Psychosocial workplace factors as predictors of health outcomes among Health workers

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Abstract

This research examined psychosocial workplace factors (self-esteem, work autonomy, role overload and role conflict) as predictors of health outcomes (physical health, work-related mental health and general mental strain) in health workers in Ondo Medical Village, Ondo State, Nigeria. The study adopted correlational research design. One hundred and two participants, male (34) and female (68) health workers purposively sampled from five centres (Trauma, Mother and Child, Kidney Care Clinic, Ganni Fawehinmi Diagnostic, and Information) in Ondo Medical Village, Ondo State, Nigeria participated in the study. Data were collected from the respondents using seven validated scales with adequate psychometric properties. Three hypotheses were stated and tested using multiple regression analyses. The results of correlational analysis showed that, there was a significant relationship between sex and physical health ($r = .29$; $p < .01$) among the sampled participants. However, there was no significant correlation between sex and work-related mental health ($r = .06$; $p > .05$). Also, sex did not correlate significantly with general mental strain ($r = -.14$; $p > .05$). Furthermore, self-esteem, work autonomy, role overload, and role conflict jointly predicted general mental strain significantly [$R^2 = .21$, $F (4, 97) = 6.34$; $p < .01$]. This study concluded that, psychosocial workplace factors were significant predictors of health outcomes among the sampled health workers. It is recommended therefore, that, employers of labour and managers should take cognizance of these psychosocial workplace factors in their intervention programmes aimed at enhancing the health outcomes of their employees.

Key-words: Self-esteem, Work autonomy, Role overload, Health outcomes, Health workers

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Introduction

The productivity and growth of an organisation are dependent on the health and well-being of its employees. Health, according to the World Health Organisation, is defined as a condition of complete physical, mental, and social well-being, rather than simply the absence of sickness or infirmity (World Health Organisation, 1948 as cited by Schramme, 2023). On the other hand, well-being is defined as "a dynamic state in which an individual is able to realise their full potential, work successfully and creatively, form strong and positive interpersonal relationships, and contribute to their community and organisation (World Health Organisation, 2001 as cited by Ruggeri et al., 2020)." It is improved when a person is able to attain personal and social goals, as well as a sense of purpose in society' (Foresight Report, 2008).

Many factors can jeopardise an employee's health and well-being while at work. These factors could be psychological or organisational in nature (that is, emerging from within the organisation in which employees work). Over the last two decades, there has been a growing interest in the relationship between psychosocial workplace factors and employees health outcomes (Shimazu, & Kosugi, 2003). Workplace condition has been demonstrated to have an impact on employee health on both at mental and physical level in previous research (Blanc, et al., 2008; Spector, et al., 1988). According to the available literature, the majority of research undertaken in the field of psychosocial workplace factors and employees' health outcomes has focused on work conditions, job characteristics, and interpersonal relationships at work (Cox et al., 2000; Pacaiova & Balazikova, 2010). The goal of this study was to expand on previous research in this area by looking at how psychosocial workplace factors (self-esteem, work autonomy, role overload, and role conflict) influence employees health outcomes (physical health, work-related mental health and general mental strain).

Review of Literature

Self-esteem and Health Outcomes

Self-esteem refers to a person's perception of himself or herself as a valuable and worthy individual. Self-esteem, according to Kahn and Byosiere (1992), is a personal resource that can be used to successfully cope with stressful conditions. Employees' self-esteem may influence their perceptions of work situations, their choice of coping mechanisms, or the intensity with which they take action, all of which can have an impact on their health and well-being at work. Self-esteem as a trait dimension along which people differ has been the subject of numerous studies over the years (Rosenberg, 1965). People with high self-esteem differ from those with low self-esteem, according to studies such as Adu (2014); Kahn and Byosiere (1992), who used the Rosenberg (1965) scale to identify the two.

There is a lot of evidence to back up the link between psychological factors, work environments, and employee health and well-being (Karen & Ricky, 1999). Self-esteem is recognised as a significant contributor to the onset and persistence of psychological conditions such as anxiety, depression, and narcissistic traits (Nima et al., 2013; Hilbert et al., 2019; Di Pierro et al., 2016). It serves as a predictor of overall well-being and functionality across various aspects of life, including interpersonal relationships, mental and physical health, and occupational performance (Albarracin et al., 2024).

Further research suggests that developing positive emotion and having a greater self-esteem are important aspects of leadership well-being (Schutte, et al., 2002). Research published

on the relationships between self-esteem and organisational stress revealed a significant negative effect of self-esteem on tensions (Kahn & Byosiere, 1992).

Work Autonomy and Health Outcomes

Work/job autonomy refers to the amount of control and discretion given to an employee over his or her work. Employees who have a high degree of autonomy are more likely to feel responsible and have a higher level of job satisfaction. A high level of job autonomy means that an employee has complete control over how his or her job activities are carried out, including things like starting and ending times (Hackman & Oldham, 1980). University professors, for example, have a lot of control over many elements of their professions, whereas manual laborers and convenience store clerks do not. Low job autonomy has been identified as one of the occupational stressors that impacts not just performance but also employee well-being (Spector, 1987). Employees should not reject the inevitability of work demands, but rather devise techniques for dealing with them. Research indicates a significant link between reduced job autonomy and heightened risks for mental health challenges (Madsen et al., 2017) as well as physical health issues (Ferrie et al., 2016). Over the years, work autonomy has been recognised not only as a key factor in enhancing employees' job performance and commitment but also as a predictor of better mental health outcomes (Chung, 2017; Yunus & Mostafa, 2021). Consequently, increasing work autonomy has emerged as a significant goal in contemporary occupational health and welfare initiatives.

Job autonomy is a subset of job control studies in the work and organisational literature (Evans & Fischer, 1992; Ganster, 1989). Job control, according to Frese (1989) and Ganster (1989), entails the ability to exert some control over one's work. An employee who has control has the ability to make decisions about his or her job. Employees in such organisations have job control even if their work environment does not allow them to make decisions. Spector (1986) discovered that the two job control indices (employee engagement and job autonomy) were linked to some psychological consequences such as job satisfaction and emotional distress.

Role Overload and Health Outcomes

Role overload occurs when the demands of a role surpass the individual's available resources, including time, energy, and skills (Eatough et al., 2011). This imbalance can lead to the depletion of personal resources, contributing to significant health outcomes. Research has linked role overload to various forms of health outcomes, such as heightened job stress (Shultz et al., 2010), increased psychological distress (Rafferty & Jimmieson, 2010), and elevated anxiety levels (Mazzola & Disselhorst, 2019). Role overload was found to be highly linked with anxiety (Bolino & Turnley, 2005). Role overload causes distress, according to Rahim and Psenicka (1996), especially when employees have limited influence over their jobs (Karaset & Theorell, 1990). The negative repercussions of role overload can be mitigated if organisations deliberately guarantee that people have more control over their jobs (Parker & Sprigg, 1999).

Role Conflict and Health Outcomes

Lack of consistency in the role-related information provided by members of an employee's role set is defined as role conflict (Kahn, et. al, 1964; King & King, 1990). When employees' work expectations and what they believe they should be doing do not match the work they really have to complete, role conflict emerges. For example, consider an employee who was hired as an assistant to a company's Managing Director (MD) and was told at the time of hire that his or her responsibilities would include policy development, participation as an equal

partner in management meetings, and serving as a liaison between the MD and the public. After a while on the job, such employee is referred to as "secretary" and is assigned to do the actual work or tasks of a secretary, such as taking minutes at meetings. Such an employee's job expectations will be incompatible with what he or she is compelled to do. Role conflict, according to Griffeth, Hom, and Gaertner (2000); Rahim and Psenicka (1996), is a major source of stress for employees.

It appears that all the psychosocial workplace factors (self-esteem, work autonomy, role overload, and role conflict) have meaningful relationships with employees' health outcomes. To understand roles of psychosocial workplace factors more comprehensively in predicting employees' health outcomes at work, the following hypotheses were set and tested.

- **Hypothesis 1**: Self-esteem, work autonomy, role overload, and role conflict will jointly and independently predict employees' work-related mental health significantly.
- **Hypothesis 2**: Self-esteem, work autonomy, role overload, and role conflict will jointly and independently predict employees' general mental strain significantly.
- **Hypothesis 3**: Self-esteem, work autonomy, role overload, and role conflict will jointly and independently predict employees' physical health significantly.

Method

Participants

One hundred and seventy employees currently working in Ondo State Medical Village located in Ondo Town were recruited for the study, 102 of which returned the completed questionnaire. The final 102 participants consisted of 34 males (33.3%) and 68 females (66.7%). The participants' ages ranged from 19 to 56. Their mean age was 31.16 (SD = 6.88). Fifty one (50.0%) of the respondents were married, 49 (48.0%) of them were single and 2(2.0%) were separated. Ninety nine (97.1%) of the respondents were Christians and 3(2.9%) were Muslims. Regarding educational level 2(2.0%) of the participants held primary school certificate, 4(3.9%) held secondary school certificate, 24 (23.5%) were OND/NCE graduates, 56(54.9%) have had a first degree, and 16 (15.7%) had earned higher degrees.

Instruments

The instruments described in this subsection were designed to measure all variables studied in this research. All the scales used in the study for data collection were validated.
Demographic data: The demographic information of the participants included sex, age, marital status, religion, educational qualification, and work experience.

Self-esteem

A 10-item self-report inventory (Rosenberg, 1965) was used to assess self-esteem. With an alpha reliability of 0.90, the scale is considered to be reliable. With the current population, a Cronbach's alpha of 0.66 was obtained. For items 1, 2, 4, 6, and 7, a 4-point scale was used: Strongly agree = 4, Agree = 3, Disagree = 2, Strongly disagree = 1 for items 3, 5, 8, 9, and 10 (which were reversed in scoring because they were negatively worded): Strongly agree = 1,

Agree = 2, Disagree = 3, Strongly disagree = 4, sample item (e.g. All in all, I am inclined to feel that I am a failure).

Work Autonomy

Work autonomy was measured using a 4-item scale developed by Sverke and Sjöberg (1994), based earlier scales by Hackman and Oldham (1975) and Walsh, Taber, and Beehr (1980). The scale measured the level of autonomy and influence over the task done. The scale was anchored at "Strongly Disagree" at "1" and "Strongly Agree" at "5". Sample item (e.g. I have satisfactory influence over decisions concerning my job). The scale's reliabilities ranged from 0.77 to 0.79. In this study, a Cronbach's alpha of 0.65 was found.

Role Overload

Role overload was assessed using a three-item scale developed by Beehr, Walsh, and Taber (1976), which assessed the feeling of having too much to do in too little time. It has a possible total of 15 points, with "Strongly Disagree" anchoring it at "1" and "Strongly Agree" anchoring it at "5". Sample item (e.g. I often have too much to do in my job). This scale has strong measuring qualities, with alpha values ranging from 0.74 to 0.81. The current population has an alpha reliability of 0.53.

Role Conflict

Role conflict was measured using a 5-item scale modified and adapted by Naswall, Baraldi, Richter, Hellgren, and Sverke (2006). The modification and adaptation was based on the earlier scale developed by Rizzo, House, and Lirtzman's (1970). The instrument measured a conflict between how an employee believes the work should be done and how supervisors or others tell them to do it. The instrument was scored on a point rating format of “Strongly Disagree" = "1" and "Strongly Agree" = "5". Sample item (e.g. I receive incompatible requests from two or more people). The role conflict scale was also psychometrically sound, with a reliability range of 0.77 to 0.78. Similarly, a Cronbach's alpha of 0.50 was established in this study.

Work-related mental health

This was measured using a six-item job-related affective well-being (mental health) scale developed by Warr (1990). The question asked: ‘over the last six months, how much of the time has your job made you feel: ‘tense, miserable, depressed, worried, uneasy, and gloomy?’ Three items measured work-related anxiety (tense, worried, uneasy) and three measures depression (miserable, depressed, gloomy). Participants were asked to respond on a five-point Likert scale which ranged from 1 = ‘never’ to 5 = ‘all of the time’. The six items taken together have a Cronbach’s alpha of 0.95. The separate anxiety element has an alpha of 0.91 and the depression element 0.94. For the present study, the six items taken together have a Cronbach’s alpha of 0.78, the separate anxiety element has a Cronbach’s alpha of 0.67 and depression element of 0.60.

General Mental Strain

This was measured using the 12-item version of the General Health Questionnaire (GHQ-12) developed by Goldberg (1972). The GHQ is a screening test for detecting minor psychiatric disorders in the general population. The test has been used many times in occupational research to assess ‘strain’ (for example, see Mullarkey *et al*.1999). Participants were asked to respond on

a seven 7-point Likert scale with values ranging from 1 = "Not at all" to 7 = "All of the time". A sample item is 'Lost much sleep over worry?' The Cronbach's alpha for scale ranging from .82 to 0.90 (Banks et al., 1980). Similarly, a Cronbach's alpha of 0.68 was obtained for the purpose of the present study.

Physical Health

This was assessed using a 14-item measure called the Physical Health Questionnaire developed by Spence, Helrnreich, and Pred (1987). The scale consisted of fourteen items pertaining to sleep disturbance, headaches, respiratory infections and gastrointestinal problems. Items were rated on a 7-point scale, anchored at "1" by "Not at all" and "7" by "All of the time" with a possible total of 98 (e.g. how often have you woken up during the night?). The scale has a Cronbach' alpha of 0.86. However, a Cronbach's alpha of 0.70 was obtained for the present study.

Procedure

The authorities of the five Centres in the Medical Village Ondo City selected for the study were intimated with the purpose of the study. The permission to conduct the study was sought and got from the heads of the Centres after getting the assurance of the researchers that the study would not pose any physical and psychological threat to the well-being of the participants and the organisations. The consents of the participants were sought after they had been assured of their physical, and psychological safety during and after the study. They were also assured of the utmost confidentiality all their responses. Copies of questionnaire were delivered to the respondents after a rapport had been established with them and they were told to respond to the questionnaire truthfully.

The participants were likewise informed of the purpose of the research and that they were not under any obligation to participate and that they were free to pull out from the research at any stage they consider fit.

Design/Statistics

This study utilized the correlational research design; data on all variables were collected as they occurred in everyday work situation without any manipulation by the researchers. The independent variables under consideration were self-esteem, work autonomy, role overload, and role conflict. The dependent variables were health outcomes (work-related mental health, general mental strain, and physical health) and these were measured based on each participant's score on Warr's (1990) six-item work-related mental health measures, Goldberg's (1972) 12-item version of the General Health Questionnaire (GHQ-12), and Spence's, et al. (1987) 14-item the Physical Health Questionnaire respectively.

Pearson Product Moment Correlation was employed to ascertain the relationship among the variables. The mean and standard deviation of each group were calculated to determine the level of difference between the groups in their health outcomes. In order to ascertain how significant the differences were, the three stated hypotheses were analysed using Multiple Regression Analysis. All analyses were carried out using IBM*SPSS* Version 20.

Results

Pearson Product Moment correlation was employed to determine the pattern and extent of relationship among the variables of the study. The pattern of relationship obtained in the present population is presented in Table 1.

Table 1.
Correlation Matrix Showing the Relationship among Variables of Study

Variables	N	$\overline{X}$	SD	1	2	3	4	5	6	7	8	9	10	11
1.Age	102	31.16	6.88	--										
2.Sex	102	--	--	. 02	--									
3.Marital Status.	102	--	--	.02	.02	--								
4.Work Experience	102	--	--	.72**	.07	.38**	--							
5.Self-esteem	102	33.25	4.37	-.12	-.11	-.17	-.08	--						
6.Work Autonomy	102	15.68	3.16	.08	.14	.10	.11	.06	--					
7.Role Overload	102	8.50	2.31	-.14	.05	.004	-.05	-.16	.09	--				
8.Role Conflict	102	14.53	3.61	-.05	-.09	.06	-.10	-.05	.00	.21*	--			
9.Work-Relate Mental Health	102	12.22	4.34	-.03	.06	.03	.01	-.16	-.20*	.14	.11	--		
10.General Mental Strain	102	67.49	9.62	-.08	-.14	-.16	-.09	.39**	.23*	-.15	-.10	-.29**	--	
11.Physical Health	102	38.22	9.64	-.01	.29**	.09	.02	-.20*	-.28**	.22*	.19	.48**	-.40**	--

*P<.05, **P<.01

Table 1 presents the mean scores, standard deviations, and Pearson's Product Moment correlations for the variables investigated in this research. As per demographic variables included in the study; employees' age was not significantly related to any of the three indicators [i.e. work-related mental health ($r = -.03$; $p > .05$); general mental strain ($r = -.08$; $p > .05$); and physical health ($r = -.01$; $p > .05$)] of health and well-being. Likewise, marital status and work experience did not have significant relationship with any of the three indicators of health and well-being: marital and work-related mental health ($r = .03$; $p > .05$), marital status and general mental strain ($r = -.16$; $p > .05$), and marital status and physical health ($r = .09$; $p > .05$): work experience and work-related mental health ($r = .01$; $p > .05$), work experience and general mental strain ($r = -.09$; $p > .05$), and work experience and physical health ($r = .01$; $p > .05$). However, employees' sex was only significantly correlated with physical health ($r = .29$; $p < .01$) as one of the indicators of health and well-being but did not significantly correlate with the two other indicators that is, work-related mental health ($r = .06$; $p > .05$); and general mental strain ($r = -.14$; $p > .05$).

The intercorrelations of the main variables of this study showed that: there was no significant relationship between self-esteem and work-related mental health ($r = -.16$; $p > .05$), there was significant positive relationship between self-esteem and general mental strain ($r = .39$; $p < .01$). This means that, as employees' self-esteem increases, the mental health of such employees also increases (vice versa), and likewise there was significant negative relationship between self-esteem and physical health ($r = -.20$; $p < .05$). This indicated that, as employees' scores on self-esteem increased, their scores on physical health decreased (and low score on physical health questionnaire is associated with good health) which is an indication that, as employees' self-esteem increased their physical health as well improved their well-being and vice versa.

Work autonomy had significant negative relationships with employees' work-related mental health ($r = -.20$; $p < .05$), employees' physical health (($r = -.28$; $p < .01$), and significant

positive relationship with employees' general mental strain (r = .23; p < .05). These results implied that, when employees have more autonomy in their work, work-related mental health, physical health, and general mental health of such employees are enhanced.

Role overload did not have significant correlations with employees' work-related mental health (r = .14; p > .05), and general mental strain (r = -.15; p > .05). However, role overload had significant positive relationship with employees' physical health (r = .22; p < .05). This result indicated that, as employees' role overload increased, the physical health of such employees became poorer (and vice versa).

Finally, role conflict did not have significant relationships with any of the three indicators of health and well-being that is, work-related mental health (r = .11; p > .05); general mental strain (r = -.10; p > .05); and physical health (r = .19; p > .05).

Table 2**.**
Summary of Multiple Regression Analysis using Self-esteem, Work Autonomy, Role Overload, and Role Conflict to predict Work-Related Mental Health

Predictors	**R**	**R^2**	**F**	***p***	**β**	**t**	**P**
Self-esteem					-.13	-1.28	> .05
Work Autonomy					-.20	-2.03	< .05
	.28	.08	2.22	> .05			
Role Overload					.12	1.19	> .05
Role Conflict					.07	.74	> .05

Table 2 revealed that, self-esteem, work autonomy, role overload, and role conflict did not jointly predict employees' work-related mental health {R^2= .08, F (4, 97) = 2.22; p > .05}. Observation of R^2 (.08) value further showed that 8.0% variance in employees' work-related mental health was jointly accounted for by the predictors. Regarding independent influences of the predictors, self-esteem, role overload, and role conflict did not independently predict employees' work-related mental health significantly; {β = -.13; t= -1.28; P > .05}, {β = .12; t= -1.19; P > .05}, and {β = .07; t= .74; P > .05} respectively. However, work autonomy independently predicted employees' work-related mental health significantly {β = -.20; t= -2.03; P > .05}.

Table 3**.**
Summary of Multiple Regression Analysis using Self-esteem, Work Autonomy, Role Overload, and Role Conflict to predict General Mental Strain

Predictors	**R**	**R^2**	**F**	***P***	**β**	**t**	***P***
Self-esteem					.35	3.83	< .01
Work Autonomy					.22	2.38	< .05
	.46	.21	6.34	< .001			
Role Overload					-.11	-1.11	> .05
Role Conflict					-.06	-.65	> .05

Table 3 showed that, self-esteem, work autonomy, role overload, and role conflict jointly predicted employees' general mental strain significantly {R^2= .21, F (4, 97) = 6.34; p < .01}. Further analysis showed that, 21.0% variance in employees' general mental strain was jointly

contributed by the predictors. As per independent prediction, role overload, and role conflict did not independently predict general mental strain significantly; {β = -.11; t= -1.11; P > .05}, and {β = -.06; t= -.65; P > .05} respectively. However, self-esteem independently predicted general mental strain significantly {β = .35; t= 3.83; P < .001}. Likewise, work autonomy independently predicted general mental strain significantly {β = .22; t= 2.38; P < .05}.

Table 4.
Summary of Multiple Regression Analysis using Self-esteem, Work Autonomy, Role Overload, and Role Conflict to predict Physical Health

Predictors	**R**	**R^2**	**F**	**P**	**β**	**t**	**P**
Self-esteem					-.14	-1.51	> .05
Work Autonomy					-.28	-3.05	< .01
	.42	.18	5.21	< .01			
Role Overload					.20	2.05	< .05
Role Conflict					.14	1.51	> .05

Table 4 showed that, self-esteem, work autonomy, role overload, and role conflict jointly predicted employees' physical health significantly {R^2= .18, F(4, 97) = 5.21; p < .01}. It was further revealed that, 18.0% variance in the respondents' physical health was jointed contributed by the predictors. Regarding independent prediction, self-esteem, and role conflict did not independently predict employees' physical health significantly; {β = -.14; t = -1.51; P > .05}, and {β = .14; t= 1.51; P > .05} respectively. However, work autonomy independently predicted physical health significantly {β = -.28; t = -3.05; P < .01}. Also, role overload independently predicted physical health significantly {β = .20; t = 2.05; P < .05}.

Discussion

This study examined psychosocial workplace factors (self-esteem, work autonomy, role overload and role conflict) as predictors of health outcomes (physical health, work-related mental health and general mental strain) among health workers in Medical Village, Ondo, Nigeria. The findings provide valuable insights into how the psychosocial workplace factors influence health outcome in healthcare settings.

From the results of analysis, it was revealed that, work autonomy had significant independent influence on employees' work-related mental health. This means that, the level of work autonomy enjoyed by employees is vital in influencing their health and well-being. This finding is similar to the findings of some scholars who found a significant link between reduced job autonomy and heightened risks for mental health challenges (Madsen et al., 2017) as well as physical health issues (Ferrie et al., 2016).

Analysis of the results also showed that, self-esteem, work autonomy, role overload, and role conflict jointly predicted employees' general mental strain significantly. Observation of the beta value (β = -.20) further showed that, as employees' score on work autonomy scale increases, their scores on work-related mental health drops (and low scores on work-related mental health indicates good health). This therefore, implies that, more work autonomy leads to improved work-related mental health of the employees. This denoted that, the predictors together are relevant in explaining employees' work-related mental health. Regarding independent prediction, self-esteem, and work autonomy independently predicted employees' health and well-being

significantly. The reasons for this may be that because job autonomy gives employees opportunities to take some critical decisions about their job such as when to begin and end the performance of assigned tasks. Another reason maybe because self-esteem may influence the employees' perception of work situations, the choice of coping strategies or the intensity with which a given employee takes action which may ultimately affect his/her health and well-being at work. The study is in line with the findings of Cooper, and Jackson (1995) who found influential effects of neuroticism on employees' health, well-being and self-esteem (Brockner, 1988). This implied that, employees' negative perception of work situation may compromise their health outcomes.

Finally, analysis of the results revealed that, self-esteem, work autonomy, role overload, and role conflict jointly predicted employees' physical health significantly. The result indicates that, self-esteem, work autonomy, role overload, and role conflict play essential roles in explaining employees' physical health. Concerning independent prediction, work autonomy, and role overload independently predicted physical health significantly. The findings of this research are in line with the finding of Bolino and Turnley (2005) who found role overload to be highly correlated with stress. Likewise, Rahim and Psenicka (1996) found role overload to cause anxiety especially, when employees have little control over their jobs (Karaset & Theorell, 1990). Findings of the study also support earlier studies; research has linked role overload to various forms of health outcomes, such as heightened job stress (Shultz et al., 2010), increased psychological distress (Rafferty & Jimmieson, 2010), and elevated anxiety levels (Mazzola & Disselhorst, 2019).

Limitations of the study

There is no research without its own limitations. The study is limited by its absolute dependence on self-report instruments as a medium to collect information from the respondents.

Regardless of its drawbacks, this study made significant contributions to the database on health and well-being at work. Experimental design method should be employed in order to determine if these findings can be replicated

Conclusion

The study concludes that psychosocial workplace factors (self-esteem, work autonomy, role overload, and role conflict) are significant predictors of health outcomes among health workers. The findings emphasize the importance of these factors in shaping physical health, work-related mental health, and general mental strain. Specifically, higher self-esteem and more work autonomy were associated with improved health outcomes, while role overload negatively impacted physical health, and role conflict had no significant influence on any of the health outcomes. The study emphasizes that developing a supportive work environment that promotes self-esteem and provides autonomy while addressing role overload and conflicts is vital for improving the health outcomes of health workers. Employers and policymakers are encouraged to integrate these insights into intervention programmes aimed at enhancing employee health outcomes and workplace productivity. Future research could adopt longitudinal or experimental designs to further explore these relationships across diverse healthcare settings.

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