

# The Integral Influence of Mental Health on Employee Well-being and Organizational Productivity in Dubai Government Companies

Sheikha Abdulla Ali Sultan<sup>1a\*</sup>, Layla Abdulla Ali Sultan<sup>2a</sup>

<sup>1</sup>Manager Safety and Training, DEWA, Dubai, UAE

<sup>2</sup>Sr. Manager Transmission Equipment, DEWA, Dubai, UAE

<sup>a</sup>All authors contributed equally to this work

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\*Corresponding author: Sheikha Abdulla Ali Sultan  
Manager Safety and Training, DEWA, Dubai, UAE

## Abstract

Mental health significantly influences employee outcomes and organizational performance, particularly in high-pressure environments such as government organizations. Mixed-method research incorporating structured questionnaires and interviews with 30 employees across hierarchical levels in Dubai highlights key challenges and opportunities. Quantitative findings reveal stress and anxiety as major concerns, with absenteeism (20%) and presenteeism causing substantial productivity losses. Turnover rates among untreated employees with poor mental health were 15% higher, supported by regression models linking poor mental health to low performance. Cultural stigma emerged as a barrier, with 60% avoiding support. Organizations with mental health programs demonstrated 30% higher employee satisfaction and a 4:1 ROI. Addressing these challenges through tailored interventions can enhance well-being and drive organizational success.

**Keywords:** Mental health, Dubai government, Stress, Anxiety, Absenteeism Presenteeism.

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## INTRODUCTION

Employee mental health is a key factor influencing productivity in Dubai's government sector, where performance directly impacts public service delivery. Rapid economic development has increased workplace demands, exacerbating stress, anxiety, and depression among employees [1]. Studies show two-thirds of GCC employees experience poor mental health, with one-third facing burnout [2]. Stress in the UAE is a major cause of absenteeism, presenteeism, and disengagement [3], with untreated mental health issues costing \$1 trillion in global productivity losses annually [4]. In Dubai, mental health challenges contribute to absenteeism and turnover, while every \$1 invested in mental health programs generates a \$4 return [5]. Government employees in Dubai face additional challenges, including 48-hour workweeks [6], and frequent productivity interruptions of 23 minutes and 15 seconds [7]. Cultural stigma prevents 80% of UAE workers from disclosing mental health concerns (8), compounded by insufficient Employee Assistance

Programs [9]. Although Dubai achieved an 84% Happiness Index in 2020, underlying mental health challenges persist, with 76% of UAE workers disengaged due to stress [5-8].

This study explores the prevalence, impacts, and barriers to addressing mental health in Dubai's government sector, proposing culturally tailored, evidence-based interventions to enhance employee well-being and organizational performance.

## LITERATURE REVIEW

### Impact of Mental Health on Employee Well-being

Locus of control plays a vital role in the well-being of employees in work organizations, especially in the context of the Gulf region's government organizations, such as those in Dubai. Studies have established a strong connection between an employee's psychological condition and some fundamental aspects of career satisfaction, availability of proper work-life balance, and emotional states. However, some

challenges augment these mental health challenges uniquely for Dubai owing to its socio-cultural and organizational fabric, which include high workloads, cultural stigma, and long working hours.

**Mental Health and Job Satisfaction**

The hidden burden of workplace stress, anxiety, and emotional strain significantly impacts productivity and organizational outcomes. Globally, these issues cost over \$1 trillion annually due to absenteeism and presenteeism [4]. As Table 1 below illustrates, the UAE incurs \$500 million in economic losses, with \$100 million attributed to absenteeism and \$400 million to

presenteeism. In Dubai’s government sector, workplace stress costs \$120 million annually, including \$30 million from absenteeism and \$90 million from presenteeism, with a 12% productivity decline. Bella (2023) links these challenges to disengagement and dissatisfaction, while the UAE’s National Strategy for Well-being 2031 highlights insufficient frameworks driving absenteeism and turnover [6]. Globally, presenteeism often surpasses absenteeism, as seen in the UK, where it costs more than double the £6.6 billion absenteeism figure [7]. Cultural stigma in the UAE exacerbates these issues, underscoring the need for culturally responsive interventions with strong ROI, such as 4.5 for the UAE.

**Table 1: Economic and Productivity Impact of Mental Health Challenges**

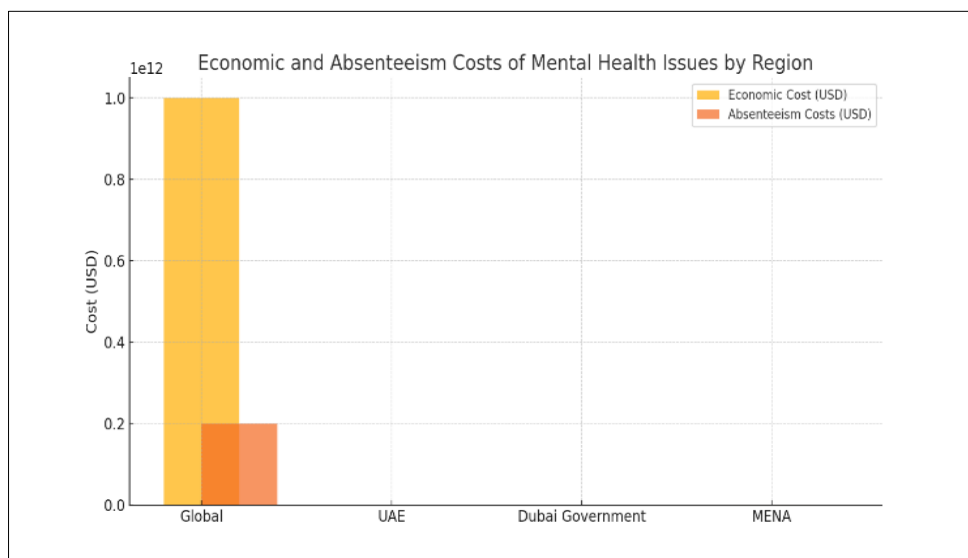
Region	Mental Health Issue	EC	IoP (%)	AC	PC	ETC	Mental Health Programs ROI
Global	Depression and Anxiety	1E+12	10	2E+11	8E+11	50000000000	4
UAE	Stress and Anxiety	500000000	15	100000000	400000000	20000000	4.5
Dubai Government	Workplace Stress	120000000	12	30000000	90000000	10000000	3.8
MENA	Mental Health Disorders	800000000	8	50000000	60000000	15000000	4.2

Where: EC = Economic Cost (USD); IoP = Impact on Productivity (%); AC = Absenteeism Costs (USD); PC = Presenteeism Costs (USD); ETC = Employee Turnover Costs (USD)

Sustained mental health initiatives yield significant financial benefits, with every dollar invested generating a fourfold return through reduced absenteeism and increased productivity [8]. These strategies align with Dubai Plan 2030 objectives by enhancing workplace satisfaction and organizational outcomes. Culturally tailored interventions in Dubai’s government sector are essential to fostering a positive workplace culture, improving employee well-being, reducing attrition, and supporting the emirate’s long-term development goals, ultimately driving employee engagement and organizational success.

**Mental Health and Work-Life Balance**

Balancing work and personal life is crucial for mental health, yet work-related stress disrupts this balance, reducing satisfaction and well-being. The World Health Organization links long hours to a 17% higher risk of cardiovascular disease and a 20% increased risk of strokes [2]. In Dubai’s government sector, 48+ hour workweeks and cultural pressures exacerbate stress [3]. As shown in Figure 1 below, poor work-life balance causes anxiety (79%) and depression (66%), leading to significant economic and absenteeism costs [4].



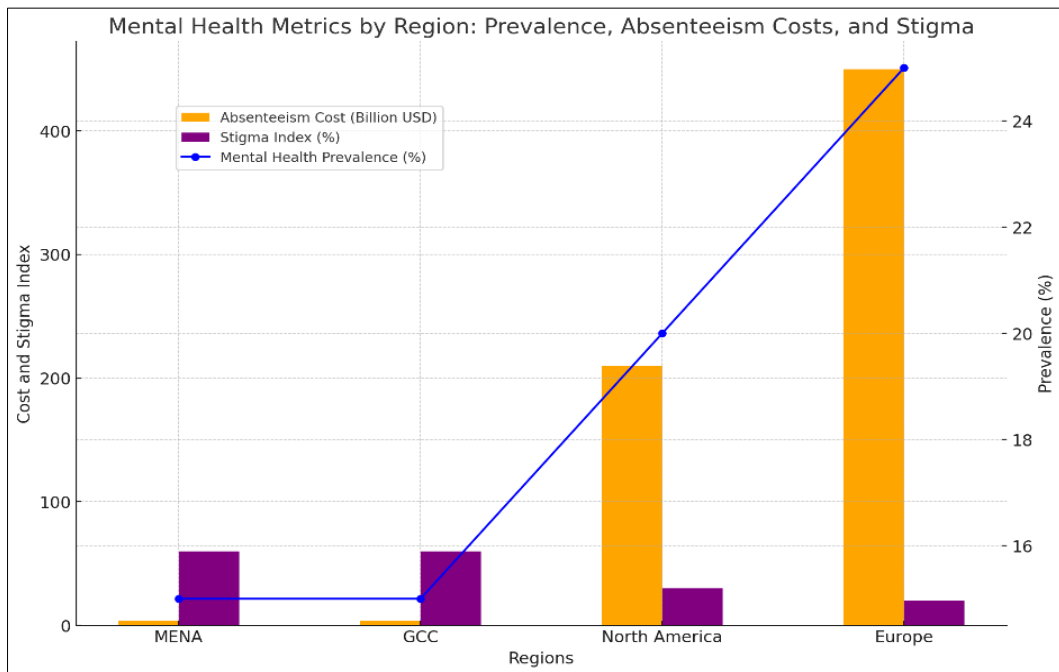
**Figure 1: Comparative Economic and Absenteeism Costs of Mental Health Issues across Regions**

Work-life imbalance impairs cognitive functions, contributing to absenteeism, presenteeism, and chronic health conditions that undermine productivity. Effective mitigation requires structural interventions, such as flexible work policies, and a cultural shift to normalize mental health discussions and reduce stigma. Aligning these strategies with Dubai Plan 2030 promotes engagement and sustainable development.

**Mental Health and Emotional Stability**

Organizations experience widespread stress issues, leading to performance decline and workforce

departures, because managers fail to address chronic conditions like stress and anxiety. Emotional stability in Dubai's government sector faces challenges from high job demands and poor work-life integration, which cause dissatisfaction in 15% of the workforce due to unstable moods [7]. Cultural stigma prevents 63% of workers from seeking help [8], contributing to 37.5 million lost workdays and \$3.5 billion in costs annually across the GCC [9]. Figure 2 below highlights mental health intervention levels, underscoring the economic benefits of proactive measures.



**Figure 2: Regional Mental Health Metrics: Prevalence, Absenteeism Costs, and Stigma**

Workplace well-being is a fundamental requirement to increase efficiency because flexible schedules combined with resilience-building programs lead to greater satisfaction and better performance [10]. Workers in Dubai's government institutions experience reduced pressure because adaptability benefits their personal well-being and organizational goal achievement [11]. Organizations that untangle stigma through combined policy support and education initiatives generate increased employee engagement while reducing health-related absenteeism, which drives organizational effectiveness.

**The Role of Cultural and Organizational Barriers**

Self-identity stands out as the primary factor that shapes mental health in Dubai, while cultural elements and workplace environment both heavily impact mental health outcomes. Alsuwaidi [2], noted that 60% of UAE employees avoid disclosing mental health

issues due to fear of punishment, perpetuating stigma and reducing productivity. Many worry about being perceived as weak, facing career consequences like limited promotions or job loss. This stereotype impacts absenteeism, presenteeism, and turnover, harming individual and organizational performance.

As seen in Table 2 below, 34% of UAE employees report insufficient psychological support, and 39% require resilience training [4]. Gender disparity worsens the issue, with 42% of women stating inadequate mental health services compared to men [5-7]. Women also face workplace discrimination and financial pressures. Addressing these barriers requires evidence-based solutions, increased organizational support, and policy reforms to improve mental health outcomes and boost productivity while ensuring workplace inclusivity.

**Table 2: Key Statistics on Cultural and Organizational Barriers to Mental Health in the UAE and GCC**

Aspect	Statistic	Source
Stigma: Percentage of UAE employees who have avoided disclosure.	60%	Alsuwaidi (2019)
The percentage of UAE employees who feel that workplace mental health was not supported enough	34%	Cigna (2021)
The percentage of UAE employees who say they require resilience training.	39%	Cigna (2021)
Reporting a lack of support (Women) shows a significant gender difference.	42%	Cigna (2021)
UAE Employee Assistance Programs (EAP) utilization rate.	15%	Cvenkel (2020)
The number of productive working days lost annually to untreated mental health issues in the GCC.	37.5 million days	PwC Middle East (2022)
Annual economic cost of untreated mental health issues in the GCC	\$3.5 billion	PwC Middle East (2022)
Supportive leadership which leads to increased utilization of mental health resources	40%	Das and Pattanayak (2023)

In Dubai, Employee Assistance Programs (EAPs) are underutilized, with only 15% of employees engaging due to confidentiality concerns and lack of awareness [7]. Hierarchical structures prioritize performance over well-being, fostering stress, anxiety, and depression, reducing productivity. Untreated mental health issues cost the GCC \$3.5 billion annually in lost productivity. Supportive leadership increases help-seeking by 40% [8], highlighting the need for culturally sensitive training for managers to reduce stigma, promote mental health services, and improve organizational outcomes.

#### Implications for Dubai's Government Sector

Dubai's government plays a pivotal role in balancing mental health and employee productivity, essential for organizational and economic success. Initiatives like Dubai Vision 2021 and Economic Vision 2033 emphasize that a mentally healthy workforce is critical to achieving happiness, social cohesion, and improved public services [12]. Neglecting mental health leads to absenteeism, attrition, and reduced productivity, while firms investing in mental health report higher engagement and better outcomes [13, 14].

- ❖ The DHA's 2024 Mental Wealth Framework allocated AED 105 million to improve mental health services.
- ❖ The National Strategy for Well-being 2031 aims to unify mental health approaches across the UAE.
- ❖ Telehealth and AI tools provide anonymity, improving mental health access despite stigma.
- ❖ Cultural stigma and workforce shortages remain major barriers to effective mental health care.

While these measures reflect progress, cultural barriers and capacity limitations highlight the urgency of

scaling up resources and integrating mental health into workplace programs. Strengthening these initiatives is vital for enhancing productivity and achieving Dubai's strategic objectives.

#### Implications for Dubai's Government Sector

To address mental health challenges in Dubai's government sector, organizations should implement targeted interventions for sustainable success:

- Promote awareness through workplace activities, management seminars, and media to reduce stigma and enhance public understanding.
- Increase the availability of off-the-record counseling, culturally appropriate EAPs, and shift work/work-life balance.
- Extend support for mental health and participation in the organization's policies and offer rehabilitation programs that include strengthening the subject's and stress response mechanisms.

Solutions dependent on culture are essential for bettering the organization's workers, enhancing production, and accomplishing organizational objectives. Psychological issues like stress and anxiety significantly impact organizational outcomes, including absenteeism, presenteeism, turnover, and job performance. In Dubai's government sector, absenteeism disrupts specialized roles, while presenteeism, costing twice as much as absenteeism in the UK (Alkeabi, 2019), undermines productivity. Mental health issues contribute to \$15 billion in global turnover costs (SHRM, 2023) and \$25 billion in U.S. productivity losses (Goetzl *et al.*, 2018). As Table 3 below shows, these challenges highlight the need for targeted mental health interventions.

**Table 3: The financial impact of mental health on productivity metrics**

	Cost Impact (USD billions)	Source
Absenteeism	10	CIPD (2023)
Presenteeism	20	Alkeabi (2019)
Turnover Rates	15	Society for Human Resource Management (2023)
Job Performance	25	Goetzel <i>et al.</i> , (2018)

### Hypotheses Model

This study utilized a conceptual framework to examine the relationship between employees' mental health, general health, and productivity in Dubai's government sector, emphasizing cultural and organizational factors. Aligned with the research questions in Chapter 1, the framework explored how mental health influences personal and organizational outcomes in a culturally specific, high-demand work environment. Hypotheses were developed based on a literature review to address the study's objectives:

- **H1:** Staff mental health and lifestyle choices in Dubai government organizations impact employee wellness, directly affecting job satisfaction and the resilience system.
- **H2:** Organizational performance measures such as employee absenteeism, turnover, and presenteeism have been proven to align with mental health indicators.
- **H3:** Workplace culture and organizational elements affect the mental health-productivity connection by creating obstacles to favorable results.

Analysis through a predefined framework showed how cultural and organizational variables shape both staff well-being and productivity outcomes.

### RESEARCH METHODOLOGY

The research design incorporated quantitative and qualitative data collection methods to understand the relationship between mental health alongside well-being behaviors and work productivity in Dubai's governmental sector. Thirty participants from three organizational levels were selected through stratified random sampling for diverse participant insights. The research design delivered statistical results alongside cultural understanding, strengthening reliability and validity.

#### Quantitative Data Collection

Research data was collected through structured questionnaires using validated scales, including DASS-21 for mental health measurement and the Warwick-Edinburgh Scale for well-being assessments. Productivity metrics, including absenteeism and presenteeism at work, were measured through custom survey questions. As shown in Table 4 below, the questionnaire's design captured demographic data, mental health, well-being, and productivity metrics, allowing comprehensive subgroup analyses.

**Table 4: Questionnaire Structure**

Section	Focus Area	Measurement Tool/Metric
<b>Section 1:</b> Demographics	Age, Gender, Job Role, Department	Custom demographic questions
<b>Section 2:</b> Mental Health	Depression, Anxiety, Stress	DASS-21
<b>Section 3:</b> Well-being	Optimism, Resilience, Emotional Stability	Warwick-Edinburgh Mental Well-being Scale
<b>Section 4:</b> Productivity	Absenteeism, Presenteeism, Turnover Intention	Custom-designed questions

### Qualitative Data Collection

Semi-structured interviews with the same participants explored cultural and organizational factors influencing mental health. Interviews, guided by an open-ended question framework, delved into barriers like stigma and organizational support gaps. Themes such as "stigma-related barriers" and "leadership influence" were identified using NVivo, as detailed in Table 5 below.

### Data Analysis

Quantitative data were analyzed using SPSS for descriptive statistics, correlation, and regression analyses to test hypotheses. Thematic analysis, based on Braun and Clarke's framework, was used for qualitative data, revealing cultural and structural dynamics. For instance, Table 6 below highlights regression results linking stress to absenteeism. This integrated analysis provided robust, actionable insights into mental health's impact on productivity.



**Table 5: Semi-Structured Interview Responses**

Participant	Q1. Impact of mental health challenges	Q2. Recognition of mental health concerns	Q3. Organizational support evaluation	Q4. Comfort discussing mental health	Q5. Cultural influences on seeking support	Q6. Leadership's role
1	Stress reduces focus on deadlines	Workplace lacks mental health initiatives	Wellness programs exist but unengaged	Colleagues understanding, supervisors not	Stigma makes seeking help difficult	Minimal involvement in mental health
2	Anxiety affects team meetings	No open acknowledgment of issues	Low attendance in sessions	Fear of judgment in workplace	Cultural norms discourage openness	Leadership avoids mental health topics
3	Depression causes absenteeism	Supervisor listens but lacks action	No formal mental health policies	Peers supportive, leaders indifferent	Fear of being labeled weak	Some managers are supportive
4	Overwhelm impacts quality of work and causes delays in collaborative projects, especially during high-pressure weeks where multitasking is essential.	Peers are supportive but not management, who often dismiss concerns as 'personal problems' instead of organizational issues.	Limited to wellness days with no clear policies or long-term strategies to ensure ongoing mental health support.	Discussions are rare with management, as the fear of being labeled unprofessional persists, discouraging transparency.	Mental health receives low consideration because silence is encouraged due to the Asian culture of preserving strength at all times.	Supervisors lack training, leading to avoidance of mental health topics and a gap in leadership-driven support initiatives.
5	Panic attacks interrupt tasks and have led to missed deadlines during critical projects, affecting team dynamics and overall output.	People do not talk about mental problems frequently, and this makes everyone feel shy to deal with it officially.	Few efforts being made and the employees have no knowledge of the available assets, hence, it is important for awareness levels about existing support structures to be raised.	Accepting only close friends as they can listen patiently, but the entire working environment is still toxic.	Help is rare since tradition holds that issues of mental health should not be discussed in public as it is embarrassing.	No support from key organizational leaders stressing that not mental health is important as other organizational objectives.
6	Work stress hinders decision-making	Management dismissive of concerns	Health workshops are rare	Supervisors un-empathetic	No encouragement culturally	Leadership inactive on wellness
7	Fatigue lowers productivity	No policies to address stress	Gradual attempts yet weak application	The jurisdictional concerns limit sharing by defining judgments that touch on specific professional contexts.	Lack of support because of perceived weakness	Leaders pay attention to performance solely.
8	Mood swings disrupt teamwork	Stigma prevents discussions	Leadership shies away from mental health	No openness in workplace	Stigma defines workplace norms	From time to time, it is possible to admit to feeling stressed.
9	According to research high pressure reduces creativity.	Health concerns understated	The units envisaged only emphasize on physical health.	Colleagues approachable	Cultural silence on mental health	Quixotic leadership-spawned activities
10	Burnout reduces motivation	Mental wellness ignored	Policies inconsistent	Reluctance due to stigma	Taboo issues in my culture	Supervisors appear to lack concern
11	Chronic anxiety delays responses	Leadership indifferent	Inadequate resources for mental health	Supervisors untrained in mental health	Negative image also acts as a	Leadership remote on mental health

					barrier towards action	
12	Stress impairs multitasking	Team understanding but lacks resources	Few counseling options available	Cultural fears discourage sharing	Traditions limit seeking help	Senior managers indifferent
13	Low morale weakens effort	Environment unsupportive	Programs not well promoted	Generally, not spoken of with skepticism.	A non issue culturally perceived.	Lacking consistent leadership efforts
14	Tiredness increases mistakes	Colleagues dismiss issues	Confidentiality concerns	Colleagues may gossip	Lacking strong norms regarding cultural support systems for health	Supervisors avoid topic
15	Distraction is an impediment in task completion.	Lack of recognition by involved supervisors	No concrete actions observed	Only safe among trusted peers	So stigma drives reluctance to speak.	Leaders who've not been prepared for mental health
16	Frustration affects planning	Problems in mental health with minimal focus on it.	Few examples of support	Mental health is overlooked by supervisors.	It is a barrier for open discussions	Managers prioritize deadlines
17	Depression reduces clarity	There are programs but they are ineffective.	Workshops poorly attended	Peers open but lack solutions	Cultural settings depend on support	No emphasis by leadership
18	Speech is affected by workplace anxiety.	Initiatives inconsistent	Unnecessarily localised, untuned resources	Minimal comfort in sharing	It is avoided due to fear of reputation.	Leadership example on wellness given in poor way
19	Fatigue limits task endurance	Mental health is poorly communicated	Support services outdated	Always avoid supervisors for personal concerns.	Minimal cultural awareness	Supportive leaders are rare
20	Stress disrupts reasoning	Resources inaccessible	No wellness committee	No trust in leadership	Seen as personal weakness	Leaders disengaged from well being
21	It decreases the performance	Mental health is personal for me.	Minimal awareness campaigns	Not guaranteed confidentiality.	Cultural stigma on colleagues.	Minimal visible efforts
22	Tension reduces collaboration	Organization avoids topic	Rare mental health workshops	Safe spaces unavailable	Discussion is suppressed under cultural norms	Inconsistent manager support
23	Uncertainty causes hesitation	Health issues minimized	EAPs not accessible	There is no mental health dialogue at workplace	Leadership reluctant culturally born	What supervisors avoid dealing with is mental health.
24	Isolation weakens output	Think about productivity instead of wellness	Think about other wellness factors.	Peers might misunderstand	Lack of support is due to cultural silence	There was very little in the form of leadership actions.
25	Mental strain slows work pace	Colleagues wary of discussing	Policies poorly structured	Supervisors unapproachable	Seen as a taboo	Every manager untrained in wellness
26	Failure fear lowers the efficiency	Few safe spaces for dialogue	Mental health disengaged from leadership	Judgment from seniors likely	Traditions reinforce stigma	Focus remains on productivity
27	Memory lapses under stress	Mental health policies vague	Initiatives unclear	Too busy working	Fear of cultural backlash	Occasional wellness mentions
28	Presentations are affected by social anxiety	Cultural norms limit openness	No clear strategy in place	Because of past reactions, don't share	Access is hard because of cultural norms	Rare little if any leader-driven actions
29	Rare little if any leader-driven actions	Long term planning is inhibited by stress	Resources difficult to access	No culture of open discussion	Minimal acceptance socially	Leadership avoids to speak about health

30	Pressure disrupts focus	Visible issues acknowledged superficially	Structure about organisation is the plan to be needed	Willingness to share is affected by stigma.	No space for openness culturally	Lack of active health awareness leadership
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**Table 6: Quantitative Data Analysis Steps and Results**

Step	Sub-Step	Description	Result
Data Cleaning	Missing Values	Addressed using multiple imputation.	Absenteeism data interpolated from similar cases.
Data Cleaning	Outliers	Retained after contextual validation.	Presenteeism score of '5' retained after review.
Variable Coding	Management Levels	Categorically coded for analysis.	Senior = '1', Middle = '2', Operational = '3'.
Variable Coding	Gender	Categorically coded for analysis.	Male = '1', Female = '2'.
Descriptive Statistics	Key Variables	Means, medians, and standard deviations calculated.	Average absenteeism: 4.1 days (Operational), 1.7 days (Senior).
Correlation Analysis	Stress & Absenteeism	Pearson correlation calculated for bivariate relationships.	Positive correlation ( $r = 0.56, p < 0.01$ ).
Multiple Regression	Productivity Outcomes	Regression predicted absenteeism based on stress levels.	Stress $\beta = 0.47, p < 0.01$ ; moderated by support $\beta = -0.32$ .

**RESULTS**

The study highlights the relationship between mental health, employee well-being, and productivity

within Dubai government companies, integrating quantitative and qualitative insights for a comprehensive analysis.

<p><b>Quantitative Results</b> The quantitative analysis utilized validated scales, including the DASS-21 for mental health, the Warwick-Edinburgh Mental Well-being Scale, and tailored metrics for absenteeism, presenteeism, turnover intention, and job performance. Table 5 above provides an overview of the demographic distribution and key metrics used in the study, offering a snapshot of the participants' profiles and responses.</p>	<p><b>Mental Health and Productivity Metrics</b> Stress, as measured by DASS-21, significantly correlated with absenteeism (<math>r = 0.56, p &lt; 0.01</math>). Operational staff showed the highest stress scores (mean = 1.5) and absenteeism rates (mean = 1.7 days/month), while senior management had lower absenteeism (mean = 0.9 days/month) but higher presenteeism (mean = 4/5). Regression analysis showed stress predicted absenteeism (<math>\beta = 0.47, p &lt; 0.01</math>), moderated by organizational support (<math>\beta = -0.32, p &lt; 0.05</math>).</p>
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**Table 7: Correlation Analysis**

Step	Sub-Step	Description	Result
Data Cleaning	Missing Values	Addressed using multiple imputation.	Absenteeism data interpolated from similar cases.
Data Cleaning	Outliers	Retained after contextual validation.	Presenteeism score of '5' retained after review.
Variable Coding	Management Levels	Categorically coded for analysis.	Senior = '1', Middle = '2', Operational = '3'.
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Multiple Regression	Productivity Outcomes	Regression predicted absenteeism based on stress levels.	Stress $\beta = 0.47, p < 0.01$ ; moderated by support $\beta = -0.32$ .

**Table 8: Regression Analysis**

	Coef.	Std. Err.	t	P> t	[0.025	0.975]
const	2.696372	0.678094	3.976399	0.000471	1.305038	4.087706
DASS-21 Stress	-0.44874	0.273593	-1.64017	0.112571	-1.0101	0.112628
Well-being Optimism	0.417192	0.220946	1.888209	0.069788	-0.03615	0.870536



### Well-Being and Job Satisfaction

Optimism, a central measure of well-being, demonstrated strong positive correlations with both job satisfaction ( $r = 0.61$ ,  $p < 0.01$ ) and job performance effectiveness ( $r = 0.57$ ,  $p < 0.01$ ). Participants with higher optimism scores also reported lower turnover intention and higher ratings for workload balance and work-life support. These findings suggest that fostering resilience and optimism within the workforce can significantly enhance organizational stability. However, participants with lower well-being scores had higher levels of absenteeism, which made it possible to establish that there is a cyclical relationship between mental health and attendance at work.

A complex analysis of the work-life balance assessment data revealed differences at various organizational levels, with a mean of 3.0. Perceived work-life balance was relatively moderate, with a mean of 2.5 among the senior management and 2.8 among the operational staff members.

### Qualitative Findings

The results from research utilizing semi-structured interview methods show how workplace cultural factors and organizational dynamics influence mental health. Organizational stigma, along with weakened executive support and inadequate personal mental health programs, were identified as primary mental health barriers through analysis.

### Cultural and Organizational Influences

Cultural patterns served as the primary challenge to address mental health issues. Team members who worked directly with patients avoided facing mental health problems because they needed to defend their organizational reputation from stigmatization. Besides the financial factors, the middle management leaders identified image taint as the aspect that would be most harmed during the crisis. The top management team developed an unclear work culture that demanded mental endurance and avoidance of the conversation about mental health.

EMFs undermine the mental health program paradigms as people share such struggles with the participants. Employees failed to access the organizational EAPs because they were unaware of the EAP's activities and functions and did not feel these programs were relevant to their responsibilities. Middle managers identified flaws with present resources because they did not support their unique leadership demands that combined supervisory tasks with tense team coordination responsibilities.

### Leadership and Workplace Support

Study results demonstrated a need for intensified leadership involvement in mental health activities. Survey responses demonstrated that wellness initiatives occurred at low frequency and delivered small

measurable outcomes. Many respondents called for extensive leadership training that would build emotional intelligence, coupled with anonymous support channels and inclusive mental health policies. These changes were seen as essential for fostering a culture that prioritizes mental well-being.

### Comparative Analyses: The qualitative analysis revealed distinct challenges faced by different organizational tiers:

- ❖ **Operational Staff:** This group reported the highest stress levels and absenteeism rates, coupled with dissatisfaction in work-life support, indicating a need for better workplace support and resources.
- ❖ **Middle Management:** Elevated presenteeism scores in this group reflected difficulties in managing the dual pressures of team leadership and personal well-being.
- ❖ **Senior Management:** Although absenteeism was lower, senior staff reported significant dissatisfaction with personal time sufficiency and higher presenteeism, reflecting challenges related to constant availability and decision-making responsibilities.

These findings emphasize the importance of tailored interventions to address the specific mental health needs of each organizational tier.

## CONCLUSIONS

Senior management had comparatively lesser values of self-reported absenteeism (Mean = 0.9) but greater values of self-reported presenteeism (Mean = 4/5), indicating that they attempted to work even if they had mental health issues.

The study also showed the deficiency of mental health care resources. Employee Assistance Programs (EAPs) were reasonably negligible, with a take-up rate of only 15%, which was majorly attributed to a general lack of knowledge of their existence and perceived usefulness. Cultural stigma and lack of effective leadership involvement presented as quantitative barriers: staff at operation levels would not report concerns due to cultural prejudice, and MCs experienced leadership pressure conflicting with self-care needs.

As a result, organizations need to implement intervention strategies that are relevant to specific problems. Among them are changing the public perception of people with mental illness through motivational campaigns, increasing the participation of leadership in the promotion of mental health, and implementing structures of support that are aligned to the tier system. Thus, applying these strategies can increase the well-being of employees of Dubai government companies, decrease both absenteeism and presenteeism, and increase productivity.

## Recommendations

A customized multi-level plan is vital for this research because it develops distinct solutions based on organizational division needs. Research findings identified cultural biases, weak leadership engagement, and underutilized support systems as the main barriers to improved workplace wellness systems. Multifaceted strategic action must develop a resilient workforce tackling workplace challenges through support systems and interventions.

1. **Implement Comprehensive Leadership Training:** Recent administrations have required general mental health training for leaders. This training provides tools to learn signs of stress and measures to reduce prejudice and enhance cooperation between organizations. It should also model how mental health can be systematically included in organizational culture and how executive engagement is sustained.
2. **Enhance Awareness Campaigns and Reduce Stigma:** Mental health training programs must constantly work to demand this negativity and ensure open and positive discourses and discussions on mental health issues. A supportive company campaign must explain EAPs and all staff-available optional resources through help-seeking.
3. **Expand and Tailor Mental Health Resources:** Interventions by tactical designer assistance must utilize standard stress points to develop special mental needs for operational staff, formal decision-making individuals, and administrative support crews. In this support program, employees get to attend to in individual counseling meetings, be trained on targeted resilience courses, and engage in protected.
4. **Introduce Flexible Work Policies:** The organization needs to adopt a policy that promotes harmony between work and home to improve an employee's well-being. This policy should include leave, flexible working hours, and hybrid workforce management. Stress management, improved patient attitude, and reduced employee turnover also help the organization's well-being throughout organizational structures and tiers.

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