceived stress and lower levels of wellbeing among nurses and other healthcare professionals (Adriaenssens et al., 2015). Role conflict and job insecurity, although sometimes less prominent, also undermine psychological health, particularly where organizational support is lacking (Barello et al., 2020; Van Der Doef & Maes, 1999).

Similarly, Person-environment (P-E) fit and demand-control models are foundational frameworks for understanding occupational stress and its impact on employee wellbeing. The P-E fit model highlights the importance of alignment between an individual's abilities, needs, and values and the demands and resources provided by the work environment, suggesting that misalignment can increase stress and negatively affect wellbeing (Kristof-Brown et al., 2005). Similarly, the demand-control model explains that workplace stress arises from the combination of job demands and the level of control or autonomy employees possess, with high demands and creating conditions for strain and adverse health outcomes (Karasek, 1979). These theoretical perspectives have guided the development of validated measures of occupational stress, allowing researchers and practitioners to assess both personal and environmental contributors to stress and design interventions that promote employee wellbeing.

In sum, these models and findings provide robust theoretical grounding for examining how workplace stressors contribute to stress and ultimately impair wellbeing.

They justify the inclusion of mediation analyses in studies of healthcare worker stress, highlighting the necessity of addressing both direct demands and personal coping capacities for effective interventions.

Job Insecurity

The perception of job insecurity strongly impacts employee stress and wellbeing. Numerous studies indicate that uncertainty about continued employment increases anxiety, reduces job satisfaction, and contributes to psychological distress (Sverke et al., 2002). Employees experiencing job insecurity report higher levels of stress and are more prone to emotional exhaustion and disengagement from work (Witte, 1999) . As economic fluctuations and organizational restructuring become more common, job insecurity is recognized as a pressing modern stressor for workers globally.

H$_1$: Job insecurity positively influences perceived stress among healthcare workers.

Work Pressure

Work pressure encompasses stringent deadlines, performance demands, and expectations for continuous output. Empirical findings establish that elevated work pressure correlates with higher perceived stress and poorer health outcomes (Clarke & Cooper, 2004) . Employee's subjected to persistent pressure often experience anxiety, reduced creativity, and decreased job satisfaction. Notably, work pressure is identified as a more acute stressor in competitive environments, where high expectations can quickly overwhelm workers (Sonnentag, 2018).

H$_2$: Work pressure positively influences perceived stress among healthcare workers.

Role Conflict

Role conflict arises when employees encounter contradictory demands or unclear expectations within their job roles. Empirical studies identify role conflict as a source of psychological tension and reduced wellbeing (Rizzo et al., 1970). Workers facing inconsistent or ambiguous job requirements experience increased perceived stress, along with feelings of frustration and helplessness. Role conflict disrupts work-life balance and is frequently cited as a cause of intent to leave among organizational staff (Katz & Kahn, 1978).

H$_3$: Role conflict positively influences perceived stress among healthcare workers.

Workload

Empirical research consistently demonstrates that excessive workload is a significant predictor of perceived stress and diminished wellbeing among employees. Research consistently identifies excessive workload as a primary occupational stressor (Purwito Adi et al., 2022). This includes both quantitative demands (volume of work) and qualitative demands (complexity and difficulty of tasks). Studies show that workers in dangerous occupations, managers, healthcare workers, and working migrants are particularly susceptible to workload-related stress (Fagamova et al., 2022)it's

level, anxiety, depression, and burnout syndrome are still increasing and lead to the spread of psychological maladaptation and borderline states. Working population is under continuous exposure not only to social, but also occupational stress, which creates a financial burden for institutions and whole society. This review outlines the main directions of studying the impact of work-related stress on the workers' body and examines the main occupations affected by stress and prevention as well. Literature search was carried out among databases including Scopus, Web of Science, MedLine, CyberLeninka, RSCI. The workers of dangerous occupations (transport drivers, locomotive crews, law enforcement, firefighters, rescuers. Studies have shown that when employees face unmanageable or sustained high volumes of work, their stress levels rise and their physical and mental health suffer (Fey et al., 2000) . High workload has also been associated with increased risks of burnout and absenteeism, especially in demanding sectors such as healthcare and education (Demerouti et al., 2000). Thus, workload remains a central factor influencing stress dynamics in the workplace.

H_4: Workload positively influences perceived stress among healthcare workers.

Perceived Stress

Perceived stress serves as a psychological filter through which individuals interpret workplace demands. Empirical investigations show that perceived stress

mediates the relationship between job-related stressors and various wellbeing outcomes (Cohen et al., 1983). Employees' subjective evaluation of stress strongly predicts their health, happiness, and productivity often more accurately than objective measurements of workload or pressure. This mediation effect highlights the need for organizations to consider individual differences in stress perception and coping capacity when designing interventions (Lu et al., 2021).

H_5: Perceived stress negatively influences employee wellbeing.

H6: Perceived stress mediates the relationship between workplace stressors (job insecurity, work pressure, role conflict, workload) and employee wellbeing.

Employee Wellbeing

Employee well-being is conceptualized as holistic health, including mental, emotional, and physical dimensions. Empirical evidence confirms that workplace stressors negatively affect well-being by increasing risks of anxiety, depression, and physical illness (Ganster & Schaubroeck, 1991). Organizations that foster a supportive culture and actively manage stress observe better outcomes in employee satisfaction, engagement, and overall organizational performance. Well-being is not simply the absence of illness, but the presence of positive psychological states, purpose, and fulfillment (Diener et al., 2018). Thus, protecting and promoting well-being is vital for sustainable workforce productivity and happiness.

Conceptual Framework
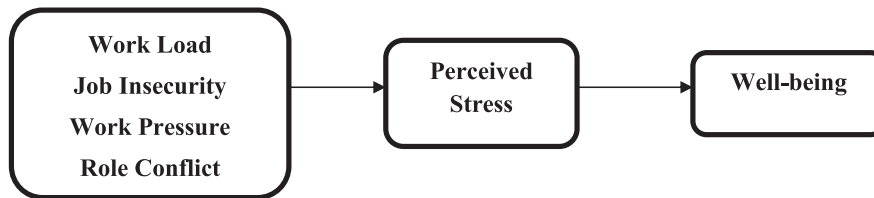
Source: (Dhungana et al., 2025; Mosadeghrad, 2013; Ojha, 2025; Pradhananga, 2024; Vagg & Spielberger, 1998)Nepal.

The conceptual framework of this study centers on the idea that workplace stress factors -job insecurity, pressure, role conflict, and workload significantly influence perceived stress, which in turn affects employee well-being. Specifically, the framework posits perceived stress as a mediator between these stress-related factors and well-being outcomes, revealing how stress accumulates from different workplace conditions and translates into diminished well-being. This mediation model provides a comprehensive perspective on the interconnected effects and serves as a foundation to understand the dynamic interplay between workplace demands and employee health.

Methodology

A positivist research paradigm guided a deductive approach with a quantitative methodological choice for this study, ensuring rigorous scientific validity and strict socio-ethical compliance throughout. These methods were selected because the positivist paradigm makes it possible to measure workplace issues in an objective way. Using a deductive, quantitative approach also allows for clear hypothesis testing through reliable statistical analysis. This is well suited to the aim of the study, which is to examine how different work-related stressors influence perceived stress and employee well-being. At the same time, it helps reduce bias and improves the generalizability of the findings, which is often emphasized in organizational research. Employing a cross-sectional, causal survey design, data were gathered from 403 respondents selected through non-probability, purposive sampling to enable broad and inclusive participation. The participants were based on considerations of statistical power and adequacy for structural equation modeling (SEM). SEM typically requires a minimum sample of 200, and larger samples enhance the reliability of estimates; therefore, 403 ensures more stable and valid results, accounting for model complexity and enabling subgroup analysis between hospital types. Structured survey questionnaires utilizing a 5-point Likert scale captured respondents' perceptions of workplace stress factors, perceived stress, and employee well-being, and data collection was conducted both online and in-person. The items used to measure

each variable in this study were carefully selected through a structured yet human-centered process. An extensive literature review provided a strong foundation, ensuring that all items were grounded in established theories and validated by prior research, with workplace stressors drawn from studies on workload, role ambiguity, and job insecurity, perceived stress adapted from the widely used Perceived Stress Scale (PSS), and employee well-being based on established tools such as the WHO-5. These items were refined to suit the Nepalese organizational context, reviewed by subject experts in HRM and organizational psychology for content validity, and pilot tested to eliminate ambiguity or redundancy. Ultimately, only items that demonstrated strong reliability and validity were retained, ensuring precise, consistent, and culturally relevant measurement of workplace stressors, perceived stress, and employee well-being. Participants provided informed consent, were well-briefed on the study's purpose, and were assured of confidentiality and their right to withdraw at any time, reflecting a strong commitment to ethical integrity. Analytical procedures involved IBM SPSS 20 and SMART PLS-4 software, leveraging descriptive statistics to summarize demographics and key variables, while advanced inferential techniques including regression analysis, structural equation modeling (SEM), and mediation analysis were used to thoroughly examine direct and indirect relationships within the framework. Reliability was meticulously assessed using Cronbach's alpha and composite reliability, both exceeding recommended thresholds and confirming the consistency of measurement instruments. Validity was tested through convergent validity (AVE above 0.50), discriminant validity (HTMT ratios below 0.90 and Fornell-Larcker criteria), and further ensured by low multicollinearity, with Variance Inflation Factor (VIF) scores all under 3.3. Model fit was validated with a Standardized Root Mean Square Residual (SRMR) below 0.085, demonstrating the structural model's suitability. By integrating ethical safeguards, comprehensive descriptive and inferential analysis, and robust checks for reliability, validity, multicollinearity, and fit, this methodological approach provides a strong and transparent foundation for understanding the mechanisms through which workplace stressors impact employee well-being.

Results

Demographic Statistics

Table 1

Demographic Statistics

Demographic Variable	Category	Govt. Hospital (N)	Private Hospital (N)	Total (N)	Percentage (%)
Total Respondents		231	172	403	100
Age	18-25 years	47	34	81	20.1
	26-35 years	91	69	160	39.7
	36-45 years	62	48	110	27.3
	46 years above	31	21	52	12.9
Gender	Male	95	67	162	40.2
	Female	136	105	241	59.8
Occupation	Nurse	80	55	135	33.5
	Doctor	66	44	110	27.3
	Paramedics	45	29	74	18.4
	Admin	40	44	84	20.8
Marital Status	Single	94	74	168	41.7
	Married	122	94	216	53.6
	Divorced	15	4	19	4.7

Table 1 explains the study surveyed of a total of 403 healthcare workers from both government (231 respondents) and private hospitals (172 respondents) in Lumbini Province, providing a well-rounded representation of the region's healthcare workforce. The age distribution revealed that the largest proportion of participants fell within the 26–35 years group (39.7%), reflecting a predominantly young and actively engaged workforce, followed by 27.3% in the 36–45 years range, and 20.1% aged 18–25 years, indicating a blend of early-career and experienced professionals. Those aged 46 years and above made up 12.9% of the respondents, representing the more senior segment of healthcare workers. Gender composition showed a clear majority of females at 59.8%, consistent with the caregiving nature of the healthcare profession, while males accounted for 40.2%, highlighting gender diversity in the sector. Occupationally, nurses represented the largest group at 33.5%, representing their vital role in patient care, followed by

doctors at 27.3%, paramedics at 18.4%, and administrative staff at 20.8%, reflecting the varied functions needed to support healthcare delivery effectively. Marital status data indicated that over half of the respondents (53.6%) were married, balancing professional and family responsibilities, while 41.7% were single, likely reflecting younger workers early in their careers, and 4.7% were divorced, showing a range of personal circumstances within the workforce. This comprehensive demographic profile explains the importance of recognizing diverse employee needs when addressing workplace stress and well-being, as age, gender, occupational role, and life stage can all influence how healthcare workers experience and cope with stress in both government and private healthcare settings.

Inferential Statistics

Table 2

Reliability

Construct	Cronbach's alpha	(rho_a)	(rho_c)	AVE	VIF
Employee Well-being (EWB)	0.708	0.712	0.819	0.532	1.392
Job Insecurity	0.750	0.754	0.842	0.571	1.362
Pressure	0.792	0.799	0.865	0.616	1.454
Role Conflict	0.791	0.798	0.878	0.705	1.255
Work Load	0.660	0.668	0.854	0.745	1.243
Stress	0.812	0.819	0.877	0.641	1.000

Table 2 presents reliability and validity statistics for the study's main constructs. All constructs recorded Cronbach's alpha values greater than 0.6, with the lowest being 0.660 for Work Load and the highest at 0.812 for Stress. Since a minimum Cronbach's alpha of 0.6 is considered acceptable for social science research (Henseler et al., 2015; Nunnally & Bernstein, 1994)New York, these results signal solid internal consistency across survey items. Composite reliability (rho_a and rho_c) values for all constructs also surpass the 0.6 threshold (Cavalcante da Costa, 2023; Hair et al., 2019), further confirming reliability and demonstrating that the constructs are consistently measured. Average variance extracted (AVE) values ranged from 0.532 (Employee Well-being) to 0.745 (Work Load), exceeding the recommended minimum of 0.50 (Awang et al., 2023; Hair, 2009). This establishes convergent validity, indicating that each construct explains a substantial portion of variance in its items. The inclusion of Variance Inflation Factor (VIF) values further confirms the absence of problematic multicollinearity within the predictor variables, with all VIFs

well below the commonly accepted threshold of 3.3 (Kim, 2019; Kroll & Song, 2013). This indicates that each construct uniquely contributes to the model without excessive overlap, supporting the stability and reliability of the coefficient estimates in the structural analysis. Overall, these results affirm that the survey instruments used, including those for perceived stress, job insecurity, and employee well-being, are statistically reliable and valid, laying a robust foundation for further analysis of relationships between workplace stressors and employee health.

Table 3

HTMT Matrix

Construct	Employee Well-being	Job Insecurity	Pressure	Role Conflict	Work Load	Stress
EWB						
Job Insecurity	0.477					
Pressure	0.657	0.635				
Role Conflict	0.678	0.403	0.450			
Work Load	0.567	0.423	0.484	0.493		
Stress	0.772	0.585	0.756	0.536	0.633	

Table 3 shows the results of discriminant validity testing using the Heterotrait-Monotrait ratio (HTMT) for the main constructs: Employee Well-being (EWB), Job Insecurity, Pressure, Role Conflict, Work Load, and Stress. Henseler et al. (2015) explains each HTMT value represents the level of correlation between pairs of constructs. In this study, all HTMT values are below the recommended threshold of 0.90, indicating acceptable discriminant validity (Hamid et al., 2017). This means that each construct measures a distinct concept and that there is good separation between the factors being examined. Such results confirm that the measurement model captures unique and non-overlapping dimensions of workplace stress and well-being, supporting the integrity and rigor of subsequent analyses.

Table 4

Fornell-Larcker criterion

Construct	Employee Well-being	Job Insecurity	Pressure	Role Conflict	Work Load	Stress
EWB	0.729					
Job Insecurity	0.347	0.756				
Pressure	0.506	0.488	0.785			
Role Conflict	0.508	0.311	0.359	0.840		
Work Load	0.388	0.297	0.353	0.355	0.863	
Stress	0.595	0.461	0.610	0.435	0.467	0.801

Table 4 presents results based on the Fornell-Larcker criterion, which assesses discriminant validity by comparing the square roots of the Average Variance Extracted (AVE) for each construct (diagonal values in bold) against the correlations between constructs (off-diagonal values) (Afthanorhan et al., 2021). In this table, each diagonal value (ranging from 0.729 to 0.863) represents the square root of the AVE for the corresponding construct, indicating the extent to which the construct explains the variance in its measured items. According to the Fornell-Larcker criterion, a construct should share more variance with its own indicators than with other constructs. This is supported when the diagonal value is higher than all the off-diagonal correlations in the same row and column. For all constructs Employee Well-being (EWB), Job Insecurity, Pressure, Role Conflict, Work Load, and Stress the square roots of AVE exceed their correlations with other constructs. For example, EWB's square root of AVE is 0.729, which is greater than its highest correlation of 0.595 with Stress. Similarly, Role Conflict has a square root of AVE at 0.840, making it distinct from its highest correlation of 0.508 with EWB.

These results confirm that all constructs in the model measure distinct theoretical concepts with good discriminant validity. This ensures that overlaps between variables are low and that each construct captures unique aspects of workplace stress and employee well-being, providing a solid foundation for further structural analysis.
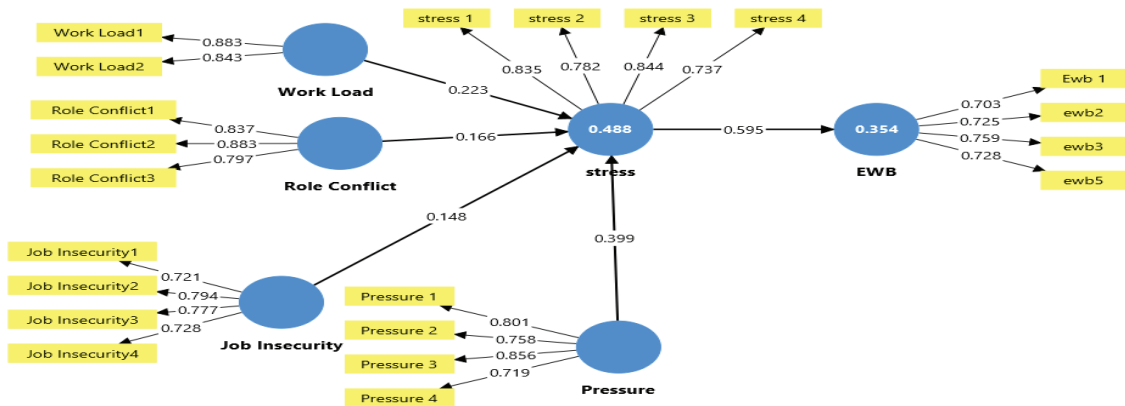
Figure 1

Path Diagram for the Model

Figure 1 visually represents the structural relationships among workplace stressors, perceived stress, and employee well-being for healthcare workers core themes in your study. Each blue circle indicates a latent construct, while the boxes highlight the specific measurement items used to assess those constructs. The arrows connecting items to circles show the strength of the factor loadings, reflecting how well each item measures its underlying concept. Values range from 0.703 to 0.883, suggesting strong measurement quality for all constructs.

Central to the diagram, workload, role conflict, job insecurity, and pressure are shown as independent variables. The direct paths from these constructs to stress (perceived stress) illustrate their respective contributions, with strengths noted as 0.223 (workload), 0.166 (role conflict), 0.148 (job insecurity), and 0.399 (pressure). These values indicate that among the stressors, pressure has the strongest effect on perceived stress, closely followed by workload, while role conflict and job insecurity have smaller but still notable influences.

The diagram then shows stress acting as a mediator, connecting the workplace stressors to employee well-being (EWB). The path coefficient from stress to EWB is -0.595, demonstrating a strong negative relationship higher perceived stress leads to reduced employee well-being. The inner circle for stress displays an R^2 value of 0.488, meaning nearly half the variance in stress is explained by the four workplace factors. Similarly, EWB's R^2 value of 0.354 indicates that around 35% of well-being variance is accounted for by perceived stress.

In essence, the diagram encapsulates the study's central findings: pressure and workload are the most potent drivers of stress among healthcare workers, and elevated stress substantially diminishes their overall well-being. The visual also highlights

the measurement model's reliability, with high loadings for all observed items. This explanation underscores the need for healthcare institutions to address workplace stressors particularly high pressure and heavy workloads to protect and promote employee well-being.

Table 5

Path Coefficients and Hypothesis

	(O)	(M)	(STDEV)	(|O/STDEV|)	P values
Job Insecurity > stress	0.148	0.148	0.043	3.432	0.001
Pressure > stress	0.399	0.400	0.046	8.595	0.000
Role Conflict > stress	0.166	0.166	0.043	3.857	0.000
Stress > EWB	0.595	0.597	0.038	15.597	0.000
Work Load > stress	0.223	0.222	0.046	4.885	0.000

Table 5 presents key results from the structural model, where each path coefficient quantifies the relationship between a workplace stressor (or stress itself) and its effect on the subsequent variable, alongside their respective sample means, standard deviations, t statistics, and p values (Greenland et al., 2016).

The coefficients reveal that pressure has the strongest direct impact on perceived stress among healthcare workers (O = 0.399, t = 8.595, p < 0.001), highlighting its pivotal role as the most influential stressor in this context. Workload also shows a substantial effect on stress (O = 0.223, t = 4.885, p < 0.001), followed by role conflict (O = 0.166, t = 3.857, p < 0.001) and job-insecurity (O = 0.148, t = 3.432, p = 0.001); all effects are statistically significant, as indicated by high t statistics and p values well below 0.05.

Importantly, the path from stress to employee well-being (EWB) is particularly notable (O = 0.595, t = 15.597, p < 0.001), providing robust evidence that higher perceived stress substantially diminishes well-being among healthcare workers.

The theoretical logic underpinning these findings is clear: high-pressure environments and excessive job demands cause elevated perceived stress, which in turn negatively influences employee well-being. The statistical significance across all paths reinforces the consistency and stability of these relationships, justifying targeted interventions on work pressure and workload as principal strategies for improving healthcare staff well-being. These results support and extend existing literature, confirming that both stress and its antecedents should be prioritized in workplace health management and policy initiatives

Table 6

Direct Mediation

Path	(O)	(M)	(STDEV)	(|O/STDEV|)	P values
Job Insecurity > EWB	0.088	0.088	0.026	3.410	0.001
Pressure > EWB	0.237	0.239	0.032	7.334	0.000
Role Conflict > EWB	0.099	0.099	0.028	3.539	0.000
Work Load > EWB	0.132	0.133	0.029	4.544	0.000

Direct mediation analysis reveals that all four workplace stressors significantly influence employee well-being (EWB) even when potential mediators are accounted for. Job insecurity has a direct effect on ($\beta = 0.088$, t = 3.410, p = 0.001), suggesting that uncertainty about job stability negatively impacts well-being independent of stress pathways. Pressure exerts the strongest direct effect ($\beta = 0.237$, t = 7.334, p < 0.001), confirming that excessive demands reduce EWB even beyond their indirect influence through stress. Role conflict also shows a notable direct association ($\beta = 0.099$, t = 3.539, p < 0.001), highlighting that conflicting job expectations harm well-being directly rather than solely operating through mediators. Similarly, workload demonstrates a significant direct impact ($\beta = 0.132$, t = 4.544, p < 0.001), implying that task overload reduces EWB independently of indirect effects. These findings confirm that while mediation through stress may exist, the direct paths remain robust and meaningful, underscoring the persistent role of these stressors in shaping employee well-being.

Table 7

Indirect Mediation Effects

Path	(O)	(M)	(STDEV)	T statistics	P values
Job Insecurity > stress > Employee well-being	0.088	0.088	0.026	3.410	0.001
Pressure > stress > Employee well-being	0.237	0.239	0.032	7.334	0.000
Role Conflict > stress > Employee well-being	0.099	0.099	0.028	3.539	0.000
Work Load > stress > Employee well-being	0.132	0.133	0.029	4.544	0.000

Mediation analysis reveals that stress significantly mediates the relationship between workplace stressors and employees' Employee well-being (EWB). As shown in the table, all four mediated paths are statistically significant, with p-values ranging from 0.000 to 0.001, well below the 0.05 threshold. Among them, pressure exerts the strongest indirect effect on Employee well-being (β = 0.237, t = 7.334, p = 0.000), suggesting that excessive job demands and performance pressures substantially elevate stress levels, which in turn diminish well-being. Workload also shows a notable mediation effect (β = 0.132, t = 4.544, p = 0.000), indicating that heavy job demands indirectly undermine Employee well- being through heightened stress. Similarly, role conflict (β = 0.099, t = 3.539, p = 0.000) and job insecurity (β = 0.088, p = 0.001) significantly reduce Employee well-being by fostering stress, though their impacts are comparatively weaker. These findings collectively underscore the central role of stress as a psychological mechanism linking adverse job conditions to employee well-being, with pressure emerging as the most influential predictor.

Table 8

Model Fit	Saturated model	Estimated model
SRMR	0.074	0.085

In the above table 8, both the saturated and estimated models demonstrated acceptable fit, with standardized root mean square residual (SRMR) values of 0.074 and 0.085, respectively. Since SRMR values below 0.085 or 0.12 are considered indicative of good model fit (Ximénez et al., 2022), these results confirm that the structural equation model provides a close approximation to the observed data, supporting the validity of the study's findings.

Table 9

R square and Adjusted R Square

	R-square	R-square adjusted
Employee Well-being	0.354	0.352
Stress	0.488	0.482

The R-square and adjusted R-square table 9 values indicate the proportion of variance explained by the predictors in the model (Ozili, 2023). Specifically, 48.8% of the variance in perceived stress is accounted for by workplace stressors, while 35.4% of the variance in employee well-being is explained by perceived stress. Adjusted R-square values, which account for the number of predictors and sample size, are very close to the R-square values, confirming that the model's explanatory power is robust and not inflated by over fitting. These results support the strong predictive quality of the model for the core study outcomes.

Table 10

F Square and Effect Size

	F² Value	Effect Size
Job Insecurity	0.031	Small
Pressure	0.214	Medium
Role Conflict	0.043	Small
Work Load	0.078	Small

According to Cohen (2013) , F² values of 0.02, 0.15, and 0.35 represent small, medium, and large effect sizes, respectively. In this study, pressure exerts a medium effect on stress (F^2 = 0.214), while job insecurity (F^2 = 0.031), role conflict (F^2 = 0.043), and work load (F^2 = 0.078) each have a small effect. This pattern indicates that, of the workplace stressors assessed, pressure makes the most substantial contribution to variance in perceived stress among healthcare workers. These results support targeted interventions focusing on pressure reduction to meaningfully mitigate stress and improve employee well-being are presented in table 10.

Discussion

This study set out to examine the influence of workplace stressors on employee well-being and whether the perceived stress mediates these effects among healthcare workers in Nepal. Using cross-sectional survey data and structural equation modeling, the study rigorously tested these relationships with robust, validated measures. The findings reinforce prior evidence showing that work pressure and workload stand out as dominant predictors of stress and lower well-being in healthcare environments (Adriaenssens et al., 2015; Barello et al., 2020).

These empirical results align well with the Transactional Model of Stress and Coping (Cohen et al., 1983; Folkman, 2013; Lazarus & Folkman, 1984), which theorizes that stress arises not merely from external stressors but from individuals' cognitive appraisal of those stressors relative to available coping resources. That is, employees' perception and interpretation of workplace demands critically shape their stress experience and consequent well-being outcomes. This model further explains the mediating role of perceived stress found in this study, highlighting the centrality of appraisal and coping processes in the stress-health relationship. These insights are supported by recent research demonstrating the effectiveness of transactional model-based educational interventions in improving coping skills and reducing perceived stress among workers (Kaveh et al., 2023).

The substantial explanatory power observed echoes international literature depicting the persistent challenges of high job demands across healthcare systems worldwide (Bakker & Demerouti, 2017; Schaufeli & Taris, 2014). In Nepal specifically, the inclusion of role conflict and job insecurity as contributing factors adds contextual nuance and extends previous local research in other sectors that similarly identified workload and ambiguity as stressors but lacked mediation analysis or healthcare focus (Ojha, 2025; Pradhananga, 2024; Trulik et al., 2025).

While the study's cross-sectional design and reliance on self-report data entail limitations, including potential response bias and restricted causal inference (van der Doef & Maes, 2002), the moderate variance explained in well-being suggests other influential variables such as organizational culture, career development opportunities, burnout, and individual coping styles warrant further exploration. Studies using longitudinal and intervention designs bolster this perspective, evidencing how strengthening appraisal and

coping via transactional model principles can mitigate workplace stress and enhance mental health (Ghaffari et al., 2021; Frontiers in Public Health, 2025).

Together, these findings explains the necessity for Nepalese healthcare organizations to institute multifaceted policies that reduce excessive workload and pressure, enhance job security, clarify role expectations, and foster supportive work environments. Grounding these efforts in the Transactional Model of Stress and Coping allows organizations to target not only environmental demands but also workers' appraisal and coping resources, thereby promoting sustainable employee well-being, reducing turnover, and ultimately ensuring high-quality patient care (Diener et al., 2018; Ganster & Rosen, 2013; Sonnentag, 2018). This integrated approach offers a validated framework with practical relevance for healthcare systems both locally and globally.

Conclusion

This study demonstrates that workplace stressors particularly work pressure and workload significantly contributes to perceived stress among healthcare workers, which in turn has a strong negative impact on employee well-being. The robust reliability and validity of the measurement instruments, confirmed by structural equation modeling and model fit indices, reveals the soundness of these findings. Consequently, it is imperative for healthcare organizations in Lumbini Province to actively address these stressors to protect staff well-being. Practical management implications emphasize the need

for healthcare leaders to implement targeted strategies such as optimizing shift schedules, ensuring adequate staffing, and offering resilience and stress management training. Furthermore, fostering a supportive work culture that mitigates job insecurity and role conflicts through transparent communication and well-defined roles is crucial. Expanding research to include longitudinal and mixed-method approaches, alongside additional factors like burnout and coping mechanisms, will deepen understanding of stress impacts. Comparative studies across different regions and objective measurement integration will enrich insights into healthcare stress dynamics. Policymakers are urged to prioritize resource allocation and regulatory frameworks ensuring healthcare workers' mental health. Integrating continuous stress and well-being monitoring into hospital human resource policies will benefit both employees and patient care quality. Effective organizational interventions, including flexible scheduling, employee assistance programs, and management training, are essential to reduce stress and build resilience among healthcare workers. Collectively, this comprehensive approach explains that managing workplace stress is vital not only for employee welfare but also for organizational success and patient safety, emphasizing that a multifaceted, systemic response is required to address this complex challenge effectively.

Limitations and Areas for Further Study

This research is limited by its cross-sectional design and reliance on self-reported

perceptions, which can introduce bias and restrict causal inference. The geographic focus on Lumbini Province constrains broader applicability. Future studies should employ longitudinal designs to address causality, incorporate objective measures of stress and well-being, and explore additional moderating variables such as organizational culture, leadership support, and individual coping styles. Expanding research to other provinces or health sectors, and conducting comparative international analyses, will deepen understanding and inform more effective policy responses.

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