The relationship between workload and mental health of university teachers in Kosovo

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ABSTRACT

Purpose: This study aims to explore the relationship between job stress and mental health among university teachers in Kosovo. The research focuses on teachers aged 29-60 working in various universities within Kosovo aiming to contribute valuable insights into the impact of job-related stress on the mental well-being of this specific demographic.

Design/Methodology/Approach: A sample of 100 teachers from six different high schools in Kosovo was used to collect the data. 46% of the teachers were female and 54% were male. A paper-and-pencil survey was administered using purposive sampling techniques. Statistical analyses including descriptive statistics and Spearman's analysis were performed using SPSS to investigate non-parametric relationships. The research instrument demonstrated appropriate psychometric values ensuring the reliability and validity of the collected data.

Findings: The results revealed a positive relationship between job stress, anxiety and depression levels, although relatively weak. The relationship between overall stress levels and job stress was shown to be more significant. These findings suggest that higher job stress is associated with elevated stress levels among teachers emphasizing the interconnectedness of professional stressors and mental health.

Conclusion: This research underscores the importance of understanding and addressing the relationship between job stress and mental health among university teachers in Kosovo. The relatively weak correlation between job stress and anxiety or depression levels implies nuanced influences while the stronger correlation with overall stress levels emphasizes the need for targeted strategies to manage job-related stress. Recognizing and managing these stressors can contribute to the enhancement of teachers' mental health and overall well-being in the specific context of Kosovo.

Keywords: Anxiety, Job stress, Kosovo, Mental health, Teachers, University, Well-being.

1. INTRODUCTION

The topic "The impact of workload on the mental health quality of employees in the health sectors" aims to address and provide solutions for a significant issue in the workplaces of the healthcare and banking sectors. The main problem of this topic is to tackle and examine how workload in healthcare and banking professions affects the mental health quality of employees. The overarching scientific goal addressed by this topic is the increasing need for research and attention to mental health in the workplace especially in the healthcare and banking sectors. Here are some of the most important objectives and scientific needs that make this topic significant.

There is a growing need to understand how working conditions, workload and psychosocial factors impact the mental health of employees. Research on strategies for fostering mental well-being in the workplace is essential given the increasing understanding of mental health.

Recognition of specific changes and challenges to mental health in certain professions, such as doctors, nurses and banking professionals is necessary. These professions have specific demands and potential risks to mental health that need to be identified and addressed.

There is a need to better understand how workload causes stress and pressure on employees. This includes identifying job tasks, long working hours and psychosocial factors contributing to workload.

Impact of Workload on Mental Health: It is important to investigate how workload affects the mental health of employees. This includes studying the effects of stress, anxiety, depression and any mental illnesses related to workload.

2. LITERATURE REVIEW

The prevalence of stress, anxiety and depression among university undergraduate students is well documented both in developed and developing countries. Students from a variety of socioeconomic backgrounds bring a range of risk factors related to mental health to university. This review aimed to explore recent literature, analyzing forty-one articles between 2000 and 2020 to identify risk factors linked to stress, anxiety and depression among university undergraduate students. The critical evaluation of selected papers revealed six themes of risk factors: psychological, academic, biological, lifestyle, social and financial. The various risk factor groups that have varied degrees of influence on students' stress, anxiety and depression levels were further divided into several subthemes based on these main risk factor themes. Early identification of these risk factors is crucial in providing timely mental health support and preventing the exacerbation of these challenges (Mofatteh, 2021).

The results of the study by Jones, Saulnier, Fullick-Jagiela, and Leonard (2021) highlight the importance of moderating effects. The function of administrative and pedagogical at the highest support levels mediates the relationship between workload and students' mental health. Pedagogical and administrative staff should be adequately prepared to offer substantial support to students not only during routine periods but also in times of crisis. Universities should consider implementing training programs to equip staff for this responsibility.

Jaafar, Hamid, and Abdul Hamid's (2020) study aimed to investigate the relationship between stress and additional tasks among lecturers. The sample included 96 lecturers from various departments at Politeknik Tuanku Sultanah Bahiyah, covering engineering and non-engineering disciplines. The findings revealed moderate workloads with a mean of 3.55 and a mean stress level of 3.18. Lecturers' workloads did not impose a significant burden indicating that the teaching quality remains high despite the workload which is beneficial for student performance.

Zhao, Liao, Li, Jiang, and Ding's (2022) study investigated the relationship between teachers' job stress and job burnout using a sample of 558 primary and secondary school teachers. The researchers found an important predictive link between work-family conflict, job burnout and workplace stress using a variety of scales and questionnaires. According to the study, there is a mediator between work-family conflict and the relationship between workplace stress and job burnout. Additionally, teachers with high levels of self-efficacy were shown to have a stronger indirect effect suggesting that self-efficacy played a moderating role in this relationship. This implies that while self-efficacy has protective effects, its influence is limited. These findings offer insights into managing the balance between work–family relationships and reducing job burnout among teachers.

Jomuad et al.'s (2021) study aimed to explore the link between teachers' workload, burnout and job performance. The study involved 57 primary school teachers using a descriptive-correlational design. The results obtained through various questionnaires and statistical analyses indicated high levels of workload and burnout among teachers. However, teachers' job performance was found to be very satisfactory. Workload significantly impacted both the level of burnout and job performance. The study suggested that school administrators allocate students to appropriate workloads in order to reduce stress and burnout.

Emeljanovas, Sabaliauskas, Mežienė, and Istomina (2023) sought to assess the relationship between teachers' emotional health and stress management. The study conducted in Lithuania with 385 teachers revealed that factors such as age, seniority, residence size and marital status did not affect emotional health. However, financial situations and hobbies positively influence enthusiasm. Effective coping strategies like problem-solving, exercise, and hobbies were associated with improved emotional well-being while negative methods like self-isolation and alcohol consumption led to psychological distress and reduced enthusiasm at work.

Foti, Bondanini, Finstad, Alessio, and Giorgi (2023) analyzed the relationship between dimensions of work-related stress and psychological stress among 294 industrial sector workers drawing on the Conservation of Resources Theory (COR) and the stress-strain perspective. The study explored mediating models revealing a direct link between work-related stress dimensions and lower mental health. COVID-19-related trauma played a mediating

role except for job control and colleague support. These findings contribute to understanding the impact of work-related stress on mental health especially in the context of the COVID-19 pandemic.

Job demands resources theory: This theory is well-known for explaining how job demands (job tasks, pressure, emotional requirements) and job resources (autonomy, support) influence the mental health of employees. It can be considered foundational for understanding the effect of workload on employees in the healthcare and banking sectors (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

Stress and coping theory: This theory focuses on how individuals cope with workplace stress and emotional demands influencing mental health. It includes dimensions such as coping strategies and psychological defense mechanisms to deal with job demands (Krohne, 2001).

Organizational behavior theory: This theory analyzes how organizational behavior including support for employees and organizational culture influences the mental health of employees (Erkutlu & Chafra, 2022).

Biopsychosocial model: This model defines mental health as a product of the interaction of biological, psychological and social factors. It suggests that the quality of mental health is the result of the interplay of these factors (Taukeni, 2020).

Job demands, stress, workplace violence and aggression are consistently recognized as significant factors influencing mental health quality within work environments (Happell, 2014).

Zhou and Zhang (2020) used structural equation modelling in their survey of 1,734 workers in the banking and healthcare industries to inquire about the effects of work overload on sociodemographic traits, professional quality of life and mental health. The findings of the study confirmed a positive relationship between work overload and mental health.

Healthcare professionals often engage in overtime work due to pressure, high workloads and personal development needs. Watanabe and Yamauchi (2018) observed that involuntary overtime work negatively affected mental health and work engagement at both departmental and individual levels while voluntary overtime work had a positive impact on well-being.

Vizheh et al. (2020) reported a prevalence of anxiety, depression and stress among healthcare workers with the highest values observed among female employees, first-line healthcare workers, junior medical staff and those in areas with higher infection rates. Workers in these categories experienced lower levels of mental health compared to their counterparts.

Sawamura, Ito, Miyaguchi, Nakamura, and Ishioka (2022) found that mental health workers exhibited a significant decline in mental health quality and an increase in workload. Multinomial logistic regression analysis revealed associations between changes in mental health quality and depression and insomnia. Anxiety and insomnia were linked to increased workload and working hours respectively in both mental and physical health fields.

Zoer, Ruitenburg, Botje, Frings-Dresen, and Sluiter (2011) investigated the effects of six types of work stress: work pressure, mental workload, emotional workload, autonomy, social support from supervisors and colleagues, and social support from supervisors on mental health outcomes in a survey of 2,021 banking employees. Severe work pressure was identified as a significant risk factor for mental health complaints across all age groups. Young workers experienced a higher risk associated with severe emotional workload while older workers faced increased risk due to a lack of social support.

Hassanie, Olugbade, Karadas, and Altun's (2022) study investigated the impact of workload on the mental health of healthcare workers and secondary traumatic stress mediated by career adaptability during the COVID-19 pandemic. The results indicated that workload had a significant positive effect on mental health and a negative effect on secondary traumatic stress. Similarly, workload had a significant positive impact on mental health while having a significant negative impact on secondary traumatic stress. The results also suggest that workload can be considered a challenging demand that increases the adaptability of mental health for healthcare workers.

3. METHODOLOGY AND CASE STUDY

This study is a quantitative study that uses numerical data and statistical analysis to investigate the impact of work overload on the mental health of employees in the health and banking sectors.

The relevant methods for this quantitative study are the survey which is a common method to collect quantitative data from a large number of employees. Questionnaires may include structured questions designed to measure the impact of work overload on mental health.

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3.1. The Purpose of the Study

The main purpose of this study is to understand and analyze the effect of workload on the mental health of employees in the health and banking sectors. This includes identifying the relationships between the levels of workload, stress, anxiety and quality of life of employees as well as identifying factors that may affect their mental health. The overall aim is to contribute to knowledge and awareness of mental health in the workplace and help improve working conditions and the quality of life of employees.

3.2. Study Instruments

Three standardized measuring instruments are used in this research: The instrument "Hospital Anxiety and Depression Scale" (HADS) was created by Zigmond and Snaith (1983) to assess levels of anxiety and depression in medical patients particularly those in hospital settings. This instrument is designed to identify emotional disturbances over a certain period of time and is structured in the form of a simple questionnaire with answers from 0 to 3 for each question. The result is determined by adding up the values of all the questions and the assessment performed.

The HADS includes two sub-sections: a section assessing anxiety and a section assessing depression. The questionnaire is characterized by a series of different statements that help assess the presence and degree of these two emotional feelings. The questionnaire includes a total of 14 questions where each question has four possible answers that are evaluated with points. The answers to each question are calculated and summed to determine the patient's level of anxiety and depression.

In this case, the functioning of the HADS questionnaire is demonstrated using a sample of the questions and their responses. In this excerpt, the questions are about feelings of tension, fear, joy, fatigue, feelings of panic and the ability to calm yourself. Each answer has a rating on a scale from 0 to 3 and the final score is calculated by summing the points of each question to determine the level of anxiety and depression of the rated individual.

The stress measurement instrument known as the PSS Scale is a questionnaire used to assess individuals' stress levels. This questionnaire was standardized by Cohen, Kamarck, and Mermelstein (1983) and is widely used in scientific research to assess the stress of individuals in changing situations. The PSS Scale contains 10 closed-ended questions that are rated on a scale of 5 with possible responses of "never," "rarely," "masterfully," "often," and "always." These questions ask for answers about individuals' feelings and thoughts during the past month.

This instrument is important for research in the field of mental and social health as it provides a standardized tool to measure and compare stress levels across time and situational changes. Its use can help in understanding the impact of stress on the health and well-being of individuals and can be used to develop strategies for managing stress in the context of scientific research and professional practice.

The Workload Inventory or QWI is a questionnaire used to assess levels of work overload. This instrument contains 20 closed-ended questions that are rated on a scale of 1 to 5. The questions include questions on the degree of interpersonal conflicts at work measured with the Individual Work Performance Questionnaire (IWPQ), the degree of organizational work constraints measured with the Organizational Commitment Scale (OCS) and a quantitative workload inventory developed by the authors of the questionnaire, Paul E. Spector and Steve M. Jex.

This questionnaire was standardized by Rabionet (2009) and is a well-known tool for research in the field of organizational psychology. Its use is recommended to assess how much employees feel burdened by work tasks as well as to understand the impact of interpersonal conflicts and organizational constraints on this overload.

3.3. Population and Sampling Method

The study population includes employees in the health and banking sectors. These two populations were chosen because of their importance in society and the economy as well as because of the high workload and stress that can affect the mental health of employees. The sample for this research will be a homogeneous sample consists of 200 employees, 100 in the health sector and 100 in the banking sector. The sample of the study will be purposive while the selection of participants will be random. The researcher uses systematic sampling in accordance with the kinds of samples.

The quantitative study method was used through self-reporting for the realization of this study. This approach will help understand how work overload affects bank and health employees. We chose quantitative research because it would best accomplish the study's goal and has a number of advantages over other research options.

The main advantage of quantitative research lies in the fact that it provides a deeper understanding of the population under study. Another advantage is the possibility of verifying and compare the data of a group of participants with the data obtained from other groups. In our case, it will help us to compare the data from the health and banking sectors. Quantitative research is a broad approach to the study of social phenomena and is essentially based on a constructive and critical perspective (Rabionet, 2009).

4. RESULTS

Table 1 provides information on the percentage of participants by gender. In total, there are 100 analyzed responses. Table 1 shows that 46% of the responses are provided by females representing a significant portion of the sample while 54% of the responses are provided by males. This indicates a higher percentage of males in this study.

Table 2 describes the data related to the age of the respondents. N is the sample size and 100 is the number of all analyzed responses. The minimum age of the respondents is 29 years   while the maximum age is 60 years with an average age of 44.5200 years. This represents the overall age of the analyzed responses   and the standard deviation is 8.58996. This is an indicator of the age variability among the respondents. A higher standard deviation number indicates a wider age distribution than the average.

Table 1. Tabular presentation of respondents' gender.

Variables		F	%
Gender	Female	46	46%
	Male	54	54%
	Total	100	100.0%

Table 2. Age of respondents.

Variables	N	Minimum	Maximum	Mean	Std deviation
Age	100	29.00	60.00	44.5	8.58

Table 3. Teachers' responses to mental health.

Question	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
Anxiety scale										
I feel tense or 'wound up'.	-	-	2	8	4	16	7	28	12	48
I still enjoy the things I used to enjoy.	1	4	4	16	16	64	3	12	1	4
I get frightened if something awful is about to happen.	-	-	1	4	3	12	4	16	17	68
I can laugh and see the funny side of things.	2	8	4	16	7	28	4	16	8	32
Worrying thoughts go through my mind.	3	12	9	36	6	24	3	12	4	16
I feel cheerful.	3	12	5	20	6	24	7	28	4	16
I can sit at ease and feel relaxed.	-	-	-	-	4	16	8	32	13	52
Depression scale										
I feel as if I am being slowed down.	3	12	10	40	8	32	2	8	2	8
I get frightened like 'butterflies' in the stomach.	4	16	6	24	11	44	4	16	-	-
I have lost interest in my appearance.	9	36	9	36	7	28	-	-	-	-
I feel restless as I have to be on the move.	-	-	7	28	11	44	5	20	2	8
I look forward for enjoyment.	-	-	-	-	2	8	5	20	18	72
I get sudden feelings of panic.	4	16	3	12	6	24	8	32	4	16
I can enjoy a good book, radio or TV program.	-	-	-	-	-	-	6	24	19	76
Stress scale										
In the last month, how often have you been upset because of something that happened	-	-	-	-	5	20	10	40	10	40

Question	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
unexpectedly.										
In the last month, how often have you felt that you were unable to control the important things in your life?	-	-	3	12	11	44	9	36	2	8
In the last month, how often have you felt nervous and "stressed"?	2	8	12	48	9	36	2	8	-	-
In the last month, how often have you felt confident about your ability to handle your personal problems?	4	16	8	32	8	32	3	12	2	8
In the last month, how often have you felt that things were going your way?	-	-	1	4	8	32	10	40	6	24
In the last month, how often have you found that you could not cope with all the things that you had to do?	2	8	7	28	12	48	4	16	-	-
In the last month, how often have you been able to control irritations in your life?	2	8	7	28	9	36	7	28	-	-
In the last month, how often have you felt that you were on top of things?	10	40	11	44	4	16	-	-	-	-
In the last month, how often have you been angered because of things that were outside of your control?	4	16	12	48	4	16	4	16	1	4
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	2	8	8	32	14	56	1	4	-	-

In this paper, several tables have been used to present the collected data and analyze the interactions between the anxiety scale, depression scale and stress scale. In addition, original data from the Statistical Package for the Social Sciences (SPSS) was used.

The latest version of SPSS data: This is the most recent version of the data collected and analyzed in the SPSS program. This was done to ensure that the data used for analysis was fresh and used in the scientific article.

Original data from SPSS: These are the fundamental data collected in the SPSS program and used for scientific analysis. These data may contain the responses of individuals on the anxiety, depression and stress scales.

Table 3 displays the data collected from the responses on the anxiety scale, depression scale and stress scale. The anxiety scale and depression scale were developed using the Hospital Anxiety and Depression Scale (HADS) while the stress scale was developed by Cohen et al. (1983) and adapted to the Albanian language. The stress scale has 5 Likert levels. This table presents the sensitivity of individuals to the anxiety and depression scales.

Furthermore, the Cronbach's alpha internal reliability coefficient was found to be 0.825 for mental health and 0.890 for job stress. This coefficient determines how reliable the scale data is and whether it is consistent for further analysis. A high value of this coefficient indicates that the scale is reliable and consistent for use in other scientific analyses.

The Likert-type responses used in this study were " strongly disagree " "disagree" "neutral" "agree" and " strongly agree". This type of Likert scale is commonly employed to assess individuals' sensitivity and attitudes towards questions or scales in a questionnaire.

The mental health questionnaire consisted of the anxiety scale, depression scale and stress scale. The anxiety scale contained 7 questions, the depression scale included 7 questions and the stress scale comprised 10 questions. This scale structure was used to measure different components of mental health and assess the levels of anxiety, depression and stress in the subjects.

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Table 4. Teachers' responses to workload.

Question	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	F	%	F	%	F	%	F	%	F	%
1. How often does your job require you to work very fast?	2	8	8	32	6	24	9	36	-	-
2. How often does your job require you to work very hard?	3	12	6	24	5	20	6	24	5	20
3. How often does your job leave you with little time to get things done?	-	-	1	4	9	36	8	32	7	28
4. How often is there a great deal to be done?	2	8	7	28	10	40	4	16	2	8
5. How often do you have to do more work than you can do well?	-	-	7	28	4	16	6	24	8	32

Table 4 presents the job stress scale. This questionnaire was standardized by Rabionet (2009) and is a well-known instrument for research in the field of organizational psychology. This questionnaire is used to assess how employees feel burdened by job tasks and to understand the impact of interpersonal conflicts and organizational constraints on the level of job stress.

The reliability of the entire job stress scale is $\alpha = 0.741$. This coefficient of internal consistency demonstrates that the scale used is reliable and consistent for evaluating the level of job stress. This indicates that the questionnaire is a useful tool for measuring job stress in organizational contexts and conducting various analyses in the field of organizational psychology.

Table 5. Correlation between workload, anxiety, depression and stress.

Variables		Workload	Anxiety	Depression	Stress
Workload	Pearson correlation	1	0.203	0.234	0.550**
	Sig. (2-tailed)		0.009	0.001	0.004
	N	25	25	25	25
Anxiety	Pearson correlation	0.203	1	0.438*	0.204
	Sig. (2-tailed)	0.009		0.029	0.329
	N	25	25	25	25
Depression	Pearson correlation	0.234	0.438*	1	-0.055
	Sig. (2-tailed)	0.001	0.029		0.794
	N	25	25	25	25
Stress	Pearson correlation	0.550**	0.204	-0.055	1
	Sig. (2-tailed)	0.004	0.329	0.794	
	N	25	25	25	25

Note: "*" denotes a significant correlation at the 0.05 level (2-tailed).
"**" denotes a highly significant correlation at the 0.01 level (2-tailed).

Table 5 presents the relationship between job stress and the levels of anxiety, depression and stress. We observe some intriguing relationships when we examine the data in the table. A weak positive relationship was identified between job stress and the level of anxiety (r = 0.203) indicating that as job stress increases, anxiety tends to increase. However, this influence is relatively weak. A similar situation is seen in the case of depression where a weak and positive relationship was observed (r = 0.234) with the same tendency that as job stress increases, depression also increases but the relationship is weak. However, the most significant aspect is the strong and positive relationship between job stress and stress (r = 0.550**). This shows that as job stress increases, stress experiences a significant rise and this influence is strong. These results suggest that job stress has a significant impact on the stress level of the subjects while the influence on anxiety and depression is weaker in comparison to stress. This finding may have considerable importance for stress management in work environments and the well-being of employees.

5. CONCLUSION AND LIMITATIONS

An analysis of survey scales on anxiety, depression and stress shows different perceptions of teachers towards these dimensions of mental health. In particular, the stress scale has a strong positive relationship with generalized stress while the relationship with anxiety and depression is weaker.

The results also show a weak positive relationship between workload and levels of anxiety and depression. Meanwhile, the relationship between workload and stress is stronger suggesting a greater influence of stress in general on this dimension.

Teachers' mental health issues especially those related to anxiety, depression and stress require special attention. The results suggest that stress management in the workplace can have a significant impact on stress levels and in particular on teachers' mental health in general.

In the future, research can address the specific factors that contribute to work stress and examine strategies and support systems to reduce stress and improve mental health in educational settings. These conclusions are supported by internal reliability analysis using Cronbach's alpha coefficient which indicates a high degree of reliability of the scales used for further scientific analysis.

The study was conducted in university settings and this fact imposed a significant limitation on the available time for participants to complete the questionnaire. It is possible that some participants may have had less impact on the quality of their responses or had less time to reflect on the questions due to this time constraint.

Another limitation is the sample size used in the study which includes only 100 individuals. This is a small number compared to the complexity and diversity of universities in Kosovo. Thus, although the study has offered a specific perspective on work overload in the university context, it may not be fully representative of all the country's universities.

The study was carried out at universities within one city which brings another limitation in terms of the geographic representation of the data. Care should be taken in the attempt to generalize the results and findings of this study to other institutions and various areas of the country.

Another issue is the translation of the instruments used in the study. Translating instruments is a complex process that can have implications for the accurate translation of concepts. In some cases, this can lead to the loss of some nuances of the original instrument's meaning, although their appropriateness may be high. Therefore, translation should be done carefully and attentively to ensure accuracy.

Another limitation is the lack of similar studies at the national level. This fact has made the process of reviewing the literature and comparing data more challenging and has made it difficult to identify patterns and trends in this specific field of study. The lack of sufficient literature may have influenced the higher focus of the analysis on the data measured in this study.

INSTITUTIONAL REVIEW BOARD STATEMENT
The Ethical Committee of the AAB University, Kosovo has granted approval for this study (Ref. No. 090/24).

TRANSPARENCY
The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

COMPETING INTERESTS
The authors declare that they have no competing interests.

AUTHORS' CONTRIBUTIONS
Conducted the primary research collected and analyzed data and contributed to the writing of the manuscript, H.S.; provided expertise in data analysis and statistical interpretation and critically reviewed the manuscript, D.C. Both authors have read and agreed to the published version of the manuscript.

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