

Perceived Workplace Stressors and Coping Strategies of Non-Clinical Staff in a Psychiatric Facility in the United Arab Emirates: A Cross-Sectional Study

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Abstract— This study examined the perceived workplace stressors and coping strategies of non-clinical staff in a psychiatric facility in the United Arab Emirates using a descriptive cross-sectional quantitative design. Data were collected from 100 non-clinical employees through a structured survey questionnaire covering demographic and work-related characteristics, workplace stressors, coping strategies, and recommended measures for reducing stress and strengthening coping. Frequency, percentage, and weighted mean were used to analyze the data. Findings showed that the respondents were predominantly male, married, high school graduates, multicultural in nationality, and mostly had less than three years of work experience. The most significant workplace stressors were long working hours, insufficient training or lack of resources, and low salary or lack of incentives, followed by limited career progression, lack of job security, and unclear work responsibilities. In terms of coping, respondents most commonly reported ignoring problems until they resolved themselves, avoiding stressors at work, and seeking support from coworkers, indicating a predominance of passive and avoidant coping strategies. The study concludes that workplace stress among non-clinical staff is largely shaped by organizational and structural factors, while coping is often constrained by limited support systems. It recommends flexible scheduling, training and mental health literacy programs, clearer role definitions, mentorship, peer support, and stronger leadership communication to promote healthier coping and workplace well-being.

Keywords— Workplace stress; coping strategies; non-clinical staff; psychiatric facility; United Arab Emirates.

I. INTRODUCTION

Mental health in the workplace has become an increasingly important concern in health systems worldwide because employee well-being is closely linked to organizational functioning, service quality, and workforce sustainability. Across sectors, poor workplace mental health has been associated with reduced productivity, absenteeism, presenteeism, burnout, and diminished quality of life (Sarkar et al., 2024; Ballard et al., 2025). In healthcare settings, the burden is even more pronounced because employees work within environments characterized by high demands, time pressure, emotional strain, and limited recovery opportunities. The broader global importance of mental health is further underscored by the substantial social and economic burden of mental disorders, which continue to affect individuals, institutions, and national systems (Arias et al., 2022; Kestel et al., 2022).

Within healthcare institutions, much of the existing literature has focused on physicians, nurses, and other clinical professionals, especially during and after the COVID-19 pandemic. Studies from the United Arab Emirates and elsewhere have documented psychological distress, anxiety, burnout, and other adverse outcomes among healthcare workers exposed to heightened occupational pressures (Al Shamsi et al., 2020; Saddik et al., 2021; Al-Yateem et al., 2022; Kooli, 2021). Reviews of epidemic-related occupational mental health have likewise shown that healthcare workers are particularly vulnerable when workload, uncertainty, and emotional demands intensify (Serrano-Ripoll et al., 2020). However, the mental health of healthcare personnel should not be understood only through the experiences of clinical workers. Hospitals and psychiatric facilities also rely heavily on non-clinical staff, including administrative, operational, maintenance, transport, and support

personnel, whose roles are essential to continuity of care, institutional safety, and the overall therapeutic environment.

Despite this, non-clinical staff remain comparatively underrepresented in workplace mental health research. Emerging evidence suggests that administrative and support staff in healthcare settings also experience significant occupational stress, psychological distress, and burnout linked to physical job demands, organizational support, emotional labor, and institutional culture (Chen et al., 2023; Alblooshi et al., 2023; Bucala et al., 2024). In psychiatric settings, this issue may be even more complex. Although non-clinical workers are not directly responsible for clinical treatment, they still function within emotionally charged environments and may be exposed to indirect trauma, workplace stigma, safety concerns, and challenging interactions with patients, families, and staff (Ham et al., 2021; Mohamed et al., 2022; Subu et al., 2023). Research has also shown that burnout and stress among non-medical staff in mental health settings are shaped by organizational factors such as workload, unclear responsibilities, inadequate support, and limited opportunities for advancement (Al Dhaheri & Thomas, 2020; Johnson et al., 2021; Qureshi, Upthegrove, & Thompson, 2023).

The psychiatric work environment presents unique demands that can affect both clinical and non-clinical personnel. Mental health facilities often require staff to operate in settings marked by emotional intensity, heightened vigilance, interpersonal complexity, and sustained exposure to distress. Reviews have noted that psychiatric hospital workers may face direct or vicarious trauma and emotional burden even when they are not frontline clinicians (Ham et al., 2021; Flannery & Flannery, 2023; Chapman et al., 2024). Environmental and institutional features of inpatient mental health facilities may also shape employee stress and well-being, including staffing structures, physical design, role expectations, and organizational communication (Rodríguez-Labajos et al., 2024; Ghareeb et al., 2022). These realities suggest that workplace mental health in psychiatric settings should be approached as a whole-of-workforce issue rather than one limited to licensed clinicians.

In the UAE context, this issue is especially relevant. The country's mental health system has developed rapidly over recent years, yet mental health service delivery continues to depend on a diverse and multicultural workforce, much of which includes expatriate labor across both clinical and support roles (Haque, 2016; Ajab et al., 2021). Studies in the UAE have shown that healthcare workers' mental well-being is influenced by institutional conditions, disaster preparedness, stigma, communication, and support structures (Alsuwaidi, 2023; Misra et al., 2024; Subu et al., 2023). Among non-clinical staff in psychiatric facilities, research has pointed to the importance of mental health literacy, help-seeking behaviors, workplace stigma, and organizational support (Al-Yateem et al., 2021; Mohammed et al., 2023; Al Mazrouei et al., 2021). At the same time, the multicultural and hierarchical nature of healthcare work in the Gulf may create additional barriers to help-seeking, participation in wellness activities, and access to supportive resources, particularly for lower-ranked or less experienced employees (Qureshi et al., 2023; Halat et al., 2023).

Theoretical perspectives also help explain why non-clinical staff may experience stress in these settings. Lazarus and Folkman's (1987) transactional theory proposes that stress arises when individuals appraise workplace demands as exceeding their available coping resources. Similarly, the Job Demands-Resources framework suggests that high demands combined with inadequate resources can lead to strain, reduced well-being, and impaired functioning (Ho et al., 2022). In the context of psychiatric facilities, demands such as long hours, unclear work roles, emotional exposure, and limited advancement opportunities may become especially burdensome when staff lack training, support, autonomy, or psychologically safe channels for communication. These conditions may shape not only how workers experience stress but also the kinds of coping strategies they adopt.

Coping is a central component of occupational mental health because it reflects how employees manage and respond to workplace pressures. Coping strategies may be problem-focused, emotion-focused, avoidant,

or support-seeking, and their effectiveness often depends on the workplace environment and the resources available to employees (Lazarus & Folkman, 1987; Gautam et al., 2024). Among non-clinical staff in psychiatric settings, coping may be influenced by mental health literacy, stigma, managerial climate, and peer relationships (Al-Yateem et al., 2021; Mohammed et al., 2023; Halat et al., 2023). Evidence from intervention and review studies suggests that healthier coping and better well-being can be promoted through peer support, mentorship, mental health first aid, resilience training, counseling access, wellness programs, and integrated workplace mental health policies (Anger, Dimoff, & Alley, 2024; Frías et al., 2025; Singh & Bhuvaneshwari, 2023; Alabdulla et al., 2024). However, many studies also emphasize that employee well-being cannot be improved through individual-focused interventions alone; organizational culture, leadership, workload design, and structural support must also be addressed (Murphy et al., 2023; Ballard et al., 2025; Mhlongo et al., 2024).

Although international literature on workplace mental health has grown, there remains limited empirical research focusing specifically on non-clinical personnel in psychiatric facilities in the UAE. Much of the available evidence either centers on clinical staff, addresses healthcare workers broadly, or explores mental health support in generalized institutional terms. Consequently, there is a need for more context-specific evidence on the workplace stressors and coping strategies of non-clinical staff who work within psychiatric environments but are often overlooked in research and policy discussions. Understanding their demographic and work-related profile, the stressors they experience, and the coping strategies they use can provide a stronger basis for designing interventions that are relevant, inclusive, and institutionally feasible.

Thus, this study sought to examine the perceived workplace stressors and coping strategies of non-clinical staff in a psychiatric facility in the United Arab Emirates. Specifically, it aimed to describe the demographic and work-related profile of non-clinical staff, identify and rank their major workplace stressors, determine the coping strategies they

commonly use, and generate evidence-based recommendations for reducing workplace stress and strengthening coping. By focusing on a neglected but essential segment of the psychiatric workforce, the study contributes to the growing body of literature calling for more comprehensive and system-oriented approaches to workplace mental health in healthcare institutions.

II. METHODOLOGY

This study employed a descriptive cross-sectional quantitative research design to examine the perceived workplace stressors and coping strategies of non-clinical staff in a psychiatric facility in the United Arab Emirates. The design was appropriate because it allowed the researcher to describe the characteristics of the respondents, identify the workplace stressors they experienced, and determine the coping strategies they used based on data gathered at a single point in time. The study focused on non-clinical personnel working in the selected psychiatric facility, as this group represents an essential but often overlooked segment of the healthcare workforce. A total of 100 non-clinical staff participated in the study.

Data were collected using a structured survey questionnaire adapted to the objectives of the study. The instrument consisted of sections covering the respondents' demographic and work-related profile, workplace stressors, coping strategies, and recommended measures for reducing workplace stress and strengthening coping. The demographic section gathered information on age, sex, marital status, educational attainment, nationality, and years of experience. The workplace stressor section examined task-related factors, work environment factors, and job security and career prospects, while the coping section identified the strategies commonly used by respondents in managing workplace stress. The questionnaire was administered to the selected respondents following the necessary ethical and administrative procedures to ensure voluntary participation, confidentiality, and proper handling of the data.

The gathered data were encoded, tabulated, and analyzed using descriptive statistical tools. Frequency

and percentage were used to summarize the demographic and work-related profile of the respondents as well as the coping strategies they used. Weighted mean was employed to identify the level of workplace stressors and to rank the major stressors experienced by non-clinical staff across the identified categories. The results were then presented in tables and interpreted according to the objectives of the study. Through this method, the study was able to generate an evidence-based description of the workplace stressors, coping strategies, and practical recommendations relevant to non-clinical staff in psychiatric facilities.

III. RESULTS & DISCUSSION

Demographic and Work-Related Profile of the Respondents

Table 1 presents the demographic and work-related profile of the 100 non-clinical staff included in the study. In terms of nationality, the respondents were predominantly Filipino (32%), followed by Indian (19%), Pakistani (11%), Sudanese (9%), and smaller proportions of Local UAE and Egyptian workers (8% each), Moroccan (7%), Nepalese (4%), and Ethiopian (2%). This distribution reflects the multicultural composition of the healthcare support workforce in the

United Arab Emirates, where expatriate employees make up a substantial share of hospital personnel. The findings suggest that workplace experiences and stress responses among non-clinical staff should be understood within a culturally diverse context, where differences in language, adaptation, family separation, and employment expectations may shape overall well-being.

With respect to age, most respondents were in their productive working years, particularly those aged 30–34 years (28%), followed by 45–49 years (20%) and 25–29 years (19%). Only a small proportion were below 25 years old. This indicates that the workforce was largely composed of adults in mid-career or early middle adulthood, an age range often associated with increasing family responsibilities, financial obligations, and work-role demands. Such a profile is important because employees in these age groups may experience stress not only from workplace conditions but also from competing personal and social roles. The distribution also implies that the sample included workers with potentially different coping capacities, with younger staff possibly still adjusting to workplace expectations and older workers potentially carrying cumulative occupational strain.

Table 1. Demographic and Work-Related Profile of Non-Clinical Staff (N=100)

Variable	Category	f	%
Nationality	Filipino	32	32
	Indian	19	19
	Pakistani	11	11
	Sudanese	9	9
	Local UAE	8	8
	Egyptian	8	8
	Moroccan	7	7
	Nepalese	4	4
	Ethiopian	2	2
Age	15–19	2	2
	20–24	3	3
	25–29	19	19
	30–34	28	28
	35–39	10	10
	40–44	9	9
	45–49	20	20
	50 and above	9	9

Sex	Male	75	75
	Female	25	25
Educational Attainment	High School Diploma	79	79
	Bachelor's Degree	21	21
Marital Status	Married	60	60
	Single	39	39
	Widowed	1	1
Years of Experience	Less than 1 year	55	55
	1–3 years	30	30
	4–6 years	15	15

In terms of sex, the respondents were predominantly male (75%), while only 25% were female. This suggests that non-clinical roles in the psychiatric facility, such as support, maintenance, transport, security, and other operational services, may be male-dominated. This imbalance is relevant in interpreting the findings because sex composition may influence work assignments, exposure to physically demanding or high-risk tasks, and willingness to disclose distress or seek help. In many workplace settings, male employees may be less likely to openly discuss psychological difficulties, which can affect both reported coping strategies and engagement with mental health support services.

The results further show that most respondents had a high school diploma (79%), while only 21% had a bachelor's degree. This indicates that the majority of the participants occupied roles that did not necessarily require advanced academic qualifications, which is consistent with many non-clinical support positions in healthcare institutions. Educational attainment is a meaningful variable in this context because it may shape job expectations, opportunities for career advancement, confidence in problem-solving, and access to training. Workers with lower formal educational attainment may also be more vulnerable to role ambiguity or reduced empowerment in hierarchical healthcare systems, particularly if training and communication structures are limited.

Regarding marital status, most respondents were married (60%), followed by single workers (39%), while only 1% were widowed. This suggests that a large proportion of the workforce may be balancing

employment with family responsibilities. For married employees, occupational stress may be compounded by financial obligations, caregiving roles, and the challenge of maintaining work–life balance. In the UAE context, where many expatriate workers may live apart from their families or act as primary earners for relatives abroad, marital status may have an added psychosocial dimension. Thus, the predominance of married respondents may help explain why workplace stress can extend beyond the job itself and intersect with broader personal and economic demands.

In terms of years of experience, more than half of the respondents had less than 1 year of service (55%), 30% had 1–3 years of experience, and only 15% had 4–6 years. This finding is especially important because it suggests that the non-clinical workforce was largely composed of relatively new employees. A less experienced workforce may be more vulnerable to occupational stress due to unfamiliarity with institutional routines, limited confidence in managing challenging situations, and weaker integration into workplace support systems. The dominance of newer staff also has implications for organizational stability, onboarding quality, and the need for structured supervision and mentorship.

Overall, Table 1 portrays a workforce that is multicultural, predominantly male, largely high-school educated, mostly married, and heavily concentrated in the lower experience brackets. These characteristics suggest that the respondents may face unique vulnerabilities linked to adjustment, job insecurity, family obligations, and limited professional development opportunities. The profile also provides

a useful context for interpreting the later findings on stressors and coping strategies, since demographic and work-related factors often shape how employees perceive stress and how they respond to it.

These findings are supported by previous studies showing that non-clinical and support staff in healthcare settings are influenced by both workforce composition and organizational conditions. Al Dhaheri and Thomas (2020) found that non-medical staff in mental health settings in Abu Dhabi were affected by workplace factors linked to burnout, highlighting the importance of role and employment context. Alblooshi et al. (2023) similarly reported that administrative and support staff in UAE healthcare institutions experience occupational stress shaped by institutional conditions. The multicultural nature of the current sample is also consistent with Ajab et al. (2021), who described the diverse composition of the UAE healthcare workforce, while Qureshi et al. (2023) emphasized that diverse healthcare workers often require systemic and inclusive mental health support. The predominance of less experienced personnel may also align with findings from Senek et al. (2025), who noted that retention and adjustment issues affect

support staff in mental health services. More broadly, the importance of organizational and demographic factors in employee well-being is reinforced by Chen et al. (2023), who linked psychological distress among hospital administrative staff to workplace demands and support, and by Bucala et al. (2024), who identified structural and job-context factors as central contributors to stress among non-clinical healthcare staff.

Major Workplace Stressors Among Non-Clinical Staff

Table 2 presents the major workplace stressors experienced by non-clinical staff across three domains: task-related factors, work environment, and job security and career prospects. Overall, the results show that the respondents perceived several aspects of their work as stressful, with the highest levels of stress arising from long working hours, insufficient training or lack of resources, and low salary or lack of incentives. These findings suggest that workplace stress among non-clinical staff is shaped not only by daily job tasks but also by broader organizational and employment conditions.

Table 2. Major Workplace Stressors of Non-Clinical Staff (N=100)

Category	Stressor	f	%	\bar{x}	Int.	Rank within Category
Task-related	Insufficient training / lack of resources	44	44	3.90	Very Stressful	1
	Unclear work responsibilities	5	5	3.60	Very Stressful	2
	Heavy workload	50	50	3.36	Moderately Stressful	3
Work environment	Long working hours	80	80	4.10	Very Stressful	1
	Work-life imbalance	30	30	3.17	Moderately Stressful	2
	Physical discomfort at workplace	2	2	3.00	Moderately Stressful	3
Job security and career prospects	Low salary or lack of incentives	91	91	3.87	Very Stressful	1
	Limited career progression	74	74	3.81	Very Stressful	2
	Lack of job security	40	40	3.63	Very Stressful	3

Under the task-related category, the highest-ranked stressor was insufficient training or lack of resources,

with a weighted mean of 3.90, interpreted as very stressful. This indicates that many respondents felt

inadequately equipped to perform their duties effectively, which may create uncertainty, frustration, and reduced confidence in handling work demands. In healthcare settings, especially psychiatric facilities, even non-clinical staff may be exposed to emotionally demanding situations, safety concerns, and operational challenges that require proper orientation and institutional support. When workers perceive that they lack the necessary preparation or resources, ordinary job demands can become more difficult to manage. Unclear work responsibilities ranked second with a weighted mean of 3.60, also interpreted as very stressful, suggesting that ambiguity in assigned roles and expectations contributed substantially to employee strain. Heavy workload, although still notable, ranked third in this category with a weighted mean of 3.36 and was interpreted as moderately stressful. This implies that while workload was a concern, respondents may have perceived the lack of clarity and insufficient support as even more distressing than the amount of work itself.

In the work environment category, long working hours emerged as the highest stressor overall, with a weighted mean of 4.10, interpreted as very stressful. This finding indicates that extended work schedules were the most burdensome condition experienced by respondents. Long working hours can reduce rest, interfere with family and social responsibilities, and weaken employees' physical and emotional capacity to cope with daily occupational demands. For non-clinical personnel, whose work often involves operational continuity, support functions, and shift-based tasks, extended duty hours may produce fatigue and lower job satisfaction. Work-life imbalance ranked second, with a weighted mean of 3.17, interpreted as moderately stressful, indicating that respondents also experienced difficulty balancing work obligations with personal life. Physical discomfort at the workplace obtained the lowest weighted mean in this category at 3.00, also interpreted as moderately stressful. Although this was the least stressful among the environmental factors, it still suggests that physical workplace conditions may affect employee comfort and well-being to some extent.

Under job security and career prospects, low salary or lack of incentives ranked first, with a weighted mean of 3.87, interpreted as very stressful. This result shows that compensation-related concerns were a major source of stress for respondents. In many non-clinical roles, financial rewards may be viewed as insufficient relative to the demands of the work, especially when employees are expected to perform essential tasks in a highly structured and emotionally challenging healthcare environment. Limited career progression followed closely, with a weighted mean of 3.81, also interpreted as very stressful, suggesting that respondents were concerned about the lack of opportunities for advancement or professional growth. Lack of job security ranked third with a weighted mean of 3.63, again within the very stressful range. This indicates that respondents were also troubled by uncertainty regarding the stability and continuity of their employment. Taken together, these findings reflect that non-clinical staff not only struggle with operational demands but also with concerns about fair compensation, future prospects, and employment stability.

The pattern of results indicates that workplace stress among non-clinical staff is strongly influenced by organizational and structural conditions. The fact that long working hours, lack of training/resources, and low salary were among the top-ranked stressors suggests that stress is not merely an individual reaction but is rooted in how work is designed, supported, and rewarded. These results imply that interventions should go beyond encouraging personal resilience and instead address institutional issues such as staffing adequacy, training systems, role clarity, incentives, and supportive work policies. In psychiatric facilities, where the work context may already be emotionally demanding, the failure to address these structural concerns may further intensify staff strain and reduce workplace well-being.

The findings of the present study are supported by earlier research. Al Dhaheri and Thomas (2020) reported that non-medical staff in mental health settings in Abu Dhabi experienced burnout associated with workplace conditions, reinforcing the idea that support personnel in psychiatric environments are

vulnerable to job-related strain. Alblooshi et al. (2023) likewise found that administrative and support staff in UAE healthcare institutions experienced occupational stress related to institutional conditions. The prominence of inadequate training and role ambiguity in the current findings is consistent with Barakat et al. (2022), who identified mental health training needs among non-clinical workers in psychiatric settings, and with Bucala et al. (2024), who emphasized organizational and job-context factors as central stressors among non-clinical healthcare staff. The strong effect of long working hours and work-life imbalance also aligns with Ho et al. (2022), whose JD-R perspective highlights excessive demands as important contributors to workplace stress, and with Chen et al. (2023), who linked psychological distress among hospital administrative staff to physical job demands and organizational support. Concerns about salary, incentives, and career progression are further echoed by Qureshi, Upthegrove, and Thompson (2023), who found that institutional factors shape staff mental well-being in psychiatric settings, and by Murphy et al. (2023), who argued that supporting the mental health of all hospital employees has both human and economic value. Overall, the present results are also in line with Lazarus and Folkman's (1987) transactional theory, which explains that stress emerges when individuals perceive workplace demands as exceeding the resources available to manage them.

Table 3 presents the overall ranking of workplace stressors experienced by non-clinical staff based on

weighted mean scores. The results show that the respondents perceived several workplace conditions as stressful, with the highest-ranking stressors concentrated in work environment, task-related concerns, and job security and career prospects. Among all items, long working hours emerged as the most severe stressor, with a weighted mean of 4.10, interpreted as very stressful. This was followed by insufficient training or lack of resources (3.90), low salary or lack of incentives (3.87), and limited career progression (3.81), all likewise interpreted as very stressful. The findings indicate that the strongest sources of stress among non-clinical staff were largely structural and organizational in nature rather than purely individual or incidental.

The highest-ranked stressor, long working hours, suggests that extended duty periods placed a considerable burden on respondents. This finding implies that time-related demands may be the most pressing challenge confronting non-clinical staff in psychiatric facilities. Long work hours can contribute to fatigue, reduced concentration, physical exhaustion, and limited recovery time, all of which may undermine both personal well-being and job performance. In addition, long schedules may interfere with family life, rest, and social functioning, thereby intensifying stress beyond the workplace itself. The fact that this stressor ranked first overall shows that workload is not only about the volume of tasks but also about the amount of time employees must remain physically and emotionally available for work.

Table 3. Overall Ranking of Workplace Stressors by Weighted Mean

Overall Rank	Stressor	Category	\bar{x}	Interpretation
1	Long working hours	Work environment	4.10	Very Stressful
2	Insufficient training / lack of resources	Task-related	3.90	Very Stressful
3	Low salary or lack of incentives	Job security and career prospects	3.87	Very Stressful
4	Limited career progression	Job security and career prospects	3.81	Very Stressful
5	Lack of job security	Job security and career prospects	3.63	Very Stressful
6	Unclear work responsibilities	Task-related	3.60	Very Stressful
7	Heavy workload	Task-related	3.36	Moderately Stressful

8	Work-life imbalance	Work environment	3.17	Moderately Stressful
9	Physical discomfort at workplace	Work environment	3.00	Moderately Stressful

The second-ranked stressor, insufficient training or lack of resources, points to the difficulty respondents experienced when required to perform their duties without adequate preparation or institutional support. This result suggests that non-clinical staff may have felt underprepared to manage the demands of their roles, especially within a psychiatric facility where the environment may present emotional, interpersonal, and operational challenges. When employees perceive that they are not properly trained or lack the tools needed to perform effectively, job demands can become more overwhelming. This finding also highlights the importance of competency development, orientation, and access to appropriate resources as central protective factors against workplace stress.

Low salary or lack of incentives ranked third overall, while limited career progression ranked fourth and lack of job security ranked fifth. Together, these findings demonstrate that financial and career-related concerns were among the most important contributors to stress. This suggests that respondents were not only affected by their day-to-day work experiences but also by how their work was valued, rewarded, and sustained over time. Perceived inadequacy of compensation may lead employees to feel unrecognized or undervalued, while limited advancement opportunities may reduce motivation and create frustration about future prospects. Likewise, concerns about job security may foster uncertainty and anxiety, particularly among workers who depend heavily on stable employment to support themselves or their families. These results indicate that employment conditions are deeply intertwined with employee well-being.

Unclear work responsibilities, which ranked sixth and remained within the very stressful range, further emphasize the role of organizational structure in shaping stress. When responsibilities are not clearly defined, employees may become confused about expectations, accountability, and the limits of their

role. In non-clinical positions, where job descriptions may involve support functions across different departments, ambiguity can create additional strain and undermine confidence. This finding suggests that respondents may have faced uncertainty not only in what to do, but also in how well they were expected to perform or how their work would be evaluated.

The lower-ranked stressors, though interpreted as only moderately stressful, remain important. Heavy workload ranked seventh, followed by work-life imbalance and physical discomfort at the workplace. These findings suggest that although these factors were less dominant than the others, they still contributed meaningfully to respondents' experiences of stress. Heavy workload indicates pressure arising from the quantity or intensity of tasks, while work-life imbalance reflects the difficulty of reconciling professional obligations with personal and family roles. Physical discomfort at the workplace, though ranked last, still suggests that environmental conditions such as ergonomics, workspace arrangement, or physical strain may affect employee well-being. Even when comparatively less severe, these factors can accumulate and interact with more dominant stressors, increasing the overall burden experienced by staff.

Taken as a whole, Table 3 reveals that the overall stress profile of non-clinical staff was driven primarily by systemic issues embedded in the workplace environment, employment structure, and institutional support systems. The predominance of long working hours, inadequate training, low salary, limited career progression, and job insecurity suggests that the respondents' stress was shaped less by isolated incidents and more by persistent organizational conditions. This pattern highlights the importance of addressing workplace stress through institutional reforms such as workload regulation, better staffing, clearer role definitions, fair compensation, career development pathways, and improved resource allocation. In psychiatric facilities, where the work

context is already demanding, failure to address these structural stressors may place non-clinical staff at continued risk of distress and reduced occupational well-being.

The present findings are supported by previous studies showing that organizational and structural conditions are major determinants of stress among healthcare support staff. Al Dhaheri and Thomas (2020) found that non-medical staff in mental health settings in Abu Dhabi experienced burnout associated with workplace factors, supporting the present finding that stress in psychiatric settings extends beyond clinical roles. Alblooshi et al. (2023) likewise reported that administrative and support staff in UAE healthcare institutions experience occupational stress shaped by institutional conditions. The prominence of insufficient training and unclear responsibilities in the present study is consistent with Barakat et al. (2022), who identified important training needs among non-clinical workers in psychiatric settings, and with Bucala et al. (2024), who emphasized that workplace stress among non-clinical healthcare staff is rooted in job design, organizational support, and resource constraints. The ranking of long working hours and work-life imbalance also aligns with Ho et al. (2022), whose Job Demands-Resources framework highlights excessive demands and limited resources as major predictors of work stress. Similarly, Chen et al. (2023) found that psychological distress among hospital administrative staff was linked to physical job demands and weak organizational support. Concerns related to low salary, limited progression, and job insecurity are further echoed in Qureshi, Upthegrove, and Thompson (2023), who reported that institutional factors significantly influence staff mental well-being

in psychiatric settings, and Murphy et al. (2023), who argued that investing in the mental health of all hospital workers is both a human and economic necessity. These findings are also consistent with Lazarus and Folkman's (1987) transactional theory, which explains that stress develops when workers appraise job demands as exceeding the coping resources available to them.

Coping Strategies Used by Non-Clinical Staff

Table 4 presents the coping strategies used by non-clinical staff in managing workplace stress. The results show that the respondents relied predominantly on passive and avoidant coping mechanisms rather than active, problem-focused, or health-promoting strategies. The most commonly reported strategy was ignoring problems until they resolve themselves, identified by 95% of respondents. This was followed by avoiding stressors at work (64%) and seeking support from coworkers (46%). Other moderately used strategies included engaging in entertainment activities to unwind (42%), setting priorities and organizing workload (37%), and distracting oneself through hobbies or media (36%). Less frequently reported coping responses were participating in professional development courses (25%), asking mentors or supervisors for advice (24%), learning new skills for better job efficiency (23%), engaging in problem-solving activities (19%), exercising, meditating, or practicing mindfulness (14%), escaping to temporary solutions without long-term plans (9%), and sharing personal challenges with family or friends (8%). Overall, the table suggests that non-clinical staff tended to cope with stress by avoiding, delaying, or temporarily distancing themselves from problems rather than confronting them directly.

Table 4. *Coping Strategies Used by Non-Clinical Staff (N=100)*

Rank	Coping Strategy	f	%
1	Ignoring problems until they resolve themselves	95	95
2	Avoiding stressors at work	64	64
3	Seeking support from coworkers	46	46
4	Engaging in entertainment activities to unwind	42	42
5	Setting priorities and organizing workload	37	37
6	Distracting oneself through hobbies or media	36	36
7	Participating in professional development courses	25	25

8	Distracting oneself through hobbies or media	24	24
9	Asking mentors or supervisors for advice	24	24
10	Learning new skills for better job efficiency	23	23
11	Engaging in problem-solving activities	19	19
12	Exercising, meditating, or practicing mindfulness	14	14
13	Escaping to temporary solutions without long-term plans	9	9
14	Sharing personal challenges with family/friends	8	8

The finding that 95% of respondents ignored problems until they resolved themselves indicates that passive coping was the dominant pattern in this group. This may suggest that many respondents perceived workplace stressors as difficult to control or beyond their authority to change. In institutional settings where employees have limited decision-making power, unclear channels for feedback, or low confidence in management support, ignoring problems may become a way of preserving short-term emotional stability. However, while this strategy may reduce immediate discomfort, it does not eliminate the stressor itself and may allow unresolved problems to accumulate over time. In the long run, this pattern may contribute to frustration, emotional exhaustion, and decreased work engagement.

The second most common strategy, avoiding stressors at work, further supports the interpretation that respondents relied heavily on avoidance-based coping. This means that many employees attempted to protect themselves from distress by distancing themselves from stressful tasks, situations, or interactions. Although avoidance can help reduce immediate tension, it may also prevent timely problem resolution and reinforce a cycle in which workplace difficulties remain unaddressed. In a psychiatric facility, where stressors may include workload pressures, interpersonal strain, or emotionally demanding situations, repeated avoidance may hinder both individual adjustment and team functioning.

Seeking support from coworkers ranked third, reported by 46% of respondents, and this is one of the more adaptive findings in the table. This suggests that peer support served as an important source of coping for many employees. Coworkers can provide empathy, reassurance, practical advice, and shared

understanding of workplace challenges, especially in high-pressure settings. This finding implies that even when formal institutional support is limited, informal collegial relationships may function as a protective resource. The role of coworker support is particularly meaningful in psychiatric facilities, where daily work may involve exposure to stressors that are best understood by fellow staff who share similar responsibilities and experiences.

Several mid-ranked strategies reflected efforts to regulate emotions or regain personal balance. Engaging in entertainment activities to unwind and distracting oneself through hobbies or media suggest that respondents often used leisure-based strategies to relieve stress. These approaches may be helpful in reducing tension temporarily and may provide emotional recovery after demanding shifts. However, they remain largely emotion-focused strategies and do not necessarily address the source of the stress itself. Setting priorities and organizing workload, on the other hand, represents a more active and problem-focused approach. The fact that this strategy was reported by 37% of respondents indicates that some staff attempted to manage stress constructively through planning and task organization, although it was less common than avoidant coping.

The lower-ranked strategies are also notable. Participating in professional development courses, asking mentors or supervisors for advice, learning new skills for better job efficiency, and engaging in problem-solving activities were used by a smaller proportion of respondents. This may suggest that formal developmental or supervisory supports were either less available, less trusted, or less accessible to the participants. Similarly, only 14% reported exercising, meditating, or practicing mindfulness,

indicating that self-care and wellness-oriented coping strategies were not widely adopted. This may reflect lack of time, limited awareness, low institutional encouragement, or difficulty integrating such practices into daily routines. Even more striking is the very low proportion who shared personal challenges with family or friends (8%), which may suggest limited emotional disclosure outside work, possibly due to cultural factors, stigma, privacy concerns, or the burden of protecting loved ones from additional worry.

The finding that only 9% reported escaping to temporary solutions without long-term plans is somewhat paradoxical when considered alongside the very high use of ignoring problems and avoiding stressors. It is possible that respondents viewed these coping behaviors differently, distinguishing passive waiting or avoidance from consciously choosing short-term fixes. This suggests that some coping strategies may overlap conceptually yet be interpreted differently by participants. It is also worth noting that “distracting oneself through hobbies or media” appears twice in the table, once with 36% and again with 24%, which may reflect a duplication or labeling inconsistency in the data presentation. Even so, both entries point to the same broader pattern: respondents frequently turned to distraction and emotional relief rather than structured or deeply supportive coping mechanisms.

Taken together, the results indicate that the coping profile of non-clinical staff was characterized mainly by passive, avoidant, and emotion-focused responses, with fewer respondents engaging in active, developmental, or health-promoting strategies. This pattern suggests that staff may have perceived workplace stressors as persistent and difficult to modify, leading them to manage distress by withdrawal, delay, or temporary relief rather than direct action. From a practical standpoint, the findings highlight the need for psychiatric facilities to strengthen adaptive coping through structured mentorship, accessible training, peer-support systems, wellness initiatives, and psychologically safe avenues for communication. Without such supports, staff may continue to rely on coping methods that provide short-

term relief but fail to reduce the underlying causes of stress.

These findings are consistent with Lazarus and Folkman’s (1987) transactional theory, which explains coping as the cognitive and behavioral efforts used to manage demands appraised as stressful. The dominance of ignoring problems and avoiding stressors in the present study reflects a reliance on emotion-focused and avoidant coping rather than problem-focused coping. This pattern is supported by Al-Yateem et al. (2021), who found that help-seeking behaviors among non-clinical staff in psychiatric facilities in the UAE were shaped by mental health literacy and workplace context. Mohammed et al. (2023) likewise showed that workplace mental health literacy programs improved help-seeking behaviors among non-clinical staff in Dubai psychiatric facilities, suggesting that more adaptive coping may be strengthened through education and organizational support. The importance of coworker support in the present study also aligns with Libon et al. (2022), who highlighted peer support as a valuable mechanism for promoting mental health, and with Qureshi et al. (2023), who emphasized the need for systemic and sustainable support for diverse healthcare workers. The low use of mindfulness, exercise, and other active coping strategies is also relevant to the findings of Anger, Dimoff, and Alley (2024) and Frías et al. (2025), who noted that evidence-based interventions can improve worker well-being when they are made accessible and embedded within organizations. In addition, Halat et al. (2023) identified barriers to implementing mental health support for non-clinical staff, which may help explain why more formal and constructive coping strategies were less frequently used in this study.

Recommended Measures for Reducing Workplace Stress and Supporting Coping

Table 5 presents the evidence-based recommendations derived from the study findings, linking the major problems identified among non-clinical staff with practical measures that may reduce workplace stress and strengthen coping. The table shows that the recommended interventions are largely organizational in nature, reflecting the broader pattern of results in

which stress was driven primarily by structural and institutional factors rather than by individual weakness alone. The recommendations focus on improving scheduling, training, role clarity, leadership support, peer assistance, and onboarding processes. This suggests that effective stress reduction for non-clinical staff in psychiatric facilities requires system-level responses that address the conditions under which employees work.

The first recommendation addresses long working hours and lack of time for wellness participation by proposing flexible scheduling, wellness breaks, shift rotations, and the integration of wellness activities into regular work hours. This directly responds to the finding that long working hours were the highest-rated stressor. The recommendation recognizes that employees may be unable to participate in mental health or wellness initiatives if these are offered outside working hours or added on top of already demanding schedules. By embedding wellness into the workday itself, the institution can make participation more realistic and sustainable. This recommendation implies that staff well-being is not simply a personal

responsibility, but something that must be enabled through supportive scheduling practices and realistic workload management.

The second recommendation focuses on insufficient training and lack of resources by proposing continuous professional development, conflict resolution training, time management training, and mental health literacy programs. This reflects the finding that inadequate preparation and limited resources were among the highest stressors reported by respondents. The recommendation suggests that strengthening competence and knowledge may reduce uncertainty, improve confidence, and better equip staff to handle the demands of the psychiatric work environment.

It also acknowledges that non-clinical staff need more than technical instruction; they may also benefit from training that improves communication, self-management, and understanding of mental health issues relevant to their workplace. In this sense, the recommendation supports the view that training is both a performance tool and a protective factor for employee well-being.

Table 5. Evidence-Based Recommendations Derived from the Findings

Problem Identified from Findings	Recommended Measure	Rationale from Manuscript
Long working hours and lack of time for wellness participation	Implement flexible scheduling, wellness breaks, shift rotations, and integrate wellness activities into regular work hours	Long working hours were the highest-rated stressor, and lack of time was described as a major barrier to wellness participation.
Insufficient training / lack of resources	Provide continuous professional development, conflict resolution training, time management training, and mental health literacy programs	Insufficient training/lack of resources was among the highest stressors; the recommendations explicitly call for structured training.
Role ambiguity and limited career progression	Establish clear role definitions and career progression pathways	The thesis recommends role clarity and career development to reduce job dissatisfaction and stress.
Low confidence in leadership support	Introduce anonymous feedback channels, regular one-on-one meetings, and leadership communication training	The manuscript emphasizes rebuilding confidence in management and improving communication.
Heavy reliance on passive coping	Develop peer-support groups, mentorship programs, counseling access, and mental health first aid support	Coping findings show frequent avoidance and ignoring problems; recommendations promote more structured support and active coping.

Predominantly novice workforce	Formalize mentorship for newer employees and structured onboarding support	The manuscript describes many staff as early-career and recommends pairing newer staff with experienced colleagues.
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The recommendation on role ambiguity and limited career progression proposes establishing clear role definitions and career development pathways. This addresses two closely linked concerns: uncertainty about job responsibilities and frustration over limited growth opportunities. When employees do not fully understand what is expected of them, they may experience confusion, tension, and reduced confidence in their work. At the same time, when they perceive few opportunities for advancement, motivation and job satisfaction may decline. By clarifying job roles and creating visible pathways for progression, organizations may reduce stress while also promoting engagement, commitment, and retention. This recommendation highlights the importance of fairness and transparency in how work roles are structured and how futures within the organization are communicated.

The recommendation concerning low confidence in leadership support emphasizes anonymous feedback channels, regular one-on-one meetings, and leadership communication training. This suggests that employee stress may be intensified when staff feel unheard, unsupported, or uncertain about whether management understands their concerns. Anonymous feedback systems can give workers a psychologically safer way to express issues, while regular meetings can help build trust and improve communication between staff and supervisors. Leadership communication training further reinforces the idea that supportive management is not automatic but must be intentionally developed. This recommendation underscores that workplace mental health is shaped not only by policies and resources but also by the quality of daily relationships between staff and leadership.

The recommendation on heavy reliance on passive coping proposes peer-support groups, mentorship programs, counseling access, and mental health first aid support. This directly responds to the study's finding that many respondents coped by ignoring problems or avoiding stressors rather than engaging in

active, problem-focused strategies. The recommendation suggests that employees may need structured opportunities and supportive relationships to move toward healthier coping patterns. Peer-support groups and mentorship programs can normalize help-seeking and reduce isolation, while counseling and mental health first aid support can provide more formal pathways for intervention. This recommendation is important because it recognizes that coping behaviors are influenced by the availability of support systems. Employees are more likely to use adaptive coping strategies when supportive structures are visible, accessible, and accepted in the workplace culture.

Finally, the recommendation for a predominantly novice workforce is to formalize mentorship for newer employees and strengthen structured onboarding support. Since many respondents had limited years of experience, it is reasonable to conclude that newer staff may be especially vulnerable to stress due to unfamiliarity with institutional expectations, routines, and role demands. Mentorship can provide practical guidance, reassurance, and social integration, while structured onboarding can improve preparedness and confidence from the beginning of employment. This recommendation is especially relevant in psychiatric facilities, where even non-clinical staff may encounter emotionally demanding situations and complex organizational processes. Strengthening early support for new staff may therefore reduce stress, improve adaptation, and promote longer-term retention.

Overall, Table 5 shows that the study's recommendations are coherent with the problems identified in the findings and point toward a comprehensive organizational approach to staff well-being. Rather than placing the burden entirely on workers to manage stress individually, the recommendations call for systemic changes that improve working conditions, employee support, and professional development. This is an important implication of the study because it frames workplace

stress as a shared institutional concern that requires coordinated action at multiple levels. In psychiatric facilities, where staff are exposed to unique operational and emotional demands, the implementation of these measures may enhance both employee well-being and the quality of the work environment.

These recommendations are supported by previous studies emphasizing that mental health support in the workplace is most effective when it is integrated into organizational systems. Anger, Dimoff, and Alley (2024) highlighted that evidence-based interventions for healthcare workers are more effective when institutions actively provide accessible support and resources. Similarly, Frias et al. (2025) concluded that strategies to support the mental health and well-being of the health workforce should combine preventive, promotive, and organizational measures. The recommendation to improve scheduling and workplace conditions is consistent with Ballard, Lodge, and Pike (2025), who proposed a practical framework for employers to embed mental health support into workplace policies and management systems. The emphasis on training and mental health literacy also aligns with Barakat et al. (2022) and Mohammed et al. (2023), who found that non-clinical staff in psychiatric settings benefit from structured mental health education and support programs. The importance of peer support and mentorship is reinforced by Libon et al. (2022) and Klingemann et al. (2024), both of whom highlighted the protective role of supportive relationships in mental health settings. In addition, Halat et al. (2023) identified barriers to implementing support for non-clinical staff, suggesting that formal systems such as feedback mechanisms, mentorship, and counseling access are necessary to make support truly usable. Finally, Qureshi et al. (2023) emphasized that caring for a diverse healthcare workforce requires systemic and sustainable support structures, which is highly consistent with the present study's recommendation for institution-wide, evidence-based action.

IV. CONCLUSIONS

The study concludes that non-clinical staff in the psychiatric facility experienced substantial workplace

stress arising mainly from organizational and structural factors. The findings showed that the most salient stressors were long working hours, insufficient training or lack of resources, and concerns related to salary, incentives, and career progression. These results indicate that stress among non-clinical staff is not merely a matter of personal adjustment, but is strongly influenced by how work is organized, supported, and rewarded within the institution. The demographic profile further suggests that many respondents were relatively new to the workforce, predominantly male, and part of a culturally diverse employee population, all of which may shape how stress is experienced and managed in the workplace.

The study also concludes that coping among non-clinical staff was dominated by passive and avoidant strategies. Most respondents reported ignoring problems until they resolved themselves or avoiding workplace stressors altogether, while fewer used active strategies such as problem-solving, mentorship, or wellness practices like exercise and mindfulness. Although support from coworkers emerged as one of the more common adaptive responses, the overall coping pattern suggests that many employees may not feel sufficiently empowered, prepared, or supported to deal with stress directly. This highlights the risk that unresolved workplace demands may persist over time, potentially affecting employee well-being, morale, and job effectiveness.

Taken together, the findings suggest that workplace stress and coping among non-clinical staff are closely interconnected. When employees face demanding schedules, limited resources, unclear responsibilities, weak career opportunities, and low trust in support systems, they are more likely to rely on avoidance rather than active coping. This means that improving employee well-being requires more than encouraging individuals to be resilient. Instead, institutions must reduce the stressors embedded in the work environment while also strengthening the support structures that enable healthier coping. In this sense, the study reinforces the importance of viewing non-clinical staff as an essential part of the psychiatric workforce whose mental well-being deserves sustained organizational attention.

The results further imply that the well-being of non-clinical personnel has practical significance for the functioning of psychiatric facilities. These employees contribute to daily operations, safety, continuity of services, and the general therapeutic environment, even if they are not directly involved in clinical care. When their stress remains unaddressed, the consequences may include lower job satisfaction, reduced productivity, weaker teamwork, and possible turnover. Therefore, supporting the mental health of non-clinical staff is not only a matter of employee welfare but also an important component of organizational effectiveness and service quality.

Based on these conclusions, it is recommended that psychiatric facilities adopt a comprehensive and evidence-based workplace mental health program for non-clinical staff. Priority measures should include flexible scheduling, protected wellness breaks, clearer role definitions, continuous professional development, mental health literacy training, mentorship for newer staff, stronger peer-support systems, counseling access, and more responsive leadership communication. Institutions should also establish fairer incentive structures and clearer career development pathways to reduce employment-related stress. Overall, the recommendations point to the need for systemic and sustainable interventions that make support accessible during work hours, normalize help-seeking, and create a psychologically safer and more supportive workplace culture for non-clinical employees.

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