



**DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF GHANA
SCHOOL OF SOCIAL SCIENCES**

**THE INFLUENCE OF WORKLOAD AND AUTONOMY ON EMPLOYEE
MENTAL HEALTH OUTCOMES: THE ROLE OF SLEEP QUALITY**

BY

STACY KEELSON-AIKINS

11006429

**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
THE AWARD OF MPhil. INDUSTRIAL AND ORGANISATIONAL
PSYCHOLOGY DEGREE**

NOVEMBER 2024

DECLARATION

This is to confirm that this thesis is the final product and a true reflection of research conducted by **Stacy Keelson-Aikins** in pursuance of an award of an MPhil. Degree in Industrial and Organisational Psychology at the Department of Psychology, University of Ghana. This thesis was supervised by Dr. Richmond Acquah-Coleman and Dr. Collins Badu Agyemang. This thesis has not been presented in whole or in part, and the ideas of other persons used in this study have been duly acknowledged.



..... Date:13/08/2025

Stacy Keelson-Aikins

(Student)

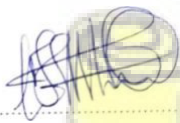
This thesis has been submitted for examination with the approval of:



..... Date:13/08/2025

Dr. Richmond Acquah-Coleman

(Principal Supervisor)



..... Date:13/08/2025

Dr. Collins Badu Agyemang

(Co-supervisor)

DEDICATION

This thesis is dedicated to my father, Mr. Frederick Keelson-Aikins, whose unwavering support, wisdom, and encouragement have been a constant source of strength throughout my academic journey. My biggest source of inspiration has been your faith in me, and I will always be appreciative of your support and affection. This work is a testament to your enduring influence in my life. Thank you for everything.



ACKNOWLEDGEMENTS

I am profoundly appreciative of the outpouring of support that has been extended to me during the course of this thesis. First, I would like to acknowledge Lofty Amo Yeboah for his countless sacrifices, without which this work would not have been possible. Your unwavering dedication means the world to me. I am also thankful to my mum Susanna Ofosu-Eck for her support. I am also deeply thankful to my sister Tracy for her endless support, encouragement, and love. You have been a pillar of strength through every step of this journey. To my supervisors, Dr. Richmond Acquah-Coleman and Dr. Collins Badu Agyemang, I owe immense thanks for your invaluable guidance, feedback, and expertise. Your mentorship has been instrumental in shaping this research. A special mention goes to Dr. Eric Delle for his assistance and insights, which helped me overcome key challenges along the way. To my colleagues, Bernice Addai, Nana Amoah Fotwe, and Cedric Agbemaflle, I appreciate your friendship, advice, and support, which have made this journey all the more fulfilling. I would also like to extend my appreciation to the insurance companies—Quality Life Assurance, Quality Insurance Company, Prudential Life Insurance, Provident Insurance, Enterprise Insurance, Star Assurance, and Star Life Insurance—for granting me access to their employees for data collection. Your cooperation has been vital to the success of this study. Thank you all for being part of this journey with me.

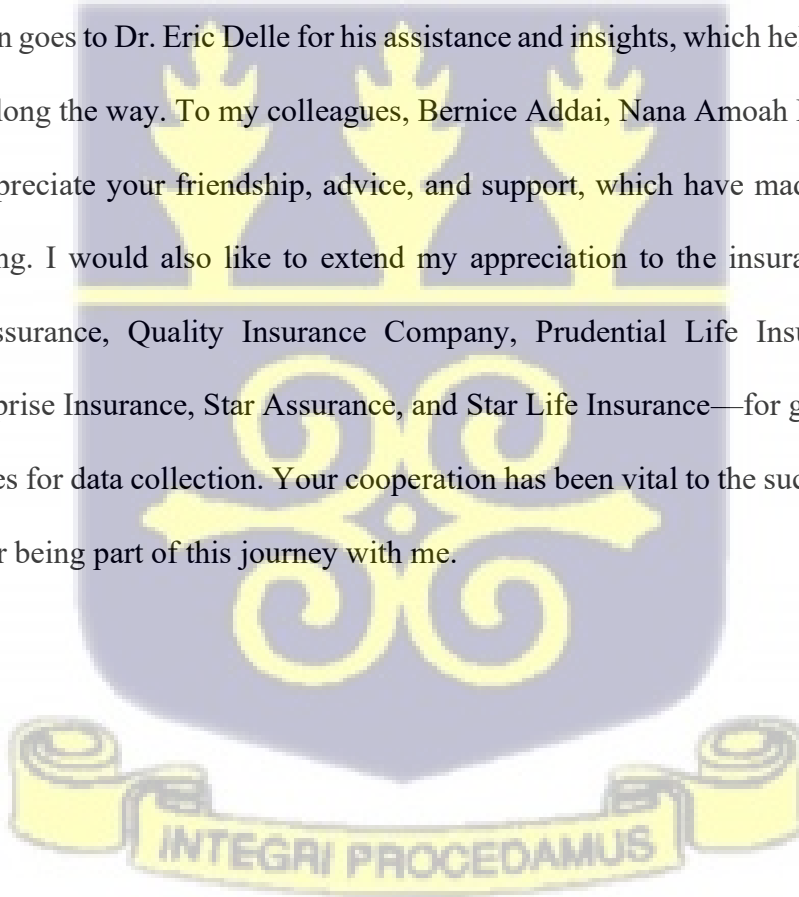


TABLE OF CONTENTS

DECLARATION	i
DEDICATION	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
LIST OF ACRONYMS	ix
ABSTRACT	x
CHAPTER ONE	1
INTRODUCTION	1
1.1	1
1.2 Problem Statement.....	14
1.3	17
1.4	18
1.5	19
CHAPTER 2	20
LITERATURE REVIEW	20
2.1 Introduction	20
2.2 Theoretical Framework.....	20
2.2.1 Job Demands-Resource Model	21
2.2.2 Conservation of Resources (COR) Theory.....	29
2.3 Review of Related Studies	32
2.3.1 The Relationship Between Workload and Emotional Exhaustion	32
2.3.2 The Relationship Between Workload and Anxiety	39
2.3.3 The Relationship Between Sleep Quality, Workload and Mental Health Outcomes	44
2.3.4 The Relationship Between Autonomy and Emotional Exhaustion.....	48
2.3.5 The Relationship Between Autonomy and Anxiety	53
2.3.6 The Relationship Between Sleep Quality, Autonomy and Mental Health Outcomes	58
2.4 Rationale of Study.....	62
2.5 Statement of Hypotheses	64

2.6 Key Variables of Study	64
2.7 Operational Definition of Terms	65
2.8 Conceptual Model.....	66
CHAPTER 3	69
METHODOLOGY	69
3.1 Introduction	69
3.2 Setting	69
3.3 Design	71
3.4 Population.....	71
3.5 Sample and Sampling Technique.....	73
3.6 Measures	77
3.6.1 Demographic Variables.....	77
3.6.2 Sleep Quality	77
3.6.3 Emotional Exhaustion	79
3.6.4 Anxiety	80
3.6.5 Workload	81
3.6.6 Autonomy	81
3.7 Procedure.....	82
3.8 Ethical Considerations	83
3.9 Conclusion.....	83
CHAPTER 4	85
RESULTS	85
4.1 Introduction	85
4.2 Preliminary Analysis.....	85
4.3 Intercorrelations Matrix for Study Variables.....	86
4.4 Moderation Analysis	88
4.5 Additional Findings	96
4.6 Summary of Findings	98
4.7 Observed Model	99
CHAPTER FIVE	100
DISCUSSION	100
5.1 Introduction	100
5.2.1 The Relationship Between Workload and Anxiety	100

5.2.2 The Relationship Between Workload and emotional exhaustion	102
5.2.3 The Relationship Between Autonomy and Anxiety	104
5.2.4 The Relationship Between Autonomy and Emotional Exhaustion.....	106
5.2.5 Sleep Quality as a Moderating Factor in the Relationship between Autonomy and Anxiety	108
5.2.6 Sleep Quality as a Moderating Factor in the Relationship between Workload and Anxiety	109
5.2.7 Sleep Quality as a Moderating Factor in the Relationship between Autonomy, Workload and Emotional Exhaustion	110
5.3 Additional Findings	112
5.3 Implications for Theory	113
5.4 Implications for Practice	115
5.5 Limitations of Study	119
5.6 Recommendations for Future Research	121
5.7 Conclusion	124
REFERENCES	125
APPENDIX	144



LIST OF TABLES

Table 1. Demographic characteristics of participants	67
Table 2. Summary of Minimum, Maximum, Skewness, Kurtosis and Alphas of the main Study Variables	78
Table 3. Inter-correlation matrix	79
Table 4. Hierarchical Multiple Regression Results of the Influence of Autonomy and Sleep Quality on Anxiety	81
Table 5. Hierarchical Multiple Regression Results of the Influence of Workload and Sleep Quality on Anxiety	81



LIST OF FIGURES

Figure 1. The conceptual framework showing the hypothesised relationships between the variables	62
Figure 2. Sleep quality moderates the relationship between autonomy and anxiety	87
Figure 3. Sleep quality moderates the relationship between workload and anxiety	88



LIST OF ACRONYMS

JDR	JOB DEMANDS-RESOURCES
NIC	NATIONAL INSURANCE COMISSION
GLMIS	GHANA LABOUR MARKET INFORMATION SYSTEMS
MERS	MIDDLE EAST RESPIRATORY SYNDROME
PTSD	POST TRAUMATIC STRESS DISORDER
PSQI	PITTSBURGH SLEEP QUALITY INDEX
EE	EMOTIONAL EXHAUSTION
GAD	GENERALIZED ANXIETY DISORDER
QWI	QUANTITATIVE WORKLOAD INDEX
WAS	WORK AUTONOMY SCALE
DREC	DEPARTMENTAL RESEARCH ETHICS COMMITTEE
APA	AMERICAN PSYCHOLOGICAL ASSOCIATION
HR	HUMAN RESOURCES
SPSS	STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES



ABSTRACT

This study investigates the influence of workload and work autonomy on employee mental health outcomes, specifically emotional exhaustion and anxiety, with sleep quality as a moderating factor. The research focuses on employees in the insurance sector within the Greater Accra Region of Ghana, an industry known for its high-pressure work environment and growing demands. Using a cross-sectional quantitative research design, data were collected from 300 participants through structured questionnaires. The data were analysed using regression analysis to explore the relationships between workload, autonomy, emotional exhaustion, and anxiety, as well as the moderating effect of sleep quality. First, workload exhibited a significant positive relationship with both anxiety and emotional exhaustion, indicating that higher workloads contribute to increased levels of these mental health outcomes. Conversely, autonomy demonstrated a significant negative relationship with anxiety and emotional exhaustion, suggesting that greater control over one's work reduces mental health strain. Sleep quality was found to moderate the relationship between autonomy and anxiety, as well as between workload and anxiety, meaning that better sleep quality could buffer the negative effects of workload and lack of autonomy on anxiety. However, sleep quality did not moderate the relationship between either autonomy or workload and emotional exhaustion. Lastly, marital status was found to have a relationship with anxiety and sleep quality. Findings were discussed in line with theory and literature.

Keywords: Workload, Autonomy, Sleep Quality, Anxiety, Emotional Exhaustion, Insurance Sector, Employee Well-being

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Mental health is a person's emotional, psychological, and social well-being; it includes the ability to manage stress, relate to others, and make decisions (Richardson, 2020). Mental health is a dynamic part of total health that includes cognitive functions, emotional resiliency, and social relationships. It is the lack of mental problems or illnesses, as well as the presence of positive traits, coping strategies, and the ability to adapt to life's adversities (Fusar-Poli et al., 2020). For this paper, the two mental health outcomes, emotional exhaustion and anxiety, will be the primary focus.

In today's globalised economy, organisations continuously strive to maximise productivity and efficiency, a pursuit that often increases the pressure on employees. As globalisation advances, the demands placed on employees across different sectors intensify, fostering environments where long working hours, high workloads, and limited autonomy are prevalent (Korunka & Kubicek, 2017). This global trend has significant implications for employees' mental health, particularly in terms of emotional exhaustion and anxiety. Mental health challenges are now being recognised as a critical issue affecting organisational performance, highlighting the need for a deeper understanding of the factors that contribute to employee well-being in the workplace (Randall, 2023; Ipsen et al., 2020).

At a regional level, particularly in West Africa, rapid economic development and the rising influence of service-orientated industries, such as banking and insurance, have contributed to growing workloads and job demands (Mbaye & Gueye, 2018; Camara et al., 2019). Countries within this region are increasingly contending with the pressures that come from this development,

often without the necessary structures in place to adequately support employee well-being (Mberia, 2013). The fast pace of change, coupled with limited work autonomy in several sectors, leaves employees vulnerable to stress, burnout, and mental health issues (Kuzmina & Garipova, 2020). West Africa's workforce, known for its resilience, must now navigate these evolving workplace dynamics and the risks that come with them.

In Ghana, the insurance sector is a microcosm of these trends. This industry has seen significant growth, but it has also brought increasing workloads and pressure on employees to meet targets and satisfy clients (Mishra et al., 2023). Many employees experience high levels of work-related stress, leading to emotional exhaustion and heightened anxiety (Dobson & Schnall, 2018). The extent to which these issues manifest is closely tied to employees' control over their tasks and schedules—work autonomy. Autonomy has been shown to buffer the effects of high workloads (Sandmeier et al., 2022), but this balance is not always achieved. Furthermore, sleep quality is emerging as an essential factor that can influence how employees cope with these demands. Poor sleep quality can exacerbate the negative effects of both heavy workloads and low autonomy, leading to a cycle of deteriorating mental health (Foo & Doan, 2023; Niemiec et al., 2022). On the other hand, good sleep quality might help employees better manage stress, reducing the likelihood of emotional exhaustion and anxiety (Coelho et al., 2023; Teker & Luleci, 2018).

This study explores the intricate relationship between workload, work autonomy, emotional exhaustion, and anxiety, focusing on the insurance sector in Ghana. It delves into how sleep quality acts as a moderating factor, either intensifying or alleviating the mental health impacts of these work-related variables.

Emotional exhaustion, a core component of burnout, refers to “feelings of being overextended and depleted of one’s emotional and physical resources” (Annor et al., 2023). It

occurs when an individual feels emotionally drained and overwhelmed by the demands placed upon them, making it difficult to recover energy and motivation (Latha & Rani, 2020). Emotional exhaustion is a significant factor in workplace settings, especially in industries where employees face intense workloads, limited resources, or insufficient support (Hanson et al., 2008). Emotional exhaustion is a common sign of poor mental health in work and organisational psychology since it is the central strain factor of burnout (Baeriswyl et al., 2017). An individual experiencing emotional exhaustion exhibits reduced energy and motivation; the spark of enthusiasm appears to dissipate, replaced by a continual sense of being spent and depleted (Karatepe et al., 2021). Daily activities that were once enjoyable become a chore; reduced emotional resilience, the ability to recover from failures diminishes, leaving individuals susceptible and overwhelmed by even slight setbacks; negativity and cynicism, the world might appear dismal and merciless, with pessimism infiltrating and overshadowing positive perspectives (Grossi et al., 2015; Hu & Yeo, 2020; Jabbarov et al., 2023); impaired relationships, emotional exhaustion can make genuine connections with others difficult, resulting in isolation and loneliness; and physical signs such as digestive problems and difficulty sleeping (Yang et al., 2023). Additionally, individuals in the workplace who are emotionally exhausted have a perfunctory work attitude, a reduction in job satisfaction, impaired decision-making, a decline in the quality of work, increased absenteeism, and high turnover intentions (Yang et al., 2023).

In this study, emotional exhaustion is relevant because employees in the insurance sector often face continuous stressors, such as handling large workloads, meeting strict deadlines, and managing customer expectations (Sahi et al., 2022). These challenges, over time, can diminish employees' emotional energy, leaving them feeling drained, overwhelmed, and unable to cope effectively (Asaloei et al., 2023).

In a high-pressure environment like the insurance industry, employees are often pushed to perform at their best, regardless of the resources available or the complexity of their tasks. Meeting performance targets becomes a routine part of their work, and when combined with demanding client interactions, this creates a chronic strain on their mental and emotional reserves (Dinesh et al., 2023). If these employees do not have sufficient time or autonomy to recover, they are more likely to experience emotional exhaustion (Mander & Antoni, 2022). This manifests as fatigue, reduced enthusiasm, and a lack of motivation to engage with their work or clients (Tavella & Parker, 2020). They may also become emotionally detached, feeling cynical or indifferent toward their job, which is a hallmark of burnout (Khammissa et al., 2022).

When emotional exhaustion is not properly managed, its effects can escalate into other serious mental health challenges such as anxiety and depression (Koutsimani et al., 2019). Employees may become increasingly anxious about their ability to cope with work demands, feeling as though they are perpetually "running on empty" (McCarthy et al., 2016). This state can also reduce cognitive functioning, making it harder for employees to concentrate, problem-solve, or make sound decisions, which can affect their performance and lead to even greater frustration (Lemonaki et al., 2021b). Over time, the combination of emotional exhaustion, anxiety, and poor mental health contributes to burnout, a condition that not only affects the individual but also the organisation, through decreased productivity, increased absenteeism, and higher turnover rates (Demerouti & Adaloudis, 2024).

Furthermore, emotional exhaustion doesn't just affect employees' professional lives. It can spill over into their personal lives, where they may struggle to relax or engage meaningfully with family and friends (Carlson et al., 2022). This blurring of boundaries between work and personal life can

further diminish their overall well-being, leading to a cycle of stress and exhaustion that's difficult to break.

In this study, emotional exhaustion is examined as one of the key dependent variables, reflecting the toll that workload and work autonomy—or lack thereof—can take on employees' mental health. The moderating role of sleep quality is also crucial here, as good sleep can act as a protective factor, helping employees recover from daily stress and preventing the full impact of emotional exhaustion from taking hold (Shi & Wang, 2022). Conversely, poor sleep can amplify the effects of emotional exhaustion, leaving employees less resilient to the pressures they face at work (Mantua et al., 2020). By studying these dynamics, this research seeks to uncover strategies for reducing emotional exhaustion and promoting healthier, more sustainable work environments in the insurance sector.

Anxiety is defined as a state of worry or uneasiness. It is a natural human response to stress that can be induced by a range of real and imagined events. While some anxiety is acceptable and even beneficial in some contexts, excessive or chronic anxiety can be crippling (McCarthy et al., 2016). An individual experiencing anxiety exhibits symptoms like feeling frightened, worried, scared, or alarmed, rapid heartbeat, sweating, shaking, muscle tension, shortness of breath, dizziness, nausea, difficulty concentrating, racing thoughts, intrusive ideas, negative self-talk, avoiding situations that cause anxiety, difficulties sleeping, and changes in dietary behaviour (Horwitz, 2014). A heavy workload frequently brings with it a sense of pressure to fulfil deadlines and perform to a specific standard. This stress can cause or intensify anxiety symptoms, particularly in people who are prone to stress (Panganiban et al., 2011). Anxiety can be exacerbated by workloads that include imprecise expectations or frequent adjustments (Fu et al., 2024). Uncertainty about employment requirements, goals, or consequences can lead to feelings of

insecurity and anxiety. Physical symptoms such as exhaustion, headaches, and muscle strain can be exacerbated by a taxing workload (Nixon et al., 2011). These physical indicators of stress might worsen anxiety symptoms. Anxiety can have a significant influence on many elements of work, affecting both individual employees and general workplace dynamics. Anxiety's repercussions can emerge in a variety of ways, influencing productivity, job satisfaction, work quality, decreased initiative and creativity, absenteeism, and employees' overall well-being (Cheng & McCarthy, 2018).

In the context of this study, anxiety is a key mental health outcome that can be influenced by work conditions, particularly workload and work autonomy. Employees in high-pressure environments, such as the insurance sector, often face tight deadlines, heavy workloads, and the expectation to deliver excellent service under stressful conditions. This can create a climate of constant pressure where employees feel overwhelmed and anxious about their ability to perform (Nappo, 2018).

Anxiety can also stem from feelings of inadequacy or fear of failure, which are common in environments where the workload is high and there is limited control over how tasks are performed (Orson & Larson, 2020). In cases where employees lack autonomy—having little to no say in decision-making or how they approach their work—anxiety is likely to increase (Kim et al., 2021). Without control over their work environment, employees may feel trapped or powerless, intensifying their anxiety as they struggle to manage their responsibilities.

Workplace anxiety is not only a mental health issue but also affects job performance. Employees experiencing anxiety may find it difficult to concentrate, make decisions, or engage fully with their tasks (Bishop & Gagne, 2018). This can lead to reduced productivity, poor job satisfaction, and a higher likelihood of mistakes. Anxiety can also hinder interpersonal relationships at work, as

employees may become more irritable, withdrawn, or sensitive to feedback (Wang & Zhang, 2021).

In this study, anxiety is examined as a dependent variable, affected by both workload and work autonomy. The level of anxiety employees experience is shaped by how manageable they perceive their workload to be and the degree of control they have over their tasks. Additionally, sleep quality is expected to play a moderating role in the relationship between these work conditions and anxiety. Poor sleep can heighten anxiety, making it harder for employees to cope with work-related stress (Tekere & Luleci, 2018). Conversely, good sleep quality may help employees manage their anxiety more effectively, reducing the impact of heavy workloads or low autonomy on their mental health.

Workload is the quantity of work that employees, teams, departments, or systems are expected to complete in a given time period (DeArmond et al., 2014). It is a total number of assignments, projects, or activities allocated to or undertaken by an individual or group. Workload can be determined by a variety of factors, including task difficulty, time necessary to perform them, and total resource needs (Wang et al., 2017). Individual workload can be divided into two categories: quantitative workload and qualitative workload. The volume of work that must be accomplished, such as the number of tasks, projects, or assignments, is referred to as quantitative workload (DeArmond et al., 2014). On the other side, qualitative workload refers to the work's complexity, difficulty, and cognitive demands. Problem-solving, decision-making, creativity, and critical thinking are examples of such tasks (Jeffrey & Sulaiman, 2021). It is an essential factor that determines how employees experience their employment. On the one hand, a manageable workload could produce feelings of accomplishment and satisfaction (Dollard et al., 2000). On the other hand, an excessive workload can overwhelm staff, causing anxiety, stress, and even burnout.

Furthermore, a high workload has been associated with a higher likelihood of experiencing psychological and physical exhaustion problems, indicating that workload might have a substantial influence on individuals (Cromptley et al., 2020). Furthermore, it has been discovered that a heavy workload raises the possibility that workers would engage in unsafe activities, which can have an effect on organisational outcomes (Ghezzi et al., 2020).

In this study, workload is one of the key independent variables, as it plays a significant role in shaping employee mental health outcomes, particularly emotional exhaustion and anxiety (Novikova et al., 2022). High workloads, characterised by excessive tasks or unattainable deadlines, place enormous stress on employees, pushing them to operate at their limits. When the demands exceed an individual's capacity to cope, it can lead to stress, fatigue, and a sense of being overwhelmed (Hasin et al., 2023). Over time, persistent exposure to high workloads may result in mental health challenges like burnout, emotional exhaustion, and increased anxiety.

Within the insurance sector, employees are often tasked with balancing multiple responsibilities, including client interactions, claims processing, and managing administrative duties. As the industry grows, so does the pressure to handle larger caseloads efficiently (Mahaur, 2022). This escalation in workload contributes significantly to mental strain as employees struggle to meet their obligations while maintaining high performance standards. The insurance sector, known for its demand for accuracy and speed in decision-making, often places employees under constant pressure, further compounding the effect of workload on their mental health.

Heavy workloads not only affect productivity but also interfere with employees' ability to maintain a healthy work-life balance (Nath et al., 2024). The constant need to stay on top of tasks can blur the boundaries between work and personal time, leaving little room for rest or recovery. Employees may find themselves working long hours, sacrificing personal and family time, which

can eventually lead to burnout. In such cases, emotional exhaustion and anxiety become inevitable consequences of chronic workload stress.

Research has shown that when employees feel overloaded, they are more prone to emotional exhaustion due to the relentless pressure to meet targets (Oppenauer & Van De Voorde, 2016). Anxiety levels also rise as individuals become concerned about their ability to keep up with work demands (Núñez-Elvira, 2022). Furthermore, high workloads limit opportunities for creativity, problem-solving, and reflection, making work feel more transactional and less meaningful. This can reduce employees' overall job satisfaction and engagement.

Workload is often influenced by various organisational factors, such as staffing levels, job design, and management expectations (Rajan, 2021). When workloads are not well managed or distributed, they create unhealthy work environments that can harm employee well-being. Therefore, understanding how workload impacts mental health outcomes is crucial for developing effective workplace policies that prioritise employee health and productivity.

Workload management is critical for maintaining productivity and avoiding burnout. Workload management requires balancing and prioritising tasks, setting realistic deadlines, and allocating resources properly (Lily et al., 2019). Furthermore, recognising individual and group capacities assists businesses in optimising performance and efficiently achieving their goals (Gadzali et al., 2023; Govender, 2020).

Work autonomy refers to the degree of control, freedom, and independence that employees have over their tasks and work processes (Laaser & Bolton, 2022). It is a key aspect of job design that allows individuals to make decisions about how, when, and where they complete their tasks, as well as the methods and strategies they use to achieve work goals (Fallman et al., 2018).

Employee autonomy in the workplace enables them to assume responsibility for their work, fostering a sense of responsibility, self-direction, and creativity (Dehkordi et al., 2024; Schwartz, 2020). Even when dealing with a heavy workload, having a sense of control can reduce stress and improve mental health outcomes. In contrast, limited autonomy can magnify the negative consequences of workload, as employees may feel confined or powerless, leading to greater stress and mental health problems (Van Dorssen-Boog et al., 2020).

When employees have the ability to determine how to manage their duties, they can prioritise their work based on their abilities and preferences. This control can help to avoid emotions of overwhelm, which are a common source of anxiety (Parker et al., 2013). Knowing that they can manage their workload in a way that suits them alleviates the stress and uncertainty that contribute to anxiety (Jensen et al., 2011). Additionally, autonomy enables employees to make decisions without continually seeking approval from supervisors. This independence relieves the burden of waiting for feedback or worrying about making mistakes under intense supervision (Beenen et al., 2016). Employees who have the freedom to make their own choices feel more confident and less anxious regarding their performance (Kalleberg et al., 2009). Furthermore, employees in low-autonomy environments may experience role conflict (Hornung et al., 2016), where they must balance conflicting demands from superiors or the organisation. The conflict can be mentally and emotionally exhausting (Karkkola et al., 2019). Employees with a high level of autonomy are better able to negotiate and navigate these demands, lowering the stress and emotional toll of role conflict.

In the Ghanaian insurance sector, work autonomy varies widely depending on organisational structure and job role. Employees who have more autonomy, such as those in higher-level or decision-making positions, may experience less stress because they can manage their time and

resources more effectively (Zeuge et al., 2023). On the other hand, employees in more operational or customer-facing roles that are required to follow strict guidelines and protocols may have less autonomy, contributing to heightened levels of stress and anxiety (Good et al., 2023b).

Reduced anxiety and emotional exhaustion combine to improve employees' overall mental health. Employees who have autonomy are not only more prepared to handle stress but also more resilient in the face of adversity (Good et al., 2023b). Autonomy promotes a pleasant work atmosphere in which people feel appreciated, capable, and in control, all of which are necessary for maintaining mental health. However, the relationship between autonomy and mental health outcomes may be curvilinear, implying that extremely high levels of autonomy could constitute a stressor (Zolg & Herbig, 2022).

The term "sleep quality" describes the general restorative value of a person's sleep as well as how well they sleep. It includes a number of elements (Sleep Latency, Sleep Duration, Sleep Efficiency, Sleep Continuity, Sleep Depth, Absence of Disturbances, and Feeling Refreshed) that go into getting a good night's sleep in addition to the length of sleep (Nelson et al., 2021). Sleep is a normal and recurring condition of diminished consciousness characterised by altered sensory perception, inhibited voluntary muscular action, and a suspended state of awakesness, supplying the body and mind with critical restorative and cognitive functions (Chokroverty, 2017). Sleep is a component of the circadian rhythm and is distinguished by a series of stages with associated autonomous nervous system functions (Borbély, 1982; Zoccoli & Amici, 2020). It is a complex physiological process that is unique to each individual and typically lasts almost one-third of one's life. A multitude of cognitive, emotional, and physical processes depend on sleep, which is a complicated and vital physiological process. According to Ma et al. (2020), sleep is crucial for preserving both physical and mental health. It also helps with memory consolidation, cognitive

function, and general wellbeing (Dissel, 2020; Simon et al., 2022). Sleep spindles, which are brief rhythmic waveforms that occur during NREM sleep, have been linked to memory formation and cognitive function, showing the complex interaction that exists between sleep architecture and cognitive processes (Fernandez & Lüthi, 2020). Research has shown that individuals with high sleep quality are more likely to have better problem-solving skills, improved decision-making capabilities, and greater emotional stability (Loh, 2021). These benefits help employees manage their workload more effectively and maintain a positive outlook, even in demanding or high-stress roles. Workload and sleep quality have a complex, reciprocal relationship in which each influences the other in different ways. Workload demands can influence sleep, and an individual's capacity to manage and cope with work-related duties is influenced by the quality of their sleep (Huyghebaert et al., 2018). Feelings of exhaustion, burnout, and a diminished ability to handle stress can result from inadequate or disturbed sleep. Lack of sleep can have a negative emotional impact that can include mood changes, increased irritation, and a feeling of being overwhelmed (Li et al., 2020). There is a strong correlation between elevated anxiety levels and poor sleep quality. Lack of sleep can increase the activity of the amygdala, a part of the brain linked to emotional reactions, which can cause elevated anxiety and emotional reactivity (Teker & Luleci, 2018).

In this study, sleep quality is explored as a buffer that can either mitigate or amplify the effects of workload and work autonomy on emotional exhaustion and anxiety. Employees with good sleep quality may find that they are more resilient to the pressures of a heavy workload or low autonomy, as their well-rested minds and bodies allow them to approach challenges with greater energy and focus (Wiegelmann et al., 2023). Conversely, those with poor sleep quality may find that even moderate workloads or limited autonomy led to higher stress and anxiety levels, as

their bodies and minds are less capable of coping with daily stressors (Coelho et al., 2023; Teker & Luleci, 2018).

According to the Ghana Labour Market Information Systems (GLMIS), there are a total of 11,541,355 (58%) Labour Force in the country based on the 2021 Census. “The labour force participation rate is a measure of the proportion of a country’s working-age population that engages actively in the labour market, either by working or by looking for work; it provides an indication of the relative size of the supply of labour available to engage in the production of goods and services” (GLMIS | Ghana Labour Market Information System, n.d.).

Additionally, there are 11,170,605 employed individuals in the country, with 20.92% (2,337,383) of this number living in the Greater Accra Region. 1,241,914 are males and 1,095,469 are females. ‘Status of employment refers to whether there is an explicit or implicit contract of employment with other persons or organisations that the employed person has in his/her job. Basic categories of employment status are: employee, self-employed without employees, self-employed with employees, casual worker, contributing family worker, paid apprentice, unpaid apprentice, and domestic worker.’ (GLMIS | Ghana Labour Market Information System, n.d.).

In recent years, Ghana's insurance industry has gotten more competitive. This increase in competition has presented various issues for the corporations involved and their employees as well (Twumasi & Gyensare, 2016b). Insurance companies are vigorously competing for market share, using a variety of techniques to attract and keep consumers. These techniques include novel products, lower prices, better customer service, and extensive marketing campaigns (Smoliak, 2019). While these efforts are intended to enhance the company and assure survival in a competitive market, they also put tremendous strain on staff. Employees in the insurance sector today have higher expectations. There is a constant effort to exceed sales targets, provide excellent

customer service, and adapt fast to new technology and products. This frequently results in longer working hours, heavier workloads, and a high-stress workplace (Bandikatla, 2021; Mahaur, 2022). Employee burnout and decreased job satisfaction can be caused by the pressure to perform and the fear of job insecurity as a result of intense competition (Sabie et al., 2024; Putri & Arianto, 2024).

According to the National Insurance Commission (NIC), there were “27 Non-Life companies, 21 Life companies, 3 Reinsurance companies, 116 Broking companies, 5 Reinsurance Broker, 1 Reinsurance Contact Office and 12,500 insurance agents as of 2021” (NIC, 2021). Additionally, there were 18 registered Life Insurance firms, 26 Non-Life Insurance firms, 3 Reinsurance firms, and 123 Intermediaries (Brokers, Reinsurance Brokers and loss Adjusters) as of 2022 (NIC, 2022).

The data presented demonstrates the demanding and competitive nature of Ghana's labour market, notably in the insurance industry, where employees face high expectations, enormous workloads, and severe stress. These pressures highlight the necessity of investigating the link between workload and mental health, as well as the possible moderating influence of sleep quality and autonomy. Understanding how these components combine in such a competitive atmosphere can provide useful insights for reducing employee anxiety and emotional exhaustion, resulting in enhanced mental health and well-being in high-stress industries such as insurance.

1.2 Problem Statement

According to the Ghana Labour Market Information Systems (GLMIS), the Ghanaian labour market includes about 11.5 million people, accounting for 58% of the population who is actively employed. With 11.17 million people employed, the workforce contributes significantly

to the nation's economic growth and production. However, this high labour market involvement highlights the obstacles that employees face, particularly in areas such as insurance, where demand is high, and the workforce is continuously rising. The unique conditions and significant competition in the insurance sector—with 26 non-life firms, 18 life firms, and over 12,500 agents—make it important to research the elements that influence employees' mental health. The insurance industry in Ghana, governed by the National Insurance Commission (NIC), is rapidly expanding, with greater responsibilities imposed on workers, agents, and intermediaries. The expanding workforce in this sector, combined with the dynamic and often high-pressure nature of the work, highlights the importance of investigating how workload, work autonomy, emotional exhaustion, anxiety, and sleep quality interact to influence employee mental health.

Despite the considerable demands that employees in Ghana's insurance industry experience, there has been a surprising lack of research into how these work conditions affect employee mental health (Twumasi & Gyensare, 2016b). Mental health in general is typically stigmatised or disregarded in Ghana, and the workplace is no different (Read et al., 2020). While global research trends have increasingly focused on how characteristics such as workload and job autonomy affect mental health outcomes, the Ghanaian insurance sector has received little attention in these areas (Twumasi & Gyensare, 2016b). This lack of attention creates a knowledge vacuum about how employees are influenced by their work environment and what can be done to improve their well-being (Zieba & Gonsiorowska, 2023). The lack of research on how conditions at work in Ghana's insurance industry affect employee mental health and raises several serious concerns (Twumasi & Gyensare, 2016b). Employee well-being is put at risk since a lack of awareness about mental health concerns means that employees with high workloads and restricted autonomy may continue to suffer from anxiety, emotional exhaustion, and similar issues (Amarneh

& Obeidat, 2022; Khammissa et al., 2022) in the absence of appropriate support. Without understanding how these pressures affect mental health, organisations are unable to develop effective solutions to address these difficulties, resulting in lower productivity, more absenteeism, and higher turnover rates. Secondly, the stigma surrounding mental health remains unchallenged, particularly in the workplace. When mental health is ignored or stigmatised, employees may feel reluctant to seek help, worsening their conditions. This perpetuates a culture of silence, where mental health problems go unaddressed, further harming employee well-being and performance (Read et al., 2020).

Employee mental health is increasingly threatened in modern organisations due to the constraints of severe workloads and a lack of sufficient autonomy (Park & Jang, 2015).

Despite increased awareness of these concerns, the particular paths by which workload and autonomy affect employee mental health remain obscure. Sleep quality is an often-overlooked but increasingly crucial aspect in this conversation. Though not a direct mental health outcome, sleep quality has emerged as an important moderating variable that can either mitigate or exacerbate the effects of job stressors on mental health (Foo & Doan, 2023; Niemiec et al., 2022). Poor sleep quality reduces emotional regulation, cognitive functioning, and stress recovery, leaving employees more vulnerable to the negative effects of high workloads and diminished autonomy (Dissel, 2020; Simon et al., 2022). According to empirical studies, insufficient sleep exacerbates the psychological strain produced by job demands (Coelho et al., 2023; Teker & Luleci, 2018), whereas adequate sleep can protect individuals from the negative impacts of stresses by replenishing physical and psychological resources (Wiegmann et al., 2023).

This thesis investigates how sleep quality affects the relationship between workload, autonomy, and mental health outcomes in employees. By understanding the mechanisms at work,

this study hopes to give organisations actionable insights for improving employee well-being. It will specifically support techniques for optimising workload management, creating work environments that promote autonomy, and implementing interventions to improve sleep quality, all of which will help to mitigate the negative impacts of heavy workloads on mental health. Understanding these interactions is critical for designing comprehensive approaches to promoting mental wellness in the workplace, resulting in more resilient and productive employees.

1.3 Aims of the Study

The primary goal of this study is to investigate how workload and autonomy affect employee mental health outcomes, specifically anxiety and emotional exhaustion, in the insurance industry. Furthermore, the study aims to investigate the moderating role of sleep quality in these connections, as well as how workload and autonomy affect sleep quality.

The specific objectives of this study are to investigate:

- the relationship between workload and employee mental health outcomes.
- the relationship between autonomy and employee mental health outcomes.
- the moderating role of sleep quality in the relationship between workload and employee mental health outcomes.
- the moderating role of sleep quality in the relationship between autonomy and employee mental health outcomes.
- the relationship between workload and sleep quality.
- the relationship between autonomy and sleep quality.

1.4 Relevance of the Study

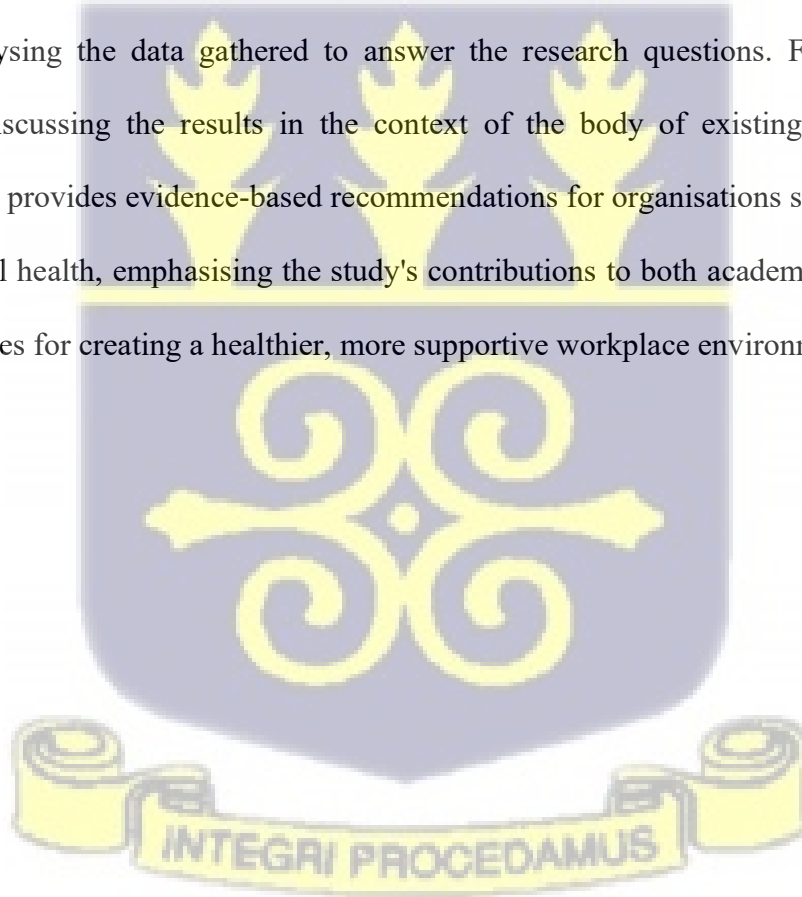
This study's significance stems from its primary focus on understanding the complex relationship between workplace conditions and mental health outcomes among employees in Ghana's insurance sector. As mental health becomes a growing concern globally, workplaces are increasingly seen as crucial environments for both risk and support. However, in Ghana, mental health remains an often-stigmatized topic, and the insurance industry—a high-stress field demanding both resilience and consistency—has been largely overlooked in research concerning employee well-being (Read et al., 2020; Twumasi & Gyensare, 2016b).

This study sheds light on how job demands like workload and job control (or autonomy) impact mental health outcomes, specifically anxiety and emotional exhaustion, in this high-pressure sector (Amarneh & Obeidat, 2022; Lu, 2022). Additionally, by examining the role of sleep quality as a moderating factor, this research explores how lifestyle factors can either buffer or amplify workplace stressors' effects on mental health (Huyghebaert et al., 2018). The findings could therefore serve as a valuable resource for designing workplace policies and mental health support systems tailored to the needs of Ghanaian employees in the insurance sector (Twumasi & Gyensare, 2016b).

Ultimately, this research aims to contribute to organizational psychology and human resource practices in Ghana and beyond by highlighting areas for intervention. Implementing such measures could improve employees' overall productivity, engagement, and job satisfaction, benefiting not only individual workers but also the companies and communities they serve.

1.5 Scope and Organisation of Study Report

This study aims to delve thoroughly into the complicated links between workload, autonomy, sleep quality, and employee mental health outcomes, specifically anxiety and emotional exhaustion. The first chapter introduces the study, including its background, problem statement, objectives, relevance, and rationality. Chapter 2 is a comprehensive literature review that identifies gaps in existing research and develops the theoretical framework, hypotheses, conceptual model, key variables, and operational definitions. The methodology is covered in Chapter 3, along with the research design, instruments, participant selection, data collection processes, ethical considerations, and data analysis techniques. Chapter 4 focuses on presenting the study's findings as well as analysing the data gathered to answer the research questions. Finally, Chapter 5 concludes by discussing the results in the context of the body of existing literature, draws conclusions, and provides evidence-based recommendations for organisations seeking to improve employee mental health, emphasising the study's contributions to both academic knowledge and practical strategies for creating a healthier, more supportive workplace environment.



CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

In the following sections, I present a thorough review of the literature, discussing key theories, empirical studies, and methodologies relevant to the research objectives. This review contextualises the study within the broader academic discourse on safety behaviour, emphasising its significance in addressing current knowledge gaps. Ultimately, this literature review acts as the foundation for the research, offering a comprehensive understanding of existing knowledge, revealing gaps for further exploration, and providing meaningful recommendations for future research and practice. By critically assessing previous research, I highlight methodological limitations and knowledge gaps that the study aims to address. This literature review goes beyond a mere compilation of studies, synthesising diverse perspectives, identifying patterns and trends, and exploring unresolved questions. By engaging with the literature, I advance our understanding, contribute new insights, and provide recommendations for future research and practice.

2.2 Theoretical Framework

The theoretical framework for this study is based on the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2007), which offers a holistic approach to understanding the elements that influence employee well-being and mental health. According to the JD-R model, job demands, such as workload, can cause strain and negative consequences like anxiety and emotional exhaustion, whereas job resources, such as autonomy, can mitigate these effects and promote positive results. In this study, the JD-R model is used to evaluate how the interaction of demands and resources affects the mental health of employees in Ghana's insurance sector. The model's

applicability and limitations have been thoroughly examined to contextualise its relevance to the study and assess its adequacy for capturing the particular occupational environment and stressors in this setting.

Additionally, the Conservation of Resources Theory, proposed by Hobfoll (1989), posits that individuals strive to acquire, retain, and protect resources that are essential for functioning effectively. Resources are defined broadly to include objects, personal characteristics, conditions, and energies that are valued by the individual or that serve as means for attaining other valued resources. According to COR theory, stress arises when these resources are threatened, lost, or when individuals fail to gain adequate resources after significant effort. In this study, the COR theory is used to evaluate how sleep quality moderates the relationship between job demands (workload and autonomy) and mental health outcomes (emotional exhaustion and anxiety). The model's applicability and limitations have been thoroughly examined to contextualise its relevance to the study and assess its adequacy for capturing the particular occupational environment and stressors in this setting.

2.2.1 Job Demands-Resource Model

Demerouti et al. (2001) developed the Job Demands-Resources Model (JD-R Model), a theoretical framework that examines the relationship between job demands and job resources and employee well-being and how they contribute to workplace stress. According to the model, high job expectations such as rigorous deadlines, workload, increasing duties, and a toxic workplace can lead to discontent, low morale, lower job satisfaction, sickness, negativity, and emotional discomfort (Cheng et al., 2020). **Job demands** are physical, social, or organisational components of the job that necessitate prolonged physical and/or mental effort and are hence connected with physiological and psychological consequences (Llorens et al., 2006). Within the JD-R framework,

there are three ways job demands function. **Physical demands** refer to tasks that require physical effort, such as lifting, standing for extended periods, or executing repetitive movements. Employees in physically demanding work may develop weariness, muscle strain, or other health problems (Serranheira et al., 2020). **Emotional demands** occur in jobs that require managing one's own emotions or the emotions of others, such as customer service, healthcare, or education (Duarte et al., 2020). Constantly controlling emotions can result in emotional exhaustion, especially if the working environment proves challenging or hostile (Mazzetti et al., 2020). **Mental/Cognitive demands** are tasks that need intense concentration, decision-making, problem-solving, and multitasking. High mental demands can cause cognitive overload, resulting in anxiety, stress, and burnout (Jimmieson et al., 2017).

Excessive job demands can significantly impact an employee's well-being in several ways. When job demands surpass an employee's ability to cope, they can cause stress. If this stress is constant, it can cause strain, which may manifest itself as physical symptoms (e.g., headaches, fatigue), mental concerns (e.g., anxiety, depression), and poor job performance (Demerouti et al., 2001). Additionally, burnout may arise from extended exposure to high job demands without adequate resources, which is characterised by emotional exhaustion, depersonalisation, and a lack of personal accomplishment (Bakker & de Vries, 2021). This may result in a worker's ability to invest energy and resources in their work being depleted.

Job resources are aspects of the job that help employees reach goals, ease stress, and foster personal growth and development. These might be organisational, psychological, social, or physical. (Schleupner & Kühnel, 2021). Job resources are essential because they offer the support and tools required for effective management of job demands. Within the JD-R framework, many types of resources play critical roles in fostering employee well-being. Autonomy enables

employees to better manage their workload, which can reduce stress and increase job satisfaction (Wheatley, 2017). Social support from co-workers, supervisors, and the organisation assists employees in managing job demands by giving emotional support, advice, and practical aid (Jennings & Britt, 2017), all of which can mitigate the impacts of stress and promote overall well-being (Kurtessis et al., 2015). Constructive feedback helps employees understand their performance and suggest areas for development, while also providing acknowledgement, which can promote motivation and engagement (Walker, 2024). Furthermore, opportunities for development, such as training, career advancement initiatives, and skill-building resources, enable individuals to advance in their professions, boosting their resilience to workplace demands (Clarke et al., 2022). These resources have a tremendous impact on employees' well-being. The buffering effect of job resources helps to reduce the detrimental effects of job demands (Bakker & de Vries, 2021). Furthermore, job resources have a motivating effect, which increases engagement, job satisfaction, and general well-being (Bakker & Demerouti, 2017). When employees feel motivated and given the proper tools, they are more likely to thrive at work.

According to the JD-R theory, there are two distinct processes in which job demands and resources interact. First, the dual process model indicates that when job demands are high and resources are scarce, the health impairment process occurs (Santa Maria et al., 2018). Employees may endure stress, burnout, and other adverse health impacts as a result of overwhelming demands that cannot be met with enough resources. When job resources are abundant, a motivational mechanism is activated, which improves engagement, productivity, and well-being even in the face of job demands (Bakker & Demerouti, 2018). These resources provide the necessary help to efficiently manage demands while avoiding negative health consequences. Second, the balance of demands and resources is critical to employee well-being. Maintaining a healthy mix of

controllable demands and sufficient resources results in favourable outcomes such as job satisfaction, engagement, and mental wellness (Roczniewska et al., 2022). Employees may experience stress, anxiety, and burnout if job demands overwhelm available resources (Gillet et al., 2020). Conversely, if resources significantly exceed demands, employees may feel underutilised or bored, which can also lead to disengagement (Kawada et al., 2024). According to the JD-R Model, employee well-being depends on striking a balance between job demands and job resources.

In the context of this study, workload is viewed as a substantial job demand. It is more than just the number of tasks an employee must complete. It includes the intensity, complexity, and emotional weight associated with those duties. The **volume of work** (intensity) refers to the number of tasks that an employee must perform within a set time frame (Burke et al., 2012). Employees who have a heavy workload may find themselves stretched thin, juggling many obligations at the same time. Often, a great volume of work is paired with tight deadlines, putting additional pressure on employees to execute efficiently (Piasna, 2018). This time pressure might worsen stress levels since employees may believe they don't have enough time to finish their responsibilities to a satisfactory quality. **Complex tasks** demand considerable mental effort, problem-solving abilities, and attention to detail. When employees face a high volume of complex tasks, their cognitive load rises, resulting in mental exhaustion. Fatigue can impair decision-making, diminish creativity, and raise the risk of errors (Fowler et al., 2022). Tasks requiring specific knowledge or skills can be especially difficult if employees feel unprepared or unsupported (Meyer & Hünefeld, 2018). The pressure to perform at a high level in these situations can cause stress and anxiety. **Emotional labour** involves managing and regulating emotions to achieve job expectations, especially in professions that demand constant interaction with clients,

customers, or colleagues (Zapf et al., 2021). High workloads frequently exacerbate these emotional demands, as employees must keep a positive disposition even when overworked. Emotional exhaustion can result from the continuous struggle to manage emotions, particularly while dealing with a high workload (Baeriswyl et al., 2017). This state of depletion occurs when employees believe they have nothing left to give emotionally, resulting in detachment and burnout. Understanding workload as a substantial job demand entails comprehending how these elements combine to create a high-pressure atmosphere that can drain an employee's physical, cognitive, and emotional resources. A heavy workload can deplete employees' energy and result in negative mental health effects such as anxiety and emotional exhaustion (Maghsoud et al., 2022; Núñez-Elvira, 2022). These outcomes are the study's dependent variables, showing the detrimental effects of excessive job demands. As a demand of the job, heavy workloads can put stress on an employee's mental well-being. Stress and anxiety levels may rise as a result of the ongoing pressure to complete work on time, manage conflicting priorities, and meet deadlines (Baeriswyl et al., 2017).

Autonomy is a critical job resource in the Job Demands-Resources (JD-R) framework, signifying employees' level of control over how they do their duties, including timing, techniques, and pace. Autonomy empowers employees by giving them the freedom to choose how to complete their tasks, which can have a significant impact on their well-being and satisfaction with their work (Dasgupta & Dey, 2024). In terms of empowerment and control, autonomy enables employees to make decisions about their work processes, such as job sequencing, problem-solving methodologies, and resource allocation. This amount of control boosts their confidence and job satisfaction since it makes them feel more empowered and capable (Roy, 2024). Furthermore, autonomy allows employees to tailor their work techniques to their strengths, interests, and

circumstances. For example, an employee who is more productive in the morning may opt to handle the most difficult jobs first, resulting in improved time management and a more effective workflow. Autonomy also plays an important role in reducing the harmful impacts of a heavy workload. It reduces stress and prevents burnout by allowing employees to prioritise activities and work at their own pace, avoiding feelings of overwhelm (Zeuge et al., 2023). Additionally, autonomy helps employees to divide huge, complex activities into smaller, more manageable chunks, allowing them to concentrate on one task at a time while reducing cognitive overload and stress (Bäcklander et al., 2019). Moreover, autonomy promotes a sense of ownership, which increases engagement and motivation by making people feel responsible for the outcomes of their tasks. This sense of responsibility makes work more fulfilling, reducing the risk of burnout. Autonomy is also strongly associated with intrinsic motivation since it empowers people to find purpose and fulfilment in their job (Malinowska et al., 2018), which helps to prevent tiredness and cynicism. Autonomy improves coping capacities by allowing employees to develop and apply adaptive solutions in response to job pressures (Van Loon & Jakobsen, 2017). For example, a person working under a tight deadline may decide to temporarily assign less vital tasks or take short breaks to stay focused. These tactics aid in stress reduction and productivity maintenance. Autonomy also supports proactive problem-solving since employees who are in charge of their jobs are more likely to notice and address difficulties before they become larger problems, lowering the risk of stress and burnout (Khammissa et al., 2022). Finally, autonomy is critical to preserving mental health. It reduces anxiety by giving employees a sense of control over work demands, allowing them to regulate their workload and decide how to approach tasks. This sense of control helps to lessen feelings of anxiety (Malhab et al. 2021) or powerlessness when confronted with obstacles. Autonomy also promotes emotional well-being by allowing employees

to connect their work with their values and preferences, resulting in higher job satisfaction and a more pleasant emotional state, which protects against emotional exhaustion and other poor mental health outcomes (Salyers et al. 2019).

In the JD-R Model, sleep quality is regarded as a personal resource. In this study, sleep quality is utilised as a moderator to influence the strength of the link between job demands (workload) and mental health outcomes (anxiety and emotional exhaustion). Poor sleep quality can worsen the negative impacts of a heavy workload, including increased anxiety and emotional exhaustion (Huyghebaert et al. 2018; Afonso 2017). Conversely, high sleep quality may buffer these impacts, allowing employees to better manage their workload and maintain their mental health. Employees who get enough sleep are better able to deal with job demands and preserve their energy levels, cognitive performance, and emotional well-being. Employees that are well rested are better able to deal with stress, make decisions, and manage their time efficiently (Schleupner & Kühnel, 2021). Sleep deprivation, on the other hand, can intensify job demands and make it more difficult to cope with stress.

The JDR model is highly flexible and can be applied across a variety of industries, sectors, and job roles. Whether in the insurance sector, teaching, healthcare, or manufacturing, the model is adaptable to different organisational contexts. The model provides a comprehensive perspective of the workplace by combining job demands (stressors such as workload) with job resources (support systems such as autonomy, supervisory support) (Orrell & Wilmott, 2018). This balance of expectations and resources allows employers to gain a more comprehensive knowledge of the reasons for employee burnout, anxiety, and emotional exhaustion, as well as the significance of positive factors such as engagement. The JDR model considers personal resources such as resilience, optimism, and, in my study, sleep quality. These personal characteristics can either

mitigate the effects of job demands or amplify the effects of job resources, providing a greater understanding of employee well-being (Hoare & Vandenberghe, 2022). The model acknowledges that job demands and resources are dynamic and can shift over time, giving a framework for understanding how stress and support evolve in the workplace. Because of its dynamic nature, the JDR model can better represent real-world complexities than static models (Roskams & Haynes, 2021).

Despite the effectiveness and practical utility of the Job Demands-Resources (JD-R) model, it has certain limitations or weaknesses. One criticism of the JDR model is that it uses broad terms (e.g., "job demands" and "job resources"), which can sometimes oversimplify the complexity of the workplace (Schaufeli & Taris, 2013). Depending on the circumstances, a demand may be viewed as a resource. Workload, for example, may be a source of stress for some employees while serving as a motivation for others, depending on their level of engagement. Secondly, while the model takes into consideration personal resources, it does not fully represent differences in how people respond to similar job demands (Schaufeli & Taris, 2013). For example, two employees may have the same workload, but one may thrive while the other suffers burnout. These distinctions may be influenced by personality traits, coping mechanisms, or life events, which the JDR model does not explicitly address. Lastly, although the model includes personal resources, its primary focus remains on the work environment (Hossan et al., 2022). It does not adequately address how non-work elements (such as family life, external stressors, or personal life challenges) can influence employee well-being. This could be a constraint in holistic studies of mental health when external elements such as relationships, finances, and health challenges play an important influence.

The JD-R theory states that employees' mental health and well-being are influenced by the interplay of their personal resources, such as sleep quality, and job demands and resources. This study will use the JD-R framework to investigate how workload and autonomy interact with sleep quality to influence anxiety and emotional exhaustion. Understanding these relationships can help firms balance job expectations and resources to support employee well-being and avoid harmful mental health outcomes.

2.2.2 Conservation of Resources (COR) Theory

Stevan Hobfoll (1989) established the Conservation of Resources (COR) Theory, which is a widely used concept in stress research. It is based on the assumption that resources are the foundation of personal well-being, and that people are motivated to acquire, preserve, and protect these resources in order to survive, thrive, and manage stress. **Resources** are anything that individual values and uses to deal with stress, achieve goals, or preserve well-being (Halbesleben et al., 2014). According to Hobfoll and Shirom (2000), resources could be Personal resources (self-esteem, optimism, vitality, emotional stability, and excellent health), Condition resources (employment, autonomy, social support, and status), Object resources (money, shelter, and transportation), and Energy resources (time, expertise, and sleep).

In the context of the current study, workload is a job demand that depletes internal resources, whereas work autonomy is a job resource that helps conserve or replace them. Individuals' ability to cope with such pressures, however, varies; it can be considerably influenced by the availability of crucial internal resources (Modrzyński, 2018), such as sleep quality.

Sleep is conceptualised in COR theory as a critical personal resource that replenishes depleted energy and emotional capacity. High sleep quality improves an individual's ability to

recuperate from everyday work pressures, mitigating the negative impacts of a heavy workload or poor autonomy (Wiegmann et al., 2023). Poor sleep, on the other hand, impedes the recovery process, making people more vulnerable to resource depletion and leading to increased emotional exhaustion and anxiety (Coelho et al., 2023; Teker & Luleci, 2018).

As a result, sleep quality is presented as a moderating variable in this study, with the potential to either amplify or mitigate the association between working conditions (workload and autonomy) and mental health outcomes. According to COR, people with good sleep quality are more likely to enter a resource gain spiral, resulting in greater resilience and psychological well-being (Hobfoll, 2011). Those who do not get enough sleep, on the other hand, are more prone to experience a resource loss spiral, increasing their vulnerability to stress and burnout (Hobfoll et al., 2016).

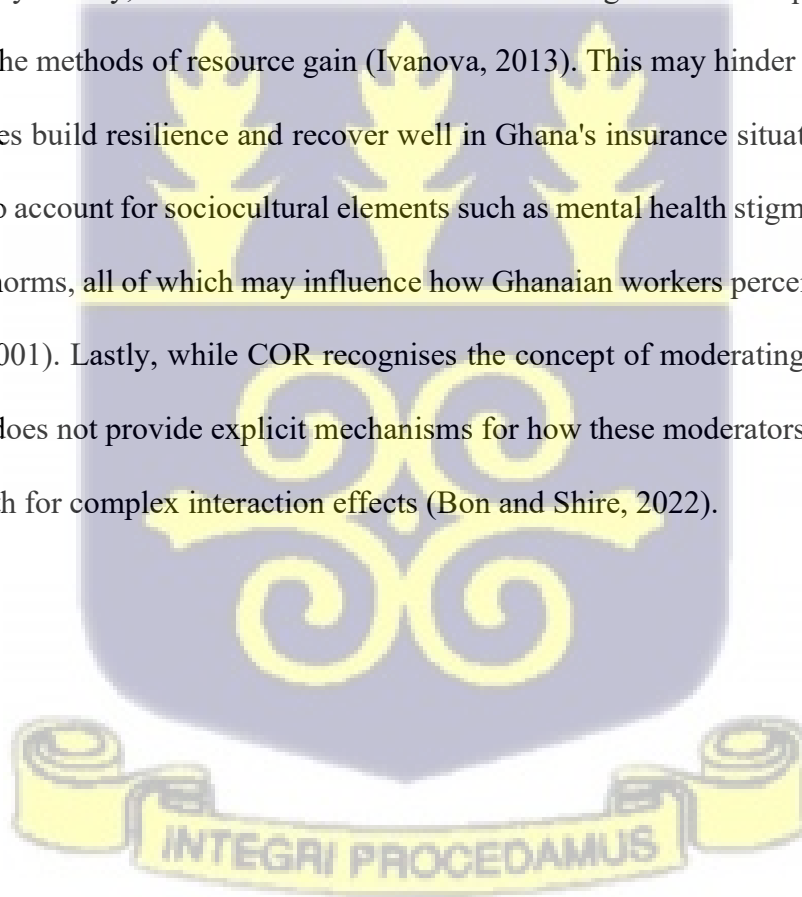
This moderating effect aligns with empirical findings that link sleep quality to reduced emotional exhaustion (Nägel & Sonnentag, 2013; Chen et al., 2023) and lower anxiety levels (Teker & Luleci, 2018; Alwhaibi & Aloo, 2023). It also supports the idea that sleep is not merely an outcome of stress but an active variable that influences how stress is experienced and managed. Integrating sleep quality as a moderator provides a nuanced understanding of the mechanisms through which workplace demands affect employee mental health.

This framework uses COR theory to give a theoretical lens through which to better understand the complicated interplay between occupational demands, personal resources, and mental health outcomes. It emphasises the critical role of sleep in conserving and replenishing resources required for employee well-being.

The COR theory is particularly applicable to this research for several reasons. Firstly, Ghana's insurance sector is distinguished by high performance expectations, competitive aims, and

insufficient support systems—conditions that increase the likelihood of resource loss (e.g., sleep, autonomy) and the difficulty of recovery (Twumasi & Gyensare, 2016b). Furthermore, COR's understanding of spirals of resource loss or gain makes it appropriate for explaining why employees with inadequate sleep may fail to recover, making them more sensitive to burnout and anxiety (Hobfoll, 2011). Lastly, though created in Western contexts, the COR theory's flexible conceptualisation of resources makes it applicable to a wide range of cultural and occupational settings (Hobfoll, 2001; Hobfoll et al., 2018), including the Ghanaian workplace.

Despite its strengths, several limitations must be acknowledged when applying the COR theory in this study. Firstly, COR has been criticised for focussing on the consequences of resource loss rather than the methods of resource gain (Ivanova, 2013). This may hinder our understanding of how employees build resilience and recover well in Ghana's insurance situation. Additionally, the theory fails to account for sociocultural elements such as mental health stigma, power distance, and collectivist norms, all of which may influence how Ghanaian workers perceive stress and seek help (Hobfoll, 2001). Lastly, while COR recognises the concept of moderating variables such as sleep quality, it does not provide explicit mechanisms for how these moderators work, limiting its explanatory depth for complex interaction effects (Bon and Shire, 2022).



2.3 Review of Related Studies

This section's review of the related studies gives a comprehensive overview of existing research on how workload, autonomy, and sleep quality affect employee mental health, particularly anxiety and emotional exhaustion. This study includes studies from diverse domains that investigate how job demands and resources affect mental health, with an emphasis on how these findings apply to Ghana's insurance sector. This part examines past literature to identify gaps, constraints, and patterns that shape the current study's methodology, ensuring that the research is founded in a well-established body of knowledge and aimed at addressing unique contextual challenges.

2.3.1 The Relationship Between Workload and Emotional Exhaustion

A wealth of empirical evidence has consistently demonstrated a **positive relationship between workload and emotional exhaustion**, a core component of occupational burnout. Across various professions—particularly in **healthcare, education, and correctional services**—heavy workload is frequently cited as a primary contributor to emotional fatigue, psychological strain, and reduced job performance.

According to Hwang et al. (2023), a study on burnout among 1425 healthcare professionals during the COVID-19 pandemic in South Korea discovered that a substantial proportion of healthcare workers suffered emotional exhaustion and disengagement, indicating burnout. The study found that burnout was substantially connected with chronic fatigue symptoms, physical symptoms, stress levels, post-traumatic stress symptoms, and workload. This is consistent with previous results that excessive workload can cause emotional exhaustion, which is a critical component of burnout. The study has a robust sample size of 1,425 healthcare workers, which

enhances the reliability of the findings. This large sample allows for more generalisable conclusions about the burnout levels among healthcare workers. Additionally, the study compares burnout rates during COVID-19 to those during the MERS epidemic and other COVID-19-related studies in other countries. This comparison emphasises the increasing severity of burnout caused by the extended nature of the COVID-19 epidemic. The study also reveals various characteristics that contribute to burnout, including gender, age, physical and chronic tiredness symptoms, PTSD, and positive psychological resources (POREST). This comprehensive approach contributes to a better understanding of burnout's complexities. However, the study focuses on healthcare professionals in Korea, which may limit its generalisation to healthcare workers in other regions with varied healthcare systems, cultural contexts, and COVID-19 consequences. The study was unable to determine burnout prevalence among Korean healthcare personnel prior to the COVID-19 outbreak. Without a baseline, it is difficult to assess the rise in burnout caused specifically by the epidemic. Finally, the study did not look at the workloads of healthcare staff who were not directly involved with COVID-19 cases. This oversight could result in a partial understanding of burnout among all healthcare workers throughout the pandemic.

Maghsoud et al. (2022) found that workload influences the quality of nursing care by impacting implicit rationing of nursing care, job satisfaction, and emotional exhaustion. This study highlights the mediating role of emotional exhaustion in the relationship between workload and the quality of nursing care, emphasising the importance of managing workload to prevent emotional exhaustion and ultimately enhance the quality of care provided by nurses. The study utilises SEM, a powerful statistical approach for investigating complex interactions between variables. The provided fit indices (e.g., TLI, CFI, RMSEA) show that the suggested model fits the data well, hence supporting the validity of the relationships investigated in the study. However,

the study is limited to front-line nurses at four government hospitals in a small city in Iran. This limits the findings' generalisability to other regions, types of hospitals, and larger populations. According to Dobnik (2023), there is a positive correlation between emotional exhaustion and factors such as increased workload and volume of patients among healthcare personnel during the COVID-19 pandemic. The study emphasises the significance of psychological support for healthcare workers experiencing high levels of emotional exhaustion and occupational stress in order to protect their health and well-being. The cross-sectional nature of the study, as well as limited hospital data (184 sample size in the first wave and 142 in the third wave), may limit its generalizability. Future research should incorporate larger samples from various healthcare institutions, as well as take into account organisational policies and support mechanisms.

Additionally, according to Nyamugoro et al. (2023), their study of high school teachers in Kenya discovered a link between workload and emotional exhaustion. The study emphasised the necessity of regulating workload to avoid emotional exhaustion among teachers, consequently improving their performance. This study adds to the current literature by investigating how different workload categories affect emotional exhaustion, which is consistent with prior research that found a positive association between workload and emotional exhaustion. The study covers a significant issue: teacher burnout and its impact on job satisfaction, particularly among secondary school teachers. The emphasis on teachers' well-being is timely, considering the worldwide increase in teacher workload and the developing mental health concerns within the profession. Secondly, the study makes practical recommendations, arguing that greater salary, improved peer relationships, and a supportive work environment can help to mitigate burnout. This is consistent with real-world efforts to retain teachers, especially in places with high teacher turnover rates. One of the most notable flaws is the finding that job satisfaction increases despite burnout, which

contradicts much of the existing data. Prior research has consistently shown that burnout reduces job satisfaction. This paradox demands further examination in the study. The authors could have discussed why this unexpected result was reached or whether unique contextual elements in the study's setting (Kenya) could account for the difference. Secondly, while emotional exhaustion is acknowledged as a key component of burnout, there is little discussion of how it affects teachers in particular. Emotional exhaustion is frequently the main driver of burnout, and its impact on job satisfaction merits further investigation. The study could have investigated how various teachers deal with emotional exhaustion and how this affects their teaching quality.

Putri et al. (2023) found that there is a significant correlation between workload and emotional exhaustion among nursing students. The study discovered that a rise in workload was positively related to emotional exhaustion, emphasising the importance of workload on emotional well-being. This is consistent with prior research suggesting a strong link between workload and emotional exhaustion. The study has significant practical implications, notably in terms of nursing education and professional practice. However, the study's generalisability may be limited due to the specific sample and sample size (150 nursing students from Jember Regency institutes who had completed at least one month of professional practice at a hospital)

Additionally, while the text mentions social support and task balance, it fails to provide additional meaningful insights for practitioners. A more practical perspective on how organisations or people might address emotional exhaustion based on the findings would be beneficial. For example, suggesting workplace rules or interventions that enhance social support, as well as time management measures that reduce workload, might help to bridge the theoretical and practical divide.

Fasyni et al. (2020) found that workload significantly and positively affects emotional exhaustion. The study employs SEM with PLS, a reliable method for assessing complex models and relationships between variables. This technique improves the validity of the findings by addressing the complex interplay between workload, work-family conflict, and emotional exhaustion. However, the study's sample size is relatively small (71 nurses, 67 valid responses). While this is acceptable for PLS, it reduces the findings' generalizability. Furthermore, the investigation is limited to one private hospital in Padang. The study could benefit from a more diverse or larger sample, such as nurses from public hospitals or different locations.

Also, a study by Claponea and Iorga (2023) found that emotional exhaustion is influenced by both a high workload and a low feeling of organisational justice. However, due to the lengthy questionnaire, a few factors were evaluated with few questions, which may have limited the depth of assessment for those variables. The mediation and moderation models investigated in this study, notably the roles of organisational justice, workload, and emotional regulation, give a comprehensive, multifaceted explanation. The study contributes to current literature by investigating how organisational justice regulates the relationship between workload and mental exhaustion, particularly by revealing that workload affects employees differently depending on their job. However, the decision to reduce the number of items for specific variables in order to avoid an overly long questionnaire is a realistic compromise. However, it may limit the depth and reliability of the results. Using fewer items to measure complex issues like burnout or organisational justice may oversimplify these dimensions, resulting in an insufficient grasp of how they manifest in diverse groups.

Another study by Clements and Kinman (2021), in a sample of prison officers, found that workload and emotional exhaustion were linked both directly and through distributive fairness.

Baeriswyl et al. (2016) found that “workload and supervisor support were confirmed as antecedents of emotional exhaustion and job satisfaction in screeners”. Additionally, they found the effect of workload on emotional exhaustion to be partially mediated by work-family conflict. However, the study's findings are based on a sample from a single organisation, limiting the generalisability of results. Also, workload was measured using a single item, suggesting the need for future research to employ a reliable multi-item measure.

Likewise, Bettini et al. (2017) showed that emotional exhaustion was predicted by workload manageability, and that emotional exhaustion mediated the association between career ambitions and workload manageability. However, by concentrating solely on inexperienced elementary and middle school teachers in Michigan and Indiana, the study limited the generalisability of findings to other teacher demographics, such as high school instructors or those in rural districts. Furthermore, the two-way ANOVA's breach of the premise of homogeneity of variance, particularly for the first three items, raises concerns about inflated Type 1 error rates and indicates that more research is required.

Furthermore, Huyghebaert et al. (2018) highlighted that excessive workload leads to emotional exhaustion in a sample of school teachers. Because the sample is limited to French teachers, there are questions regarding generalizability. As a result, further research in a variety of cultural contexts is necessary to increase trust in the structural model. In addition, the mediating role of sickness presenteeism in the relationship between workload, coworker support, and emotional exhaustion was explored by (Baeriswyl et al., 2017). The study revealed that sickness presenteeism partially mediated the impact of work characteristics on emotional exhaustion.

In Ghana, not much research has been conducted on the relationship between workload and emotional exhaustion. Poku et al. (2020) found, in a population of 232 registered nurses, that

91.1% of them reported experiencing a moderate to high rate of emotional exhaustion. This can be attributed to the demanding nature of the nursing work and the underresourced health care system in Ghana. Beyond identifying the problem, the study investigates nurses' coping techniques. This feature is essential because it provides practical information that may be used to create remedies to alleviate emotional exhaustion. While the study identifies coping methods and emphasises the necessity of interventions, it does not offer specific recommendations or practical solutions for dealing with emotional exhaustion. A future study could benefit from a more thorough examination of specific therapies that have been beneficial in similar circumstances.

Another study by Konlan et al. (2022), in a sample of 1264 health workers, found that over a quarter of the health workers were experiencing burnout. With 33.39% of the participants experiencing high levels of emotional exhaustion—which is one of the major characteristics of burnout and were said to be emotionally burnt. The study investigates a variety of socio-demographic and job-related characteristics that may impact burnout, including gender, age, work experience, educational credentials, marital status, and job satisfaction. This multifaceted approach provides a more detailed view of the factors that contribute to burnout. Despite identifying risk factors for burnout, the study provides no discussion of potential interventions or techniques to alleviate these risks. A more extensive discussion about how to combat burnout, particularly in light of the highlighted causes, would increase the findings' practical applicability.

Additionally, the relationship between workload and emotional exhaustion was also explored in the context of specific professions. For instance, Russeng et al. (2020) found a significant effect of workload on emotional exhaustion among female nurses. A study by Sun et al. (2023) on medical staff in China found a significant relationship between heavy workload and emotional exhaustion, with their degree of burnout being exacerbated by long-term emotional

exhaustion. Another study by Njuguna et al. (2022) found that “concerning emotional exhaustion, teachers teaching 22-27 and between 28-32 lessons were less emotionally exhausted, while teachers teaching 32 lessons and above were more emotionally exhausted than teachers teaching less than 22 lessons.” Indicating that a high workload has an effect on emotional exhaustion among teachers. Nazaryn et al. (2022), in a study on medical staff in a Covid-19 hospital found that higher workloads among healthcare professionals are associated with higher rates of psycho-emotional exhaustion markers. A third study by Njuguna et al. (2023) found that, even when emotionally exhausted from their workload, teachers can still be satisfied with their jobs. Suggesting an effect of heavy workload on emotional exhaustion. The consequences of the relationship between workload and emotional exhaustion have been explored. Workload and supervisor support are both important precursors to emotional exhaustion, which has a major effect on hotel employees' intention to leave, lowering the standard of service delivery (Grobelna, 2020). Greenglass et al. (2001) discovered that emotional exhaustion, which results in cynicism and somatisation, has a positive correlation with workload for nurses.

Numerous studies have validated this association in **healthcare contexts**, where the physical and emotional demands of patient care are particularly high. For instance, Hwang et al. (2023), in a large-scale study of South Korean healthcare professionals during the COVID-19 pandemic, found that **chronic fatigue symptoms, stress, and workload were significant predictors of emotional exhaustion**. Similarly, Maghsoud et al. (2022) and Dobnik (2023) found that **workload impacted both the quality of care and mental health** among nurses, with emotional exhaustion acting as a mediator in these relationships. These studies highlight that emotional exhaustion not only arises from heavy workload but also compromises the **quality of service delivery** and increases the risk of errors, particularly under pandemic-related pressures.

Other research reinforces these findings across diverse healthcare systems and roles. For example, Putri et al. (2023) and Fasyini et al. (2020) provide evidence that **rising workload levels correspond to increased emotional exhaustion** among nursing students and practicing nurses, respectively. These outcomes were mirrored by Sun et al. (2023) and Nazaryn et al. (2022), who reported similar patterns among medical professionals in China and COVID-19 units. Although these studies vary in sample size and geographic location, the **common thread is the emotional toll of sustained high workload**, particularly in resource-constrained or crisis-prone environments.

This relationship is not confined to healthcare. Research conducted among **educators and public sector workers** also indicates that high workload leads to emotional exhaustion. Nyamugoro et al. (2023) and Njuguna et al. (2022, 2023) demonstrate that **secondary school teachers experience heightened emotional exhaustion** when assigned excessive teaching loads. Interestingly, despite this exhaustion, some educators still report job satisfaction, suggesting a **complex relationship where intrinsic motivation or personal values might buffer burnout** to some degree. Similarly, Bettini et al. (2017) found that emotional exhaustion mediated the relationship between **career ambitions and workload manageability** among early-career teachers, indicating that **expectation-reality mismatches** may further exacerbate exhaustion.

In correctional and hospitality sectors, the role of **organisational justice, support systems, and workload balance** are equally crucial. Clements and Kinman (2021) and Grobelna (2020) both highlight that **distributive fairness and supervisor support** can either exacerbate or buffer the emotional burden of workload. Likewise, Claponea and Iorga (2023) show that when employees perceive low organisational justice, the effects of workload on emotional exhaustion are intensified.

Furthermore, several studies have employed **structural equation modelling (SEM)** to validate the mediating or moderating mechanisms within the workload-emotional exhaustion relationship. For instance, Maghsoud et al. (2022) and Baeriswyl et al. (2017) confirmed that emotional exhaustion mediates the effects of workload on job satisfaction, service quality, and sickness presenteeism. These analytical models lend **robust statistical support** to the causal pathways underlying the stress process in occupational settings.

Despite the robust findings, certain **limitations persist**. Many studies, such as those by Baeriswyl et al. (2016), Poku et al. (2020), and Konlan et al. (2022), rely on samples from single organisations, hospitals, or specific countries, potentially limiting the **generalisability of findings across different socio-economic or cultural contexts**. For instance, in Ghana, although studies have documented high levels of emotional exhaustion among nurses (Poku et al., 2020; Konlan et al., 2022), there remains a **lack of targeted interventions** or clear policy recommendations for addressing workload-related stress.

Another limitation lies in **measurement techniques**. Several studies (e.g., Baeriswyl et al., 2016) used single-item measures for workload, which may oversimplify a complex construct. Others, like Claponea and Iorga (2023), opted for shorter instruments to reduce survey fatigue, potentially compromising depth and reliability.

Despite these limitations, the **overall trend in the literature is clear: heavy workload is a consistent and significant predictor of emotional exhaustion**. This association is **amplified by factors such as low organisational support, poor work-life balance, and lack of autonomy**, while it may be **buffered by protective elements like job satisfaction, peer support, and psychological resources**.

These findings collectively indicate a consistent positive relationship between workload and emotional exhaustion across various professions, highlighting that high workload contributes significantly to emotional exhaustion, a core component of burnout. This underscores the need for effective workload management and support systems to mitigate emotional exhaustion and improve well-being across diverse occupational settings.

2.3.2 The Relationship Between Workload and Anxiety

A substantial body of literature supports the assertion that **increased workload is positively associated with heightened anxiety levels** across various professional domains. This relationship is especially prominent in high-stress environments such as **healthcare, law enforcement, education, and emergency services**, where job demands are intense and sustained over time.

Núñez-Elvira (2022) found that high workloads and long hours are associated with reduced happiness and life satisfaction, as well as higher anxiety and job stress. The study found that, while physicians have better levels of satisfaction and happiness than attorneys and accountants, spending more overtime hours is related to more detrimental well-being. This implies a complex link between workload, hours worked, and subjective well-being, which has implications for understanding how workload affects anxiety levels. The study compares the subjective well-being (SWB) of physicians with lawyers and accountants, offering a broader perspective on occupational well-being. This comparison is valuable for understanding how different professions, which often have similar educational and income levels, vary in their experiences of anxiety, happiness, and life satisfaction. However, the study generalises the findings across all physicians without adequately addressing the diversity within the medical profession. For instance, the experiences of GPs, hospital doctors, and specialists can differ significantly, and these differences are not fully explored.

According to research by Santa Maria et al. (2018), high-intensity job predicts anxiety levels among police officers via the intermediary variable of emotional exhaustion. This finding implies a clear link between workload and anxiety, with increased workload leading to emotional exhaustion, which then contributes to higher levels of anxiety. The study makes actionable recommendations, such as recruiting employees to reduce workload, implementing stress management interventions, and creating a supportive work atmosphere. These proposals are based on the study's findings and have the potential to improve the mental health of police officers. However, the study's findings are based on a sample from a local police department in Berlin, which may limit the generalisability of the results to other regions or cultural contexts.

In a study by Amelia et al. (2023), with a p-value of 0.021, the logistic regression test results indicated that the workload of healthcare workers had a significant impact on their anxiety. The study addresses not only workload but also how elements such as the physical work environment and relationships affect health workers' anxiety. This multidimensional approach adds complexity and emphasises the importance of taking a comprehensive look at stressors for health workers. However, the study's scope may be overly broad, as it examines health workers in a variety of places (for example, Batua Health Center in Makassar, South Africa) without delving into how local conditions may influence these findings. Each environment presents unique challenges—cultural, economic, and resource-based—so a more focused investigation of a single setting or a comparative approach may make the conclusions more applicable.

Similarly, Amarnah & Obeidat (2022) identified increased workload as an independent risk factor for anxiety and emotional exhaustion among midwives. The study collects comprehensive information about midwives' sociodemographic characteristics, work settings, psychological symptoms, and associated stressors. This comprehensive dataset gives a detailed understanding of

the different elements that influence midwives' mental health. While substantial connections were discovered between age, education level, and workplace with mental health outcomes, the study did not go further into the mechanisms behind these associations. For example, why are midwives aged 30-39 more susceptible to psychological distress? More investigation into the "why" of these discoveries would enhance the discussion.

Additionally, Ceylan et al. (2022) emphasised the relationship between workload and anxiety, particularly in the context of the COVID-19 pandemic, where increased workload was associated with higher anxiety levels among Turkish healthcare workers. One of the study's distinguishing qualities is its broad scope. It captures the perspectives of healthcare workers from various professions and centers, giving the findings a broader context. This inclusion enhances the conclusions, making them applicable in a variety of healthcare settings and positions. One of the key limitations is that the data was collected in a short period of time (August-October). This snapshot may not fully reflect the pandemic's evolving nature and long-term impact on healthcare personnel. Anxiety levels may fluctuate depending on a variety of factors, including vaccination use, access to resources, and new viral variations. The absence of long-term follow-up limits the ability to reach more complete findings.

Furthermore, the impact of workload on mental health, including anxiety, was also examined in specific occupational settings. For instance, Samsudin et al. (2021) contradicted previous studies by demonstrating that work-related stress, including workload, was not associated with depression and anxiety disorders among elite firefighters. One of the most fascinating discoveries is a negative relationship between frustration and stress. It may sound paradoxical, but the thought that firemen might use frustration to cope with stress provides a new perspective. According to the study, frustration with emergencies (such as not being able to perform as well as

they believe they should) may lessen overall stress by channelling their emotions into action. This is a new angle that warrants further investigation. A key weakness is the inconsistent findings about the association between workload and mental health concerns such as anxiety, depression, and stress. Earlier research claimed that excessive workloads frequently result in bad mental health outcomes; however, this study found no substantial link between workload and these mental health issues. This contradiction is not adequately investigated, leaving a vacuum in our understanding of how firefighters' workloads change over time. The lack of clarity about why their findings differ from existing research reduces the significance of the conclusions.

Additionally, Lestari et al. (2021) identified workload as a dominant factor influencing nurses' anxiety levels during the COVID-19 pandemic. By emphasising the importance of training and information in easing anxiety, the study identifies a feasible component that might be addressed to minimise stress for nurses. This is critical because improved education and preparedness could result in long-term advantages for healthcare providers. The study shows that there is no substantial association between perception of risk and anxiety levels, which contradicts previous studies indicating that fear of infection drives worry. This deserves further investigation—why do these findings differ from the existing literature? Was there anything specific about the RSUD Kayen Pati environment that minimised this effect? A more in-depth exploration of this topic could provide useful insights.

Prospective longitudinal analyses revealed that among people without a prior diagnosis or course of treatment for either anxiety disorder or depression, high-demand jobs (high workload, severe time constraints) were linked to the start of new cases of these disorders (Melchior et al., 2007). This study's distinctive strength is that it looked at those who had no history of psychiatric disorders, adding weight to the theory that work stress can cause mental health problems in

previously healthy people. By excluding pre-existing conditions, the study reinforces its argument that job pressures are a genuine environmental risk factor. Although the study highlights that men are at a higher risk when numerous work stresses are present, the examination of gender differences is somewhat restricted. A more in-depth look at how men and women perceive and respond to work stress could have yielded more nuanced insights into preventative techniques.

Kleppa et al. (2008), in a study on working overtime (which is a dimension of workload), found that “overtime workers of both genders had significantly higher anxiety and depression levels and higher prevalences of anxiety and depressive disorders compared with those working normal hours.” Additionally, Nyamugoro et al. (2022) emphasised the relationship between workload and anxiety, particularly in the context of the COVID-19 pandemic, where increased workload was associated with higher anxiety levels among working women. In a partially supported moderation analysis, Perrewe and Ganster (1989) found that high control (autonomy) lessened the impact that work overload had on anxiety.

Research has been conducted on the consequences of anxiety. According to Nieuwenhuys and Oudejans (2017), it is difficult to perform well when under pressure and anxiety levels rise. Both Murphy et al. (2006) and Haslam et al. (2005) discovered that anxiety is linked to decreased productivity, burnout, and poor work performance, as well as safety issues.

Several studies have consistently demonstrated a **direct relationship between high workload and anxiety**, particularly among healthcare professionals. For example, Núñez-Elvira (2022) found that longer working hours and high workloads negatively influenced life satisfaction and happiness, while contributing to **higher levels of anxiety and job stress**. The impact of workload on anxiety is further emphasised by Amelia et al. (2023) and Lestari et al. (2021), who report that anxiety among healthcare workers and nurses during the COVID-19 pandemic was significantly

associated with increased workload. Similarly, **Ceylan et al. (2022)** observed that heightened workloads in the pandemic context were correlated with rising anxiety levels among Turkish healthcare workers. These findings illustrate how **crisis conditions amplify the psychological burden of work**, placing healthcare workers at elevated risk of mental health deterioration.

The **mechanisms** through which workload contributes to anxiety are also explored. For instance, **Santa Maria et al. (2018)** propose a mediational model, showing that **emotional exhaustion acts as a bridge** between high-intensity job demands and increased anxiety among police officers. This suggests that emotional exhaustion may be a **key psychological mechanism** through which workload exerts its influence on anxiety. Similarly, **Amarneh and Obeidat (2022)** identified workload as an **independent risk factor** for both emotional exhaustion and anxiety among midwives, providing a comprehensive view of how occupational stressors interact to impact psychological outcomes.

Beyond healthcare, studies in **occupational and emergency services** contexts also support the workload–anxiety link, though findings are more nuanced. For example, **Melchior et al. (2007)**, in a prospective longitudinal study, found that **high-demand jobs were predictive of new-onset anxiety and depression** in previously healthy individuals, supporting the argument that job-related stress can be an **independent environmental risk factor**. Additionally, **Kleppa et al. (2008)** linked **working overtime** to elevated anxiety and depression levels, reinforcing the significance of workload duration in predicting adverse mental health outcomes.

However, **not all findings align uniformly**. For example, **Samsudin et al. (2021)**, in a study of elite firefighters, found no significant link between workload and anxiety, suggesting that **unique coping mechanisms**, such as using frustration to enhance task focus, may buffer the effects of

stress in certain high-performance roles. This exception highlights the importance of **occupational context** and **coping styles** in shaping the workload–anxiety dynamic. Similarly, **Lestari et al. (2021)** reported no significant relationship between risk perception and anxiety levels, diverging from previous pandemic-related literature. These **contradictions** suggest that **individual, contextual, or cultural factors** — such as role expectations, available resources, or training — may influence how workload translates into psychological outcomes.

The **buffering role of autonomy** also emerges as a key theme. **Perrewé and Ganster (1989)** found that high levels of **job control** reduced the impact of work overload on anxiety, suggesting that **increased autonomy may serve as a protective factor**. This aligns with **job demand-control models** which posit that job stress arises not just from high demands, but from **the combination of high demands and low control**. Thus, interventions that enhance autonomy may effectively mitigate the anxiety-provoking effects of workload.

Furthermore, research by **Nieuwenhuys and Oudejans (2017)** and others (e.g., Murphy et al., 2006; Haslam et al., 2005) establishes the **adverse consequences of anxiety**, including **reduced performance, poor concentration, increased risk of errors, and lower productivity**. These outcomes underscore the **practical importance** of managing workload not only to safeguard employee mental health but also to preserve organisational effectiveness and safety.

These findings collectively suggest that high workload, long hours, and work-related stress can significantly increase anxiety and negatively impact subjective well-being across various professions.

2.3.3 The Relationship Between Sleep Quality, Workload and Mental Health Outcomes

The relationship between workload, sleep quality, and mental health outcomes, such as anxiety and emotional exhaustion, has been extensively studied in various contexts. Several studies have highlighted the intricate interplay between these factors. For instance, Huyghebaert et al. (2018) investigated the mediating role of sleeping problems in the relationship between workload and outcomes (emotional exhaustion, presenteeism, job satisfaction, and performance). “Results revealed that the positive indirect effects of workload on emotional exhaustion and presenteeism and the negative indirect effects of workload on job satisfaction and performance, through sleeping problems, were only significant among overcommitted teachers.” Indicating a potential link between workload, sleep quality, and emotional exhaustion. The authors' research extends beyond psychological distress to include job performance, presenteeism, and job satisfaction. This holistic viewpoint is crucial because it recognises that stress affects not only mental health but also how employees behave at work and feel about their jobs.

Similarly, to identify anxiety levels, quality of sleep, and different chronotypes of university students and investigate their possible relationships, Silva et al. (2020) found that “evening chronotype students showed higher anxiety status and had poor sleep quality when compared with morning chronotype students.” Several confounding variables, including academic rigour, economic situations, and potential substance use, are not effectively controlled in the study. These factors may contribute to students' anxiety or sleep disorders, and without accounting for them, it is impossible to tell how much of the anxiety is caused by chronotype variations and how much by other features of university life.

Furthermore, Rojo-Wissar et al. (2019) demonstrated that sleep quality mediated the relationship between adverse childhood experiences and symptoms of anxiety, shedding light on

the potential impact of sleep quality on mental health outcomes. The study does not oversimplify the link between ACEs, sleep, and health. Instead, it recognises the possibility of feedback loops between mental health (depression and anxiety), sleep quality, and physical health. This nuanced approach allows us to better grasp the numerous ways in which early life adversity can continue to affect well-being. Although the study addresses missing data by multiple imputations, the occurrence of significant missingness (30%) remains a constraint. The necessity for data input indicates that some critical responses were missing, which could have an impact on the results. While the statistical techniques utilised help mitigate this issue, a more complete dataset would have been preferred.

A study by Teker & Luleci (2018) found an increase in anxiety was connected with a decrease in sleep quality. The study considers both local and global studies, providing a comparative viewpoint. By demonstrating that the sleep quality in this study is fairly consistent with findings from earlier national (41.1%-53.2%) and worldwide (32.5%-57.5%) studies, the study places its findings within a broader scientific perspective, increasing their generalizability. However, the study had a small sample size (130 participants).

Moreover, the impact of workload on sleep quality has been explored in various occupational settings. For example, Anandavelu et al. (2022) identified a significant positive relationship between cognitive workload and sleep quality issues among public university students. The study looks at various variables, including cognitive workload, loneliness, and internet addiction, and how these affect sleep quality. This comprehensive approach provides a holistic perspective of the difficulties children face, making it easier to pinpoint critical areas that require attention. While the paper advocates for greater awareness initiatives, it does not go into depth about what types of interventions would be most beneficial. Are counselling programs

adequate, or do students require additional structural modifications such as lower workloads or mandated breaks from online learning? A more in-depth look at potential remedies would strengthen the recommendations.

Akerstedt et al. (2002) found that work stress, shift work, and physical workload all disrupt sleep and contribute to fatigue. The study benefits from a large, representative sample, which improves the reliability and generalisability of the results. In a field where individual experiences can vary widely, having a large dataset helps to present a more complete picture. The presumption that shift workers will report their state as sleepiness rather than fatigue may point to a restriction in how fatigue is measured and interpreted in the context of various work patterns. A more complete method to identify and quantify fatigue could help to clarify this issue.

Additionally, Fan et al. (2021) delved into the relationship between workload, fatigue, and sleep quality among psychiatric staff, further underscoring the potential influence of workload on sleep quality. In this two-study wave (cross-sectional and dairy study), the initial study's findings (cross-sectional) revealed that the workers experienced a heavy workload, as well as fatigue and poor sleep quality. The best predictor of fatigue was workload. Workload and fatigue increased throughout the week in the diary study, while sleep quality decreased. Using two different study designs—a cross-sectional study and a diary study—provides a thorough understanding of the research question. This methodological triangulation improves the findings' validity by capturing both static and dynamic features of the participants' experiences. The study's concentration on psychiatric facilities in a medium-sized city in China may limit the generalisability of the findings. The experiences of psychiatric personnel in different cultural contexts or larger cities may differ greatly, reducing the generalisability of findings across settings.

Hidayanti and Sumaryono (2021) also delved into the relationship between workload, fatigue, and sleep quality among mining workers. They found that workload has a considerable effect on the amount of work fatigue, which is mediated by sleep quality. Such that the higher the workload, the poorer the sleep quality, and the higher the work fatigue. The study examines several components of fatigue (physical, mental, and emotional) and sleep quality, recognising the complexities of these concepts. This holistic approach can provide a more complete picture of the challenges at hand. While the study covers chronotypes and their effect on sleep quality, it may benefit from a more in-depth investigation of how individual characteristics (such as chronotype) affect fatigue levels. This could make interventions more successful for different workers.

Furthermore, the bidirectional relationship between sleep quality and mental health has been a subject of investigation. González-Hijón et al. (2023) observed a bidirectional relationship between sleep quality and mental health during the COVID-19 pandemic, highlighting the complex interdependence of these factors. With a total of 9,035 individuals, including 3,883 who contracted COVID-19, the sample size improves the statistical power of the findings. A larger sample size can yield more reliable and generalisable results, which is critical in understanding broad issues like mental health during a pandemic. The huge sample size is a positive, but the lack of representativeness is a significant limitation. The results may be skewed by the fact that women are over-represented (81%), while younger people are under-represented. This selection bias may impair the findings' generalisability to the larger Swedish population.

Additionally, Chang et al. (2020) found a significant relationship between anxiety and sleep quality, further emphasising the intricate connections between mental health and sleep quality. Gillet (2019) discovered that emotional dissonance and workload were negatively associated with sleep quality and relaxation, which were then associated with lower levels of

presenteeism and emotional exhaustion. According to Brand et al. (2010), sleep difficulties were linked to emotional and physical exhaustion. Afonso (2017) added to this by revealing that working longer hours was connected with lower mental health status, including higher levels of anxiety and depressive symptoms. Jansen (2019) discovered that in young people, higher mental workload, measured by both hours spent studying and perceived mental intensity, was associated with poorer sleep quality. Zhang et al. (2018) found that poor sleep quality was related to an elevated risk of anxiety ($= 1.08$, $p 0.01$) and depression ($= 1.00$, $p 0.01$) symptoms, according to multivariate linear regression models.

Sleep quality emerges as both a **moderator** and an **independent variable** influencing mental health. Multiple studies—such as Hidayanti & Sumaryono (2021), Fan et al. (2021), and Rojo-Wissar et al. (2019)—support the moderating role of sleep quality between workload and anxiety or fatigue. These findings suggest that **interventions aimed at improving sleep hygiene could potentially buffer the impact of high job demands.**

Additionally, several studies have highlighted a **bidirectional relationship** between sleep quality and mental health. For instance, González-Hijón et al. (2023) found that sleep disturbances not only resulted from psychological distress but also contributed to worsening symptoms, underscoring the **feedback loop** between sleep and anxiety. This supports earlier findings by Brand et al. (2010) and Zhang et al. (2018), who reported associations between poor sleep and emotional exhaustion, anxiety, and depression.

Taken together, the literature reveals a robust and multidimensional link between workload and mental health outcomes such as anxiety and emotional exhaustion, with **sleep quality acting as a key moderating factor**. While high workload is generally associated with increased psychological

distress, this relationship is significantly influenced by the quality of an individual's sleep. Specifically, poor sleep quality tends to intensify the negative effects of workload on mental health, whereas good sleep quality may buffer against these adverse outcomes. The strength and direction of these associations are also shaped by occupational context, individual differences (e.g., chronotype), and other protective factors such as autonomy and social support. Future research should investigate these moderating dynamics through longitudinal designs and explore effective interventions across varied professional and cultural settings to inform practical strategies for promoting employee well-being.

2.3.4 The Relationship Between Autonomy and Emotional Exhaustion

According to Spagnoli & Molinaro (2020), the relationship between negative workaholic emotions and emotional exhaustion is influenced by decision-making autonomy, with varying effects for managers and freelancers. The study highlights that, high levels of negative emotions related to workaholism coupled with low decision-making autonomy can lead to increased emotional exhaustion, while high decision-making autonomy can mitigate emotional exhaustion. This suggests that autonomy plays a crucial role in moderating the impact of work-related emotions on emotional exhaustion during challenging circumstances such as the COVID-19 crisis lockdown. The study sheds light on the "double-edged sword" effect of job autonomy, indicating that it does not always have a positive impact. This nuanced viewpoint is critical for understanding how autonomy interacts with other job characteristics and personal preferences to influence emotional well-being. However, the study's sample size is small (101 managers and freelancers) and chosen from a convenience group. This calls into question the findings' generalizability.

According to Salyers et al. (2019), the relationship between autonomy and emotional exhaustion is negative. Autonomy was found to be negatively associated with emotional

exhaustion among public library employees in Indiana, indicating that higher levels of autonomy were linked to lower levels of emotional exhaustion. This suggests that having more control over one's work and decision-making processes may help reduce emotional exhaustion in the workplace. The study focuses on burnout in public librarians, who received little attention in burnout research. This approach fills a significant vacuum in the research, broadening our understanding of burnout beyond more typically studied fields such as healthcare and education. While the sample size is broad and varied within the state, the results may not be fully applicable to public librarians in other regions or nations with differing organisational structures, budget levels, and public expectations.

According to Deng et al. (2021), the relationship between autonomy and emotional exhaustion is highlighted in their study on coal miners. The research indicates that work autonomy acts as a protective factor against job burnout, with factors such as age, work demands, effort, and work-family conflict increasing the likelihood of burnout. Specifically, the study reveals that emotional exhaustion is negatively associated with decision-making autonomy, emphasising the importance of autonomy in mitigating emotional exhaustion among coal miners. The study thoroughly investigates a variety of characteristics linked to job burnout, including gender, age, years of service, education level, shift work, marital status, and job type. This complete approach enables a more detailed understanding of how various factors lead to burnout among coal miners.

According to O'Connor et al. (2018), the presence of a sense of autonomy at work and the perceived ability to influence decisions related to work were consistently linked to lower rates of burnout, specifically lower rates of emotional exhaustion and increased levels of professional accomplishment. This finding underscores the importance of autonomy in mitigating emotional exhaustion among mental health professionals, highlighting the protective role of autonomy in

reducing burnout in this population. The study conducts a comprehensive review and meta-analysis of a wide range of burnout studies among MHPs. Meta-analysis improves rigour by statistically integrating data from several studies, allowing for more solid estimates of burnout prevalence. The findings, however, may be limited in generalisability due to the over-representation of UK samples. According to the study, how MHPs work varies by country, and these variances may have an impact on burnout rates. The study's findings may not be applicable across all healthcare systems and cultural settings.

Autonomy was identified as one of the factors significantly negatively correlated with burnout in ESL students, as indicated in Raza's study (2023). This suggests that a sense of autonomy may play a role in mitigating emotional exhaustion among language learners, highlighting the importance of fostering autonomy-supportive environments in educational settings to promote students' psychological well-being. While the study acknowledges the possible importance of cultural influences in Pakistan, it does not go into detail about how these cultural elements may determine burnout or psychological well-being. In a country like Pakistan, where educational constraints, gender dynamics, and societal expectations around language proficiency can be intense, the role of these cultural stressors should be investigated further.

The correlation between low levels of burnout and a sense of autonomy was highlighted as one of the most widely reported findings in the scoping review by Gravestock (2022). This study speaks to the task by emphasising the relationship between autonomy and emotional exhaustion, indicating that autonomy plays a significant role in mitigating burnout among mental health clinicians. The review efficiently covers a wide spectrum of literature by incorporating both published and unpublished studies. This inclusivity ensures a more complete awareness of the present state of MHC leadership and burnout research. While the review follows scoping review

norms, it recognises the need for further methodological rigour, notably in terms of inter-rater reliability. This lack of rigour has the potential to damage the findings' reliability as well as the review's overall credibility.

Underestimation in autonomy is a significant predictor of burnout (Bozgeyikli, 2018). This research on special education teachers found that “as the teachers’ needs of success, relationship, autonomy, dominance, and compassion satisfaction rise, so do the levels of burnout and compassion fatigue.” Therefore, autonomy plays a crucial role in predicting emotional exhaustion among professionals, emphasising the importance of addressing autonomy in work environments to mitigate burnout. By breaking down psychological demands into sub-dimensions, the study identifies which factors are the most significant in influencing compassion satisfaction and burnout. This specificity can inform tailored actions in educational settings. However, the study focuses exclusively on psychological needs and does not investigate contextual elements that may influence these correlations. External pressures relating to the workplace or specific teaching traits, for example, may have a substantial influence on burnout and compassion fatigue but are rarely mentioned.

According to Lu (2022), the study highlights a significant relationship between autonomy and emotional exhaustion among female factory workers. Specifically, autonomy on quality and rest were identified as key organisational factors that impact burnout levels. The research emphasises the importance of autonomy in the workplace as a factor that can influence emotional exhaustion and the overall well-being of employees. The study's emphasis on female industrial workers in the Philippines is commendable. This group is under-represented in research, particularly in workplace health and safety. The study emphasises the unique issues that this group encounters in industrial settings, bringing light on their physical and mental well-being, which is

frequently overlooked in favour of broader workplace research. While the study states that it focuses on female factory workers in the Philippines, it does not go into detail regarding the specific cultural or sociological issues that may influence burnout and workplace safety in this context. Cultural expectations about gender roles, for example, may influence how female employees suffer burnout or safety issues. Including a layer of cultural analysis would have improved our knowledge of how these challenges arise in this specific context.

According to Al-Haqan et al. (2021), autonomy is identified as one of the contributors related to burnout among pharmacists during the COVID-19 pandemic. The study suggests that factors such as time pressure, lack of feedback, autonomy, and social support, along with role conflict and ambiguity, play a role in influencing pharmacists' psychological well-being and levels of burnout. The study tackles an essential and current topic, given the constant strain on healthcare personnel because of the COVID-19 outbreak. Pharmacists, who are frequently forgotten in conversations about healthcare frontliners, performed an important role in handling medication and health services during the crisis. By focusing on this particular population, the study provides a valuable viewpoint to our understanding of healthcare worker burnout during global emergencies.

A substantial body of research underscores the critical role of **autonomy in mitigating emotional exhaustion**, a core component of burnout. Across diverse occupational contexts, **greater autonomy—particularly in decision-making—has consistently been associated with lower levels of emotional exhaustion**. This trend is evident across studies involving educators (Bozgeyikli, 2018), public librarians (Salyers et al., 2019), coal miners (Deng et al., 2021), mental health professionals (O'Connor et al., 2018; Gravestock, 2022), factory workers (Lu, 2022), pharmacists (Al-Haqan et al., 2021), and ESL students (Raza, 2023).

These findings suggest that **autonomy acts as a protective job resource**, in line with the **Job Demands-Resources (JD-R) model**, buffering the adverse effects of high job demands. For example, O'Connor et al. (2018) found that autonomy not only reduced emotional exhaustion among mental health professionals but also enhanced professional accomplishment. Similarly, Deng et al. (2021) reported that decision-making autonomy reduced burnout among coal miners, even amid demanding physical work conditions and significant work-family conflict.

However, the **effectiveness of autonomy may be context-dependent**. Spagnoli and Molinaro (2020), for instance, revealed a **"double-edged sword" effect**: while autonomy mitigated emotional exhaustion among freelancers and managers experiencing workaholic negative emotions, in some cases, low autonomy exacerbated exhaustion. This suggests that autonomy does not uniformly confer benefits; its impact may depend on job role, emotional state, and other situational factors.

Moreover, while most studies support autonomy's beneficial role, the **degree of its influence can vary by profession, culture, and gender**. Lu (2022), focusing on female factory workers in the Philippines, highlighted how autonomy in rest and quality control significantly reduced burnout, yet cultural and sociological factors, such as gender norms, may shape how autonomy is experienced and utilised. Similarly, Raza (2023) found autonomy helpful in reducing emotional exhaustion among ESL students, but acknowledged that cultural dynamics in Pakistan could influence how autonomy affects psychological well-being.

The literature also suggests that autonomy must be supported by other organisational factors—such as **social support, constructive feedback, and role clarity**—to maximise its protective potential. Al-Haqan et al. (2021) found that during the COVID-19 pandemic, pharmacists' burnout

was influenced not just by autonomy, but also by time pressure, lack of feedback, and role ambiguity, suggesting that autonomy alone may not be sufficient in high-stress environments.

Despite the generally positive trends, some **methodological limitations** exist across studies. For instance, the small and convenience-based sample used by Spagnoli and Molinaro (2020) limits the generalisability of their nuanced findings, while several others, such as those by Gravestock (2022) and Bozgeyikli (2018), acknowledged the need for greater methodological rigour or more contextual analysis.

These findings underline the crucial role of autonomy in influencing emotional exhaustion across many occupations, demonstrating that increased autonomy generally reduces burnout whereas restricted autonomy exacerbates it. However, the impacts of autonomy are multifaceted and context-dependent, influenced by elements such as job type, cultural context, and specific workplace stressors, especially during difficult times like as the COVID-19 pandemic.

2.3.5 The Relationship Between Autonomy and Anxiety

The study by Malhab et al. (2021) elucidates the relationship between autonomy and anxiety, revealing that lower levels of autonomy among Lebanese women correlate with significantly higher anxiety and perceived stress. This research underscores the notion that autonomy, particularly in decision-making, serves as a protective factor against anxiety, suggesting that enhancing autonomy may mitigate anxiety levels and improve overall psychological well-being. Thus, the findings highlight the critical role of autonomy in fostering mental health resilience. This study addresses a significant gap in the literature by being one of the first in Lebanon to investigate women's autonomy as well as linked factors and mental health concerns. It focuses on an underexplored area with substantial ramifications for women's rights

and empowerment throughout the region. The sample comprises mostly educated women from higher socioeconomic backgrounds who have internet access. This selection bias may cause an under-representation of the experiences of less educated or economically disadvantaged women, skewing the results.

The relationship between job autonomy and anxiety is elucidated in Léné's study (2023), which demonstrates that higher levels of job autonomy can mitigate the adverse effects of workplace bullying on mental health. Specifically, the findings indicate that workers experiencing bullying who possess greater job autonomy report significantly fewer symptoms of anxiety and depression compared to those with lower autonomy. This suggests that job autonomy serves as a protective factor, enhancing resilience against anxiety in challenging work environments.

The study by Khan et al. (2018) elucidates the relationship between job autonomy and anxiety, revealing that higher levels of job autonomy are associated with a decrease in self-reported anxiety symptoms among NHS consultants. The research indicates that job autonomy not only has a direct negative effect on anxiety but also partially mediates the relationship between work-related pressure and psychological morbidity, emphasising the importance of enhancing job autonomy to mitigate anxiety and improve overall mental health in high-pressure work environments. This underscores the critical role of job autonomy in fostering psychological well-being and reducing anxiety in professional settings. The study goes beyond simply identifying burnout and relates it to consultants' intentions to leave the industry early. This has significant real-world implications, given the NHS is already experiencing a qualified staff shortage. The study underlines the urgent need for treatments to retain these experienced professionals by highlighting the fact that burnout may drive consultants into early retirement.

The relationship between job autonomy and anxiety is intricately explored in the study by Berger et al. (2019), which posits that job autonomy serves as a moderating factor in the dynamics between leadership styles and employee anxiety. The research indicates that transformational leadership (TFL) and passive-avoidant leadership (PAL) influence anxiety levels through mediators such as role ambiguity and team climate for learning, with job autonomy enhancing the positive effects of TFL on reducing anxiety. This highlights the critical role of job autonomy in shaping the psychological well-being of employees within varying leadership contexts. The sample, which is predominantly made up of male participants and researchers, raises questions about the findings' generalizability. The gender disparity and concentration on a single sector indicate that the findings may not be applicable to other industries or more diverse workforces. While this reflects the reality of the organisation under study, future research should use more representative samples.

The relationship between job autonomy and anxiety is elucidated in the study by Gervais and Millier (2014), which highlights that increased job autonomy serves as a protective factor against anxiety, depression, and stress among women workers. The findings indicate that those with greater access to resources, including job autonomy and colleague support, reported lower levels of anxiety, suggesting that autonomy can significantly enhance well-being in the workplace. This underscores the importance of providing adequate resources to employees to mitigate anxiety and promote mental health. The study does an excellent job of investigating both personal (like self-efficacy) and professional (such autonomy and social support) resources. This is critical since workplace well-being is influenced not just by the job environment but also by the individual's contributions. This complex approach improves our understanding of wellbeing. While the study focuses on women and provides valuable insights into work-family balance, it fails to compare the

findings to male perspectives. Including a male control group could have added depth, particularly in industries where work-family interactions and job autonomy may differ by gender.

According to Saif-Ur-Rehman and Kashif-Ur-Rehman (2022), the study highlights a significant relationship between job autonomy and job anxiety, indicating that higher levels of job control (or autonomy) are associated with lower levels of job anxiety among employees. The findings suggest that when employees perceive they have greater control over their work environment, they experience reduced anxiety, thereby underscoring the importance of autonomy in mitigating job-related stressors. This relationship is critical for understanding how job design can influence employee well-being and performance. By distinguishing between supervisor and colleague support, the study provides a more nuanced understanding of how various types of social support influence job outcomes. This degree of detail helps to provide a more complete view of workplace interactions. The proposals for WAPDA management are brilliant, albeit broad. For example, "develop and maintain efficient internal systems" could be more detailed. What should these systems look like? How can management ensure that employees participate in work restructuring? More information could help management adopt these suggestions more effectively.

The relationship between job autonomy and anxiety is elucidated in the study by Yunus and Mostafa (2022), which posits that job autonomy serves as a significant moderator in the context of flexible working practices (FWPs) and job-related anxiety. The findings indicate that higher levels of job autonomy enhance the positive effects of FWPs on trust in management, which subsequently leads to a reduction in job-related anxiety. This suggests that fostering job autonomy can be instrumental in mitigating anxiety by promoting a supportive work environment characterised by trust and resource gain. The paper provides clear advice to organisations and HR managers, specifically on how to adopt FWPs in a way that encourages autonomy and trust. It

acknowledges that simply providing flexible options is insufficient; firms must create a supportive environment in which employees can perceive these benefits meaningfully. While the research focuses on the positive effects of FWP, it doesn't adequately address potential downsides. Other studies have shown that FWPs can lead to negative outcomes such as isolation, longer working hours, and work-life imbalance. Although the authors acknowledge these concerns, they don't delve into how FWPs might contribute to these negative experiences or how organisations can mitigate them. The relationship between job autonomy and anxiety is elucidated in the study by Song et al. (2021), which posits that higher levels of job autonomy can exacerbate the effects of procrastination on rumination and negative affect, including anxiety. Specifically, the research indicates that employees with greater job autonomy experience stronger associations between procrastination and rumination, suggesting that while autonomy can provide flexibility, it may also lead to increased cognitive load and anxiety when procrastination occurs. This nuanced understanding highlights the dual role of job autonomy in influencing psychological outcomes in the workplace.

The study by Huebner et al. (2022) investigates the relationship between job autonomy and anxiety, revealing that job autonomy does not exhibit a direct or moderating effect on anxiety levels among employees with metabolic syndrome. Despite previous literature suggesting that higher job autonomy may alleviate anxiety, this research indicates that such a relationship is not consistently observed, particularly under varying conditions of goal uncertainty. This underscores the complexity of job characteristics and their impact on employee well-being, suggesting that the interplay between job demands and autonomy may require further exploration to fully understand its effects on anxiety. The study excels in examining the U-shaped association between goal uncertainty and anxiety. It questions the usual notion of linear correlations and sheds light on how

both low and high degrees of goal uncertainty are connected with increased anxiety, while moderate levels foster a more balanced emotional state. This sophisticated approach expands on current research, supporting the notion that both "too little" and "too much" can be harmful to employee well-being.

The literature reveals a generally consistent **negative relationship between job autonomy and anxiety**, highlighting autonomy as a protective factor that fosters psychological well-being in various contexts. Across multiple studies, higher levels of job autonomy are associated with **lower levels of anxiety**, suggesting that when individuals have control over their work tasks and decision-making, they are better equipped to manage stress and emotional strain.

For instance, studies by **Malhab et al. (2021)** and **Gervais and Millear (2014)** emphasize the role of autonomy in enhancing mental health among women, demonstrating that increased decision-making power and workplace control can significantly reduce anxiety and perceived stress. Similarly, **Khan et al. (2018)** and **Saif-Ur-Rehman and Kashif-Ur-Rehman (2022)** find that job autonomy not only directly reduces anxiety but also buffers the negative effects of work-related pressure, particularly in high-stakes environments such as healthcare and public utilities.

However, the literature also reveals **nuanced and sometimes contradictory findings**. For example, **Song et al. (2021)** caution that higher autonomy may exacerbate anxiety in individuals prone to procrastination, as increased freedom can lead to greater rumination and cognitive overload. Similarly, **Huebner et al. (2022)** find that autonomy does not significantly reduce anxiety among employees with metabolic syndrome, particularly under conditions of goal uncertainty. These studies illustrate that the benefits of autonomy are **not universally experienced**, and may depend on individual traits, health conditions, or job demands.

These findings collectively highlight the crucial role of job autonomy in reducing anxiety, with higher autonomy acting as a protective factor against workplace stress, bullying, and anxiety, while fostering resilience in high-pressure environments. However, the relationship between autonomy and anxiety is complex, with contextual factors such as goal uncertainty, procrastination, and work design influencing the extent to which autonomy impacts mental health.

2.3.6 The Relationship Between Sleep Quality, Autonomy and Mental Health Outcomes

The study by Janssen et al. (2020) provides compelling evidence of the interrelationship between sleep quality and emotional exhaustion, highlighting that participants experienced significant improvements in both areas following mindfulness-based stress reduction training. The findings suggest that enhanced sleep quality correlates with reduced emotional exhaustion, indicating that interventions aimed at improving mindfulness may serve as effective strategies for mitigating burnout and enhancing overall mental health among healthcare professionals. With only thirty participants from a single institution, the findings' generalisability is limited. This small-scale pilot study may not reflect a wider, more varied group of healthcare personnel.

The study by Chatlaong (2020) provides empirical evidence linking sleep quality and emotional exhaustion among medical residents, highlighting that a significant proportion of participants reported poor sleep quality, which was associated with high levels of emotional exhaustion as part of burnout syndrome. The study utilised validated instruments to assess sleep quality and burnout, revealing that environmental factors and emotional exhaustion significantly impacted sleep quality, thus underscoring the intricate relationship between these variables in high-stress medical training environments. The results indicate that medical schools and residency programs should consider structural adjustments to reduce work-related stress and prevent

burnout. Reducing excessive working hours and enhancing rest settings could benefit both residents and patients.

The findings presented by Nägel and Sonnentag (2013) elucidate the intricate relationship between sleep quality and emotional exhaustion by highlighting how adequate sleep, in conjunction with exercise, contributes to the replenishment of personal resources, which in turn mitigates emotional exhaustion. The study's multilevel modelling indicates that improved sleep duration correlates with enhanced personal resources, ultimately leading to reduced emotional fatigue the following day, thereby underscoring the critical role of sleep quality in emotional well-being among employees.

The study by Chen et al. (2023) provides empirical evidence supporting the relationship between sleep quality and emotional exhaustion, highlighting that improved sleep quality can mitigate emotional exhaustion through the mechanism of leisure crafting. The study's findings suggest that enhancing sleep quality not only serves as a buffer against emotional drain but also facilitates psychological detachment from stressors, thereby reducing the risk of emotional exhaustion over time. This underscores the critical role of sleep in maintaining emotional well-being, particularly in challenging contexts such as the COVID-19 pandemic. The study used a large sample size, resulting in a more reliable and generalizable analysis. After adjusting for confounders, the researchers discovered robust relationships between sleep quality and burnout, which is important for understanding how these factors interact. However, a considerable number of participants (1,271) were eliminated from the study due to incomplete PSQI responses, potentially skewing the final sample. Excluding such a large fraction of the sample may have an impact on the findings' representativeness and generalizability.

Job insecurity can lead to emotional exhaustion and subsequent sleep problems, with organisational control systems moderating this relationship (Jung et al., 2020). Indicating the bidirectional relationship between emotional exhaustion and sleep quality. One of the research's main strengths is its multifaceted methodology. By concentrating on a three-way interaction between work insecurity, outcome-based control, and behaviour-based control, the study investigates the complexity of the relationship between job uncertainty and sleep quality. It does not stop at work insecurity but rather studies how control mechanisms can either mitigate or exacerbate its impacts.

Some studies have found a significant relationship between job autonomy and sleep quality. A study by Knudsen et al. (2007) found that job autonomy was less beneficial in predicting poor sleep quality, while this finding is not unprecedented. The study's use of a large, nationally representative sample of American full-time workers enhances the generalisability of its findings (1,965). A great deal of research on sleep problems has used logistic regression, but this study used negative binomial regression, which allowed for a more nuanced analysis of subclinical levels of poor sleep quality. This is a wise decision because even modest sleep interruptions can have a major impact on well-being. The study notes that non-standard work hours (such as night shifts or rotating shifts) were not specifically measured, yet they can have a major impact on sleep. While the authors employed a proxy measure for non-standard hours, it is still not the same as having direct data on workers' shift patterns, which could play a significant role in understanding their sleep quality.

Van Laethem et al. (2017) found that job control, a key aspect of job autonomy, was linked to sleep quality, with higher job control leading to better sleep quality. Interestingly, moderate levels of job demands, when combined with adequate job control, are related to optimal sleep

health outcomes, such as regularity and efficiency (Nelson et al., 2021). The incorporation of the job demand-control paradigm is a strength. It emphasises how job control (or lack thereof) can either alleviate or worsen the effects of pressures on sleep. The discovery that limited job control exacerbates the effects of demands on sleep is essential for understanding workplace stress. The sample is predominantly non-Hispanic White, which limits the findings' application to other racial and ethnic groups. Minority social group's stressors and sleep experiences may vary due to socioeconomic conditions, prejudice, or other particular obstacles. Future research should aim for more diverse samples to capture these processes.

Research consistently shows a significant relationship between work autonomy and anxiety. Gillet (2016) found that role ambiguity can moderate this relationship, with autonomous motivation being most strongly related to satisfaction when ambiguity is low and controlled motivation is most strongly related to anxiety when ambiguity is high. Yunus (2022) further demonstrated that flexible working practices, which often include increased autonomy, can reduce job-related anxiety, particularly when combined with high levels of trust in management. The findings presented in Alwhaibi and Aloola (2023) elucidate a significant relationship between sleep quality and anxiety, particularly among healthcare students. The study reveals that higher levels of anxiety correlate positively with poorer sleep quality, as evidenced by an adjusted odds ratio indicating that students experiencing anxiety are more than twice as likely to report poor sleep quality compared to their non-anxious peers. This underscores the critical need for targeted mental health interventions to address anxiety and improve sleep outcomes, thereby enhancing overall health-related quality of life. Ou and Ma (2023) investigate the complex interaction between competitive attitudes, anxiety, and sleep quality, with a focus on persons in high-pressure contexts such as workplaces. By demonstrating that anxiety mediates the effects of hypercompetitive

attitudes and interpersonal security on sleep quality, this study emphasises the necessity of managing anxiety to enhance employee sleep outcomes, hence increasing overall well-being and productivity. On the other hand, a study by Teker and Luleci (2018) found that sleep quality had a negative relationship with anxiety in a sample of employees who worked at a university campus (185). The study investigates a wide range of variables, including gender, economic level, chronic condition, medication use, and linkages with family and social surroundings, to provide a comprehensive picture of the factors that may influence sleep quality and anxiety. However, the study's findings might be limited in generalisability due to the specific population sample size. Another study by Lee et al. (2016) revealed that subjective sleep quality, daytime dysfunction, sleep disturbance, sleep latency, and sleep duration components were significantly associated with both anxiety and depression.

The existing literature offers a nuanced understanding of the interplay between job autonomy, sleep quality, and mental health outcomes such as anxiety and emotional exhaustion. Job autonomy—defined as the degree of control and discretion an employee has over work-related decisions—has consistently been identified as a protective factor against psychological distress. Numerous studies (e.g., Malhab et al., 2021; Khan et al., 2018; Gervais & Milleur, 2014) reveal that higher levels of autonomy are linked to lower levels of anxiety and emotional exhaustion, largely due to the increased sense of control, self-efficacy, and meaningfulness derived from autonomous roles. However, the strength and direction of these relationships appear to vary depending on individual and contextual factors—one of which is **sleep quality**.

Sleep quality has emerged not merely as an outcome of stress but as a **critical moderating variable** that shapes the influence of work-related factors on mental health. Several studies (e.g., Chen et al., 2023; Nägel & Sonnentag, 2013; Janssen et al., 2020) indicate that individuals with

high sleep quality are better able to replenish cognitive and emotional resources, which enhances their resilience to workplace stressors such as emotional labor and job demands. In this context, **sleep quality may moderate the protective effects of job autonomy**, either amplifying or attenuating its impact on mental health outcomes.

For instance, in high-autonomy settings, employees with good sleep quality are likely to experience the full psychological benefits of autonomy—such as reduced anxiety and enhanced emotional regulation. By contrast, those with poor sleep quality may struggle to cope, even in autonomous roles, potentially diminishing the positive effects of autonomy or even reversing them. This is consistent with research by Song et al. (2021), which showed that high job autonomy can exacerbate anxiety among individuals prone to procrastination—a tendency often linked to sleep disruptions.

Moreover, the moderating role of sleep quality is evident in studies showing that **its improvement can buffer the negative effects of low autonomy** or high job stress. For example, mindfulness-based interventions (Janssen et al., 2020) and leisure crafting (Chen et al., 2023) that improve sleep also indirectly reduce emotional exhaustion, even in stressful work environments. Similarly, Van Laethem et al. (2017) and Nelson et al. (2021) found that job control was more beneficial when paired with healthy sleep patterns, highlighting the interaction between psychological and physiological recovery processes.

The literature also supports a **bidirectional** relationship between sleep quality and mental health outcomes. Poor sleep contributes to anxiety and emotional exhaustion (Alwhaibi & Aloola, 2023; Lee et al., 2016), while these outcomes in turn degrade sleep quality, forming a negative feedback loop. This recursive relationship underscores the importance of addressing sleep quality not only

as a symptom but as a **moderating mechanism** that can potentially disrupt or reinforce the effects of work autonomy on psychological well-being.

Taken together, these findings suggest that **sleep quality acts as a moderator in the relationship between job autonomy and mental health outcomes**. High sleep quality strengthens the negative association between autonomy and both anxiety and emotional exhaustion, whereas poor sleep weakens or complicates this relationship. This highlights the need for holistic workplace interventions that simultaneously promote autonomy and support healthy sleep habits—such as through flexible scheduling, wellness programs, and stress-reduction initiatives.

These findings highlight the strong interconnection between sleep quality, emotional exhaustion, and anxiety, with poor sleep exacerbating emotional fatigue and anxiety across various high-stress environments, such as healthcare and academia. Interventions aimed at improving sleep quality, reducing job insecurity, and enhancing job autonomy could be effective strategies for mitigating anxiety, emotional exhaustion, and burnout, ultimately improving overall well-being and productivity.

2.4 Rationale of Study

The body of research on workplace mental health has grown dramatically in recent years, providing vital insights into how job demands, such as workload, and job resources, such as autonomy, affect employee well-being across industries. Studies on industries ranging from healthcare to manufacturing have yielded valuable insights into how the workplace influences mental health results. However, in Ghana's insurance sector, there is a crucial vacuum in our

understanding of how workplace characteristics, particularly workload and job autonomy, affect employees' mental health (Twumasi & Gyensare, 2016).

In Ghana, mental health disorders such as anxiety and emotional exhaustion are frequently disregarded, particularly in the workplace. The insurance sector, which is defined by high-pressure activities, demanding workloads, and, in many cases, little control over work processes, provides a unique setting in which mental health outcomes can be dramatically influenced (Kuokkanen et al., 2020). However, research into how these factors influence employee well-being in this sector is scarce, leaving firms with insufficient data to properly address possible mental health issues.

Furthermore, despite rising understanding of the importance of sleep quality in mitigating the consequences of work pressures, few studies in Ghanaian organisational contexts have investigated how sleep interacts with job demands and resources. Sleep quality is an important element that can either mitigate or intensify the detrimental impacts of workload and autonomy on mental health (Jansen et al., 2019; Song et al., 2021), but it is still understudied in this profession. Understanding how sleep quality affects anxiety and emotional exhaustion may provide a more comprehensive picture of how to support people in high-pressure work circumstances.

Addressing this gap is crucial, as ignoring mental health in the workplace can result in decreased productivity, more absenteeism, and increased turnover, all of which are costly for businesses. In the insurance industry, where competition is severe and client service needs are high, employees' mental well-being is closely related to overall company performance.

This study aims to fill a gap by investigating how workload and autonomy influence anxiety and emotional exhaustion, with sleep quality serving as a moderating variable, in the Ghanaian insurance business. Its goal is not only to increase understanding of workplace mental

health in this understudied context but also to generate insights that may be used to drive policies and practices that promote healthier workplaces. Finally, this study has the potential to not only improve the well-being of insurance professionals but also provide larger insights that can be applied across industries to improve employee mental health and organisational outcomes.

2.5 Statement of Hypotheses

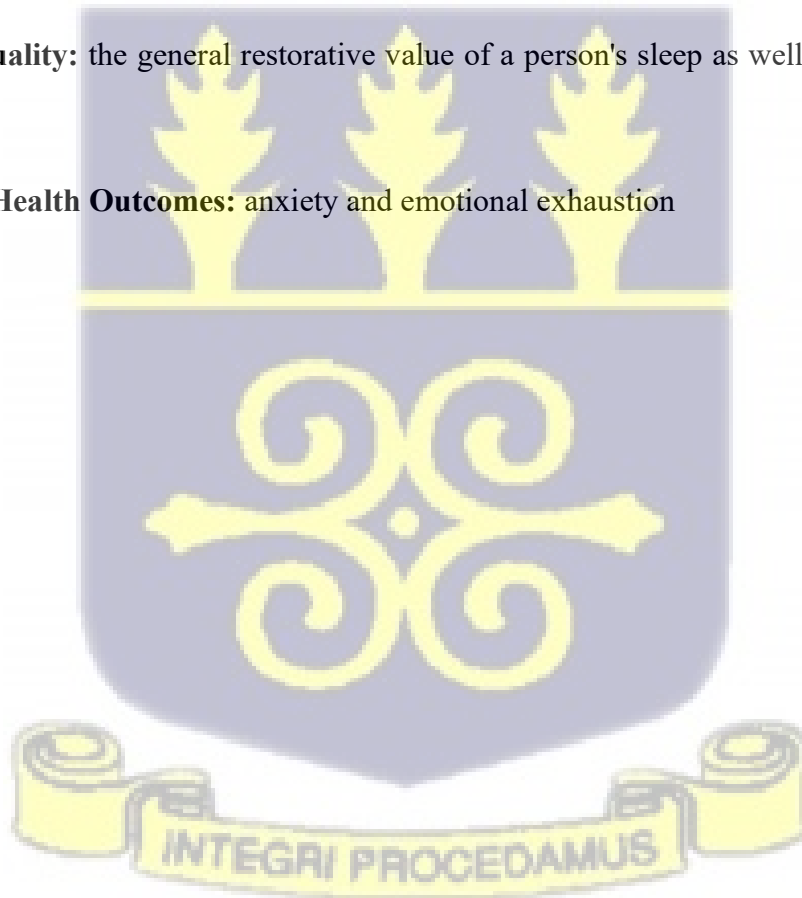
- **Hypothesis 1 (H1):** High workload is positively associated with employee anxiety (1a) and emotional exhaustion (1b).
- **Hypothesis 2 (H2):** Autonomy is negatively associated with employee anxiety (2a) and emotional exhaustion (2b).
- **Hypothesis 3 (H3):** Sleep quality moderates the relationship between workload and employee mental health outcomes, such that the negative impact of high workload on anxiety (3a) and emotional exhaustion (3b) is weaker when sleep quality is high.
- **Hypothesis 4 (H4):** Sleep quality moderates the relationship between autonomy and employee mental health outcomes, such that the positive impact of autonomy on reducing anxiety (4a) and emotional exhaustion (4b) is stronger when sleep quality is high.

2.6 Key Variables of Study

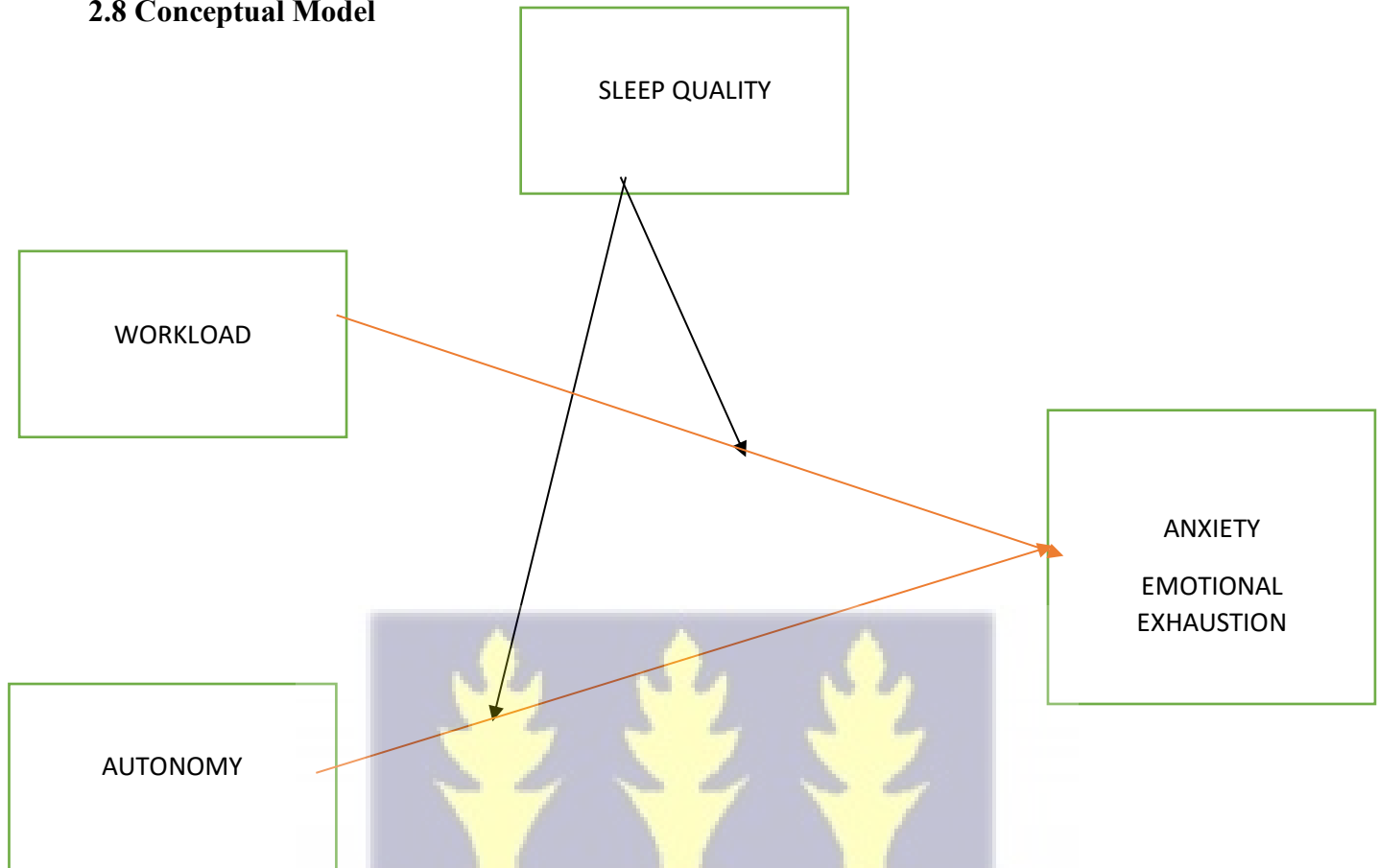
- I. Workload – Independent Variable
- II. Autonomy – Independent Variable
- III. Emotional Exhaustion – Dependent Variable
- IV. Anxiety – Dependent Variable
- V. Sleep Quality – Moderating Variable

2.7 Operational Definition of Terms

- I. **Workload:** the quantity of work that employees are expected to complete in a given time period.
- II. **Autonomy:** the degree of control, freedom, and independence that employees have over their tasks and work processes.
- III. **Emotional Exhaustion:** A state of ongoing emotional depletion and fatigue brought on by extended stress, excessive workloads, or repeated exposure to emotionally taxing situations.
- IV. **Anxiety:** a state of worry, or uneasiness.
- V. **Sleep Quality:** the general restorative value of a person's sleep as well as how well they sleep.
- VI. **Mental Health Outcomes:** anxiety and emotional exhaustion



2.8 Conceptual Model



This study's conceptual framework is based on the notion that key job characteristics, such as workload and autonomy, influence employee mental health outcomes, notably anxiety and emotional exhaustion. These two variables act as independent variables, representing key aspects of the workplace that are generally recognised in occupational health psychology. The theoretical framework proposes that a high workload is likely to be associated with higher anxiety and emotional exhaustion, whereas greater autonomy may act as a protective factor, mitigating these negative mental health outcomes. The study introduces sleep quality as a moderating variable—

that is, a factor that may influence the strength or direction of the connections between workload, autonomy, and mental health outcomes (anxiety and emotional exhaustion).

In this framework:

- **Workload** is expected to have a **positive relationship** with anxiety and emotional exhaustion (i.e., higher workload leads to worse outcomes).
- **Autonomy** is expected to have a **negative relationship** with anxiety and emotional exhaustion (i.e., higher autonomy leads to better outcomes).
- **Sleep quality** is hypothesised to **moderate** these relationships, such that:
 - The **positive effect** of workload on mental health outcomes is **stronger** for employees with **poor sleep quality** and **weaker** for those with **high sleep quality**.
 - The **protective effect** of autonomy is **enhanced** by **good sleep quality** and **diminished** by **poor sleep quality**.

Furthermore, the framework investigates the direct links between workload/autonomy and sleep quality to understand how job demands and job control may influence sleep patterns, which in turn affect employees' ability to manage stress.



2.9 Conclusion

In this chapter, the researcher drew upon Job Demands-Resources Theory to review relevant studies related to the variables of interest in our research. To address some of the gaps identified in the literature, we formulated four hypotheses. The methodological approach used in conducting this study will be discussed in the upcoming chapter.



CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter is a discussion of the methodology used for this current study. The chapter elaborates on the choice of research design, the population and sample size, as well as the measures used and their psychometric properties. The chapter further sheds light on the procedure and ethical considerations that were put in place for the study.

3.2 Setting

Ghana, a West African country with a rich cultural heritage and a rapidly expanding economy, serves as the setting for this study, specifically, the Greater Accra Region of Ghana. Ghana is located on the west coast of Africa, with Burkina Faso bordering it to the north, Ivory Coast to the west and Togo to the east. The official language is English. Ghana is well-known for its political stability and economic progress, and it has made considerable advances in infrastructure, technology, and industrialisation in recent decades (Resnick, 2016). Agriculture, mining, oil and gas, and the services sector all play important roles in the country's economy (De Pinto et al., 2012; Nchor & Konderla, 2016). The financial and insurance industries play critical roles in this growth trajectory, assisting firms and consumers in risk management and boosting economic resilience. However, these economic improvements bring issues that directly influence the workforce, notably in the rapidly increasing insurance industry, which is the focus of this study.

Ghana's social dynamics have a particular impact on work experience. The Ghanaian workforce is heavily influenced by communal values, and support from family and extended social networks is crucial in managing work-related stress and mental health (Akuoko, 2009; Mensah, 2019). However, there is a cultural stigma around challenges with mental health that frequently

prevents people from seeking professional help (Mfoafo-M'Carthy & Grischow, 2021), as mental health is sometimes viewed as a personal or familial issue rather than a medical concern. In the workplace, this stigma can lead to a lack of organisational support for mental health challenges, forcing individuals to manage these issues independently. This cultural environment emphasises the necessity of research into employee mental health, especially in industries like insurance, where workload and autonomy are essential job characteristics that can greatly affect well-being.

Hierarchical structures and an emphasis on respect for authority also influence Ghanaian organisational culture (Coffie & Blankson, 2016), which can have an impact on job autonomy. Employees in many jobs may feel they have little decision-making power, which can heighten anxiety and stress, especially when combined with excessive workloads. Thus, investigating the influence of job autonomy and workload on mental health outcomes in this cultural setting is critical because it throws light on the unique issues that Ghanaian employees experience and provides insight into measures that may be beneficial within this socio-cultural framework.

Although the operations for the insurance institutions are scattered across Ghana, most of these institutions have their administrative offices in the Greater Accra Region. According to the 2021 National Census conducted, the region is the most populated, accounting for 17.7% of Ghana's 31 million inhabitants (GSS, 2021). The region is the political and administrative capital of the country. The region's urban landscape, with high living costs, long commute times, and a fast-paced economy, complicates the working circumstances for insurance industry employees. These features, together with the region's considerable contribution to the country's labour force, provide an appropriate setting for exploring how workload, autonomy, and sleep quality affect mental health outcomes among insurance professionals in Ghana. The Greater Accra Region is

bordered by the Eastern Region to the north, the Volta Region to the east, the Gulf of Guinea to the south, and the Central Region to the west.

3.3 Design

For this study, a cross-sectional research design was employed. A survey designed to measure all the variables in this study was administered to the participants. Data collection began in July 2024 and ended in August 2024. In general, cross-sectional designs are more efficient and cost-effective than longitudinal designs. Longitudinal studies may raise ethical concerns about participant burden and the potential impact of lengthy data collection on the well-being of participants. Cross-sectional designs can help alleviate these issues by reducing the amount of time and effort required of participants (Setia, 2016).

In the context of this study, a cross-sectional research design is particularly appropriate. Given the busy schedules and workload of employees in Ghana's insurance sector, a cross-sectional design reduces the time and effort required of participants, thereby enhancing response rates and reducing participant burden (Setia, 2016). This is essential in occupational environments where extended or longitudinal participation may be impractical due to time constraints, high job demands, or organizational gatekeeping. Additionally, the cross-sectional approach allows the researcher to efficiently capture a snapshot of relationships among the key variables (workload, autonomy, anxiety, emotional exhaustion, and sleep quality), which aligns with the study's aim of exploring associations rather than causal pathways.

3.4 Population

The survey targeted all insurance workers in Ghana's Greater Accra Region. The insurance industry in this region employs a diversified workforce that includes underwriters, claims

adjusters, sales agents, customer service representatives, administrative staff, and management professionals. These people are employed by a variety of insurance firms, including life, non-life, and reinsurance companies, as well as insurance broking firms. The Greater Accra Region, Ghana's most economically vibrant location, is home to a substantial percentage of the country's insurance industry. The personnel in this sector were chosen for the study because they are directly involved in the industry's everyday activities, such as risk assessment, claim handling, policy development, and client relationship management. These activities frequently involve high levels of responsibility, decision-making, and client interaction, which can lead to varying levels of job demands and stress, making this population especially relevant for studying the impact of workload and autonomy on employee mental health outcomes. The accessible population, however, refers specifically to employees working in selected insurance companies located in the Greater Accra Region. These companies include Quality Life Assurance, Quality Insurance Company, Prudential Life Insurance, Provident Insurance, Enterprise Insurance, Star Assurance, and Star Life Insurance. These firms were selected based on their willingness to participate, accessibility to the researcher, and their representation of both life and non-life insurance categories. The accessible population was characterized by individuals working in varied roles, such as claims officers, underwriters, customer service agents, marketing executives, and administrative staff. Many of these employees work full-time schedules, are exposed to strict deadlines, performance targets, and demanding client interactions—conditions that make them particularly susceptible to mental health challenges related to workload and autonomy. Their availability within urban and semi-urban corporate environments also made data collection feasible and contextually rich for examining the research variables.

3.5 Sample and Sampling Technique

Table 1. Demographic characteristics of participants

Demographic	N	Percentage
Gender		
Male	161	53.7
Female	136	45.8
Educational Qualification		
High School	6	2.0
Bachelors	211	70.3
Masters	55	18.3
PhD	1	.3
Other	24	8.0
Marital Status		
Single	210	70.0
Married	87	29.0
Divorced	2	.7
Widowed		
No. of Dependents		
0	146	48.7
1	34	11.3
2	45	15.0

3	34	11.3
4	24	8.0
5 or more	15	5.0
Employment Status		
Full-Time	193	64.3
Part-Time	20	6.7
Contract/Temporary	82	27.3
Sector		
Public	79	26.3
Private	213	71.0
Work Tenure		
Less than a year	106	35.3
1 year – 5 years	100	33.3
More than 5 years	92	30.7
Work Hours		
< 20 hours	51	17.0
20-30 hours	28	9.3
31- 40 hours	106	35.3
41-50 hours	75	25.0
> 50 hours	33	11.0

Table 1 presents the demographic characteristics of the participants in the study. The demographic profile of the participants provides important information into the nature of the

workforce under study. The total sample size was 300. According to Tabachnick and Fidell (2013), using the formula $N \geq 50 + 8m$ - where m = number of independent variables, this sample size is large enough to provide adequate statistical power for detecting significant effects in regression models. The sample had a nearly equal gender distribution, with slightly more men (53.7%) than women (45.8%). This shows a balanced representation of both genders in the insurance industry, which contributes to a better knowledge of how workload, autonomy, and mental health outcomes affect employees across genders. In terms of qualifications for employment, most participants (70.3%) have a bachelor's degree, indicating a highly educated workforce. This high degree of education may indicate that employees are performing cognitively demanding activities, which could influence how workload and job autonomy affect mental health outcomes. The fact that just 18.3% of participants have a master's degree or higher degrees demonstrates the sector's competitive and skilled nature. The marital status data suggest that a considerable majority of participants (70%) are single, which may indicate that many employees have fewer external family pressures. However, for individuals who are married (29%) or have dependents, the additional duties may worsen stress, affecting their mental health differently than single people. Nearly half of the participants (48.7%) do not have dependents, implying a potential difference in personal duties that may limit how workload and autonomy affect anxiety and emotional exhaustion. This might suggest that the insurance industry prefers to employ single people with no dependents because of the demanding nature of the job. The statistics on employment status are also interesting, as the majority of participants (64.3%) are full-time employees, which normally means more stability but also a higher workload and expectations. A smaller but considerable proportion of individuals (27.3%) work on a contract or temporary basis, which may include different stressors such as job insecurity, and this dynamic may influence their mental health differently

than full-time employees. Furthermore, because the majority of participants work in the private sector (71%), where work demands are frequently higher, this gives context for understanding how these factors may exacerbate workplace stress and contribute to mental health outcomes such as anxiety and emotional exhaustion. According to the data on job tenure, a significant number of participants (35.3%) have been in their roles for less than a year, which could imply that many employees are still adjusting to their new work surroundings. This phase of transition may make individuals more susceptible to pressures like a heavy workload or a lack of autonomy. Those with more than five years of experience (30.7%) may have developed coping techniques or be experiencing burnout. Finally, the reported working hours demonstrate that a large proportion of participants (35.3%) work between 31 and 40 hours per week, with 25% working between 41 and 50 hours and 11% working more than 50 hours per week. Longer working hours are frequently connected with increased workload and less time for recovery, perhaps leading to higher levels of emotional exhaustion and anxiety. This evidence emphasises the need for studying how workload, autonomy, and sleep quality affect mental health in this sector.

A convenience and purposive sampling technique were employed to select a representative sample of participants. Convenience sampling is chosen for its practicality and efficiency, allowing participants from various groups to participate with ease (Jager et al., 2017). Purposive sampling is often used when researchers are interested in a particular group of people with distinct qualities, such as professionals in a specific industry, individuals with unique experiences, or people who meet particular demographic criteria (Klar & Leeper, 2019). While noting inherent generalisability constraints, this strategy permits the collecting of diverse data from individuals across industries, job types, and organisational sizes, providing significant insights into the larger workforce.

In my study, **purposive sampling** was applied by deliberately selecting participants who met specific inclusion criteria relevant to the research objectives. Specifically, I targeted **employees working in the insurance sector**, a group chosen because of their unique exposure to job demands, autonomy, and work-related stressors—factors central to my investigation of **workload, autonomy, sleep quality, and mental health outcomes**.

This sampling method allowed me to gather data from individuals **with direct experience of the workplace dynamics under study**, ensuring the relevance and richness of the data. By focusing on this particular professional group, my study aimed to **enhance the contextual validity** of the findings while also providing insights that are meaningful for organizations and policy makers within the insurance industry.

3.6 Measures

The measures used in this study were standardised instruments with acceptable reliability.

3.6.1 Demographic Variables

This section of the questionnaire sought to gather information on the participants' age, gender, educational qualification, marital status, number of dependents, employment status, sector of employment, job tenure, work hours per week, and job title. These demographic factors were deemed necessary for this study. Each demographic factor was measured by a single question. For example, what is your gender? Participants were instructed to indicate either male or female in response to the gender question.

3.6.2 Sleep Quality

The Pittsburgh Sleep Quality Index (PSQI), developed by Buysse et al. (1989), is a self-report questionnaire designed to assess sleep quality over the previous month. It is by far the most

extensively used method for assessing sleep quality. “The measure has been tested and utilised in both clinical (patients with sleep disorders or other health conditions) and non-clinical samples since its development, and it has proven strong reliability and validity” (Liu et al., 2021). It comprises 24 items, 19 of which are self-reported questions/items: The first five items ask people to report their bedtime, wakeup time, time before falling asleep, time in bed and hours of actual sleep; the next 14 items ask people to report the frequency of sleep problems they've had, their overall impression of sleep quality, their use of sleep medications, and their day dysfunction, with a value ranging from 0 to 3, with a higher value corresponding to a higher frequency of sleep problems. The other five criteria require feedback from a bedmate. Because these 5 items require other- ratings, validation and factor analysis are typically completed on the first 19 items, which generate seven components of sleep quality (i.e., subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction) with a total score ranging from 0 to 21 (Buysse et al., 1988). The higher the score, the more sleep issues there are, and hence the lower the sleep quality. A cut-off score of 5 can be used to differentiate between good and terrible sleepers, with 5 or more indicating poor sleep and less than 5 indicating good sleep.

The Pittsburgh Sleep Quality Index (PSQI) has been validated in a variety of populations, including Portuguese adolescents (Teixeira et al., 2018); good overall fit to the data was found ($\chi^2/df = 1,194$, GFI =.983, AGFI =.959, CFI =.980, RMSEA =.029 [.001-.076] AICsat = 42.0); Chinese adults and patients suffering from insomnia or psychiatric illnesses (Leng et al., 2020); the internal consistency (Cronbach's α) was 0.84, the split-half reliability was 0.87, and the 2-week test-retest reliability was 0.81. The PSQI had a sensitivity of 98.3% and specificity of 90.3% when the cutoff point was set at 7 (a total score higher than 7 indicated poor sleep quality); for Portuguese

community-dwelling adults (João et al., 2017), the PSQI-PT 7-component score obtained an overall reliability coefficient (Cronbach's) of 0.70, showing adequate internal consistency. and European Portuguese higher education students (Marques, 2013), the internal consistency reliability coefficients were satisfactory: Cronbach's alpha =.65 for the PSQI [PT] components and .74 for the PSQI [PT] items. These researchers have verified the PSQI's reliability and validity in assessing sleep quality across cultural and age groups.

3.6.3 Emotional Exhaustion

Created in 1979 by psychologists Christina Maslach and Susan E. Jackson, the Maslach Burnout Inventory (MBI) is a popular instrument for evaluating burnout in a variety of professional contexts. The Emotional Exhaustion (EE) scale is one of its three primary subscales. The EE scale is designed to measure feelings of being emotionally drained, depleted of emotional resources, and exhausted by one's work. Participants are asked to rate each of the nine items on the EE scale using a 7-point Likert scale. Generally, the Likert scale goes from 0 to 6 (never-always). Concerning emotional exhaustion, participants indicate how frequently they encounter each particular feeling or sentiment in the context of their jobs. An example of an item on this scale is "I feel frustrated by my job."

Several studies have validated the Maslach Burnout Inventory's (MBI) Emotional Exhaustion (EE) scale. A bifactor model with a general Burnout factor and specialised elements of personal accomplishment, depersonalisation, and emotional tiredness best fit the data ($\chi^2(146) = 515.50$; $p < .001$; RMSEA = .045; CFI = .987; TLI = .979.), according to Hawrot and Koniewski (2018). Yulianto (2020) supported a three-factor model, finding strong relationships between emotional exhaustion and depersonalisation, as well as emotional exhaustion and personal accomplishment (with RMSEA = 0.048, CFI = 0.943, and TLI = 0.934, indicating a good fit).

Vukmirovic (2020) corroborated the MBI-ES's three-factor structure, finding that emotional exhaustion and depersonalisation were substantially related to plans to change careers and work overseas (with Cronbach's alpha of 0.785, indicating scale reliability). Da Silva Valente et al. (2018) discovered support for the MBI's 4-factor structure as well as a substantial relationship between emotional tiredness and depressive symptoms (with Acceptable Cronbach's alpha coefficients for each factor ranging from 0.76 to 0.92). These studies give significant support for the EE scale's validity in the workplace.

3.6.4 Anxiety

A popular self-report tool for determining the intensity of generalised anxiety disorder (GAD) symptoms is the GAD-7, or Generalised Anxiety Disorder 7 (Spitzer et al., 2006). It is a quick and accurate instrument that assists in identifying those who might be exhibiting signs of excessive stress and anxiety. The seven items that make up the GAD-7 each describe a fundamental symptom of generalised anxiety. Respondents use a Likert scale ranging from 0 (not at all) to 3 (almost every day) to rate the frequency of each symptom during the previous two weeks. Higher scores denote more severe anxiety. The total score goes from 0 to 21. An example of an item is "Feeling nervous, anxious, or on edge."

Several studies in various groups have validated the Generalised Anxiety Disorder 7 (GAD-7) scale. Rokvić (2019) determined the Serbian version to be valid (χ^2 value of 87.12 (DF = 14; $p < .001$); AGFI=0.801; CFI=0.937; RMSEA=0.151; ECVI=0.503), whereas Lee et al. (2020) found the Korean version to have excellent internal consistency and good test-retest reliability (Cronbach's $\alpha = 0.876$). Lee & Kim (2019) confirmed the reliability and validity of the scale in Korean university students (Kaiser-Meyer-Olkin = .91, and Bartlett's test of sphericity was also significant ($\chi^2 = 2544.809$, $p < .001$)). In a Brazilian sample, Gonçalves et al. (2023) discovered the

GAD-7 to be psychometrically sound, with a strong connection with depression and mental health parameters (Confirmatory Fit Index (CFI; $> 0,90$), Tucker-Lewis Index (TLI; $> 0,90$), and Root Mean Square Error of Approximation (RMSEA; $< 0,06$). These studies support the use of the GAD-7 as a reliable and valid measure for assessing generalised anxiety symptoms in a variety of cultural and language contexts.

3.6.5 Workload

To evaluate quantitative workload—which is the volume and amount of work that people must handle in their jobs—Paul E. Spector and Steve M. Jex created the Quantitative Workload Inventory (QWI) in 1998. The QWI is especially concerned with measuring the amount of work and time pressure that is put on individuals. Respondents are asked to rate each of the five items in the QWI on a frequency range of 1 to 5 (less than once per month or never—several times per day). Respondents select the response that most accurately represents how frequently they encounter the scenario as stated. An example of an item is "How often does your job leave you with little time to get things done?"

In a study to translate and determine the reliability and validity estimation of three self-report measures of job stressors in Urdu, Rasul and Masood (2022) found Cronbach's alpha = .76 for QWI. Indicating a high internal consistency and reliability of the scale. QWI was determined to have excellent validity and reliability in a Polish adaptation by Baka and Bazika (2016).” All the indexes for the one-factor model fit the data well: GFI = 0.993; CFI = 0.979; RMSEA = 0.060 with a 90% confidence interval of [0.046, 0.075]; $2(4) = 52.515$. All factor loadings are statistically significant at $p < 0.001$, and the entirely standardised item loadings ranged from 0.507 to 0.833. Items had R^2 values ranging from 0.402 to 0.694” (Rasul & Masood, 2022).

3.6.6 Autonomy

Created by Breugh in 1985, the Work Autonomy Scale is a popular self-report scale used to measure the different facets of work autonomy (method, scheduling, and criteria). Respondents are asked to rate each of the nine items in the WAS on a frequency range of 1 to 7 (very strongly disagree–very strongly agree). Respondents select the response that most accurately represents the degree of freedom they have about their work. An example of an item is "I am free to choose the method(s) to use in carrying out my work."

Sekhar (2011), in a study to determine the relationship between work autonomy and outcome variables (job satisfaction, job involvement, participation in decision-making, and organizational commitment), found the seven items in the scale to have a Cronbach alpha score ranging from .062 to .080, respectively. This indicates the items on the scale have good reliability.

3.7 Procedure

Before commencing data collection, ethical approval was obtained from the Department Research Ethics Committee (DREC) at the Department of Psychology of the University of Ghana with Protocol number: DREC/007/23-24 ("Publication Manual of the American Psychological Association (7th Ed.)," 2019). Data was collected using a mixture of both online surveys and paper-and-pen survey questionnaires. The participants for the study were not chosen based on any stringent criteria. Instead, only an interest in receiving and responding to the questionnaires was required for inclusion in the study.

The researcher visited various insurance companies to seek permission to distribute questionnaires to their employees. In some instances, HR officers took responsibility for distributing the questionnaires to participants on behalf of the researcher. Additionally, during the All-Insurance Games—a competition held at the University of Ghana to promote camaraderie among insurance companies—the researcher personally distributed questionnaires to employees who consented to participate.

3.8 Ethical Considerations

In this study, ethical considerations were paramount, guided by key principles such as informed consent, the right to withdraw, confidentiality, and privacy. All participants received comprehensive information about the research, its purpose, and the significance of their involvement. Potential risks and benefits were transparently communicated, with the understanding that direct benefits to participants were not anticipated, but the findings could influence workplace safety policy decisions. Participants were invited to sign a consent form only after receiving this information. The assurance of the right to withdraw at any point, even after initial consent, was emphasised. Anonymity and privacy were rigorously maintained, with participants not required to disclose personal information, ensuring confidentiality of both identity and responses (“Publication Manual of the American Psychological Association (7th Ed.),” 2019).

3.9 Conclusion

This study was conducted in the Greater Accra Region of Ghana, an ideal setting given its fast-paced, high-demand environment and significant role in the insurance industry. Using a cross-sectional design, data was collected from a diverse group of insurance workers to explore the effects of workload, autonomy, and sleep quality on mental health. Ethical considerations like

informed consent, confidentiality, and participants' rights were strictly adhered to, ensuring a responsible and respectful research process.



CHAPTER 4

RESULTS

4.1 Introduction

The study was conducted with a specific aim: to examine the correlation between workload, autonomy, sleep quality, and mental health outcomes (anxiety and emotional exhaustion) of insurance workers in the Greater Accra Region of Ghana. In this chapter, the collected data from participants is meticulously analysed to yield accurate and dependable results. The goal is to unravel the intricate relationship between workload, autonomy, and mental health outcomes (anxiety and emotional exhaustion), along with the moderating role of sleep quality in this relationship.

4.2 Preliminary Analysis

Table 2. Summary of Minimum, Maximum, Skewness, Kurtosis and Alphas of the main Study Variables

	<i>Min</i>	<i>Max</i>	<i>Skewness</i>	<i>Kurtosis</i>	<i>Cronbach Alpha</i>
Sleep Quality	1	3	.468	.296	.668 (.797)
Anxiety	1	4	1.080	.766	.881 (.799)
Workload	1	5	-.486	-.815	.873 (.737)
Autonomy	1	5	-.303	-.199	.894 (.810)
Emo. Exhaustion	1	7	.510	.169	.884 (.875)

Note: Figures in parentheses represent reliability measures during the pilot phase

The data collected underwent thorough quality checks and was entered into Microsoft Excel 365, then exported to IBM SPSS for analysis. Initial steps included reliability analysis, computation of descriptive statistics, and tests for normality. The examination indicated a normal

distribution, meeting the requirements for parametric analyses. Skewness and kurtosis values for key variables fell within the acceptable range of -3 to 3, meeting common criteria for normality (Garson, 2012). Cronbach's Alpha coefficients, ranging from .86 to .97, affirmed the strong psychometric properties of the study instruments.

4.3 Intercorrelations Matrix for Study Variables

Table 3. Inter-correlation matrix

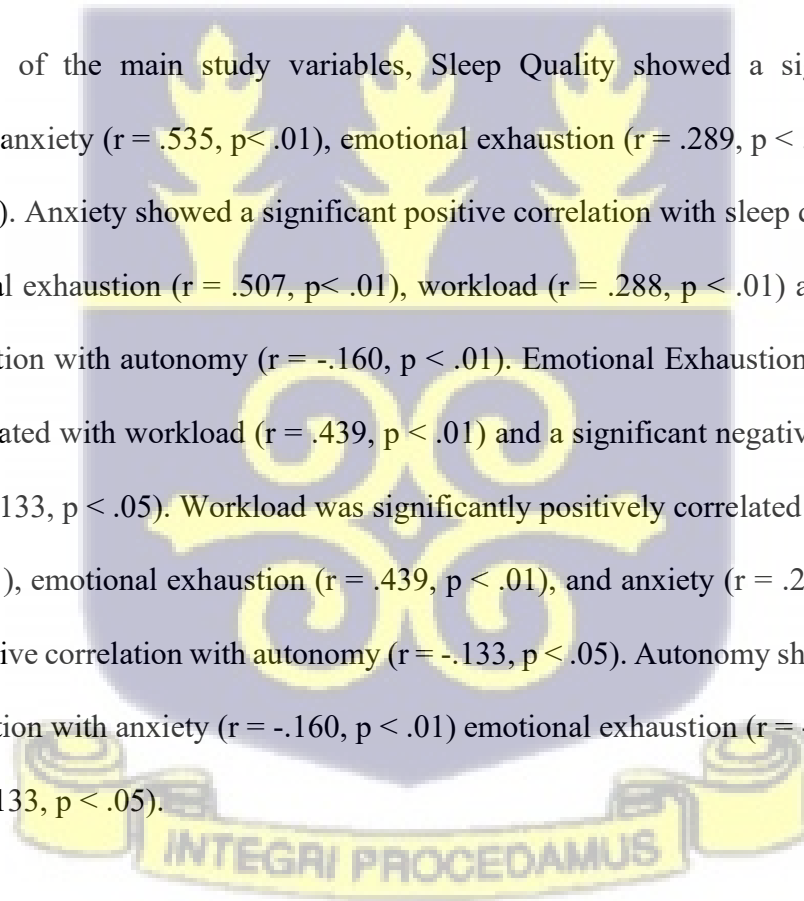
Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
Gender	1.46	.499	-												
Education	2.41	.882	.003	-											
Marital St.	1.30	.475	.078	.177**	-										
Dependents	2.33	1.589	.037	.211**	.556**	-									
Employment St.	1.62	.891	-.052	.111*	-.316**	-.227**	-								
Sector	1.75	.466	-.051	.006	-.036	-.061	-.031	-							
Work tenure	1.95	.815	-.046	.240**	.355**	.373**	-.372**	-.118*	-						
Work Hours	3.04	1.226	-.003	.067	.111*	.173**	-.032	-.073	.112*	-					
Sleep Quality	1.97	.355	.031	-.036	-.109*	.045	.074	-.048	.029	-.050	-				
Anxiety	1.77	.700	.018	-.019	-.128*	-.017	.040	-.046	-.001	-.045	.535**	-			
Emo. Exhaustion	2.60	.836	.040	-.012	-.079	.047	-.077	.009	.070	-.004	.289**	.507**	-		
Workload	3.49	1.148	.132*	-.018	-.074	-.010	.067	.166**	-.076	.156*	.220**	.288**	.439**	-	
Autonomy	4.12	1.303	.078	.010	-.034	-.031	-.015	-.086	.086	.002	.036	-.160**	-.133*	-.133*	-

Note ** $p < .01$, * $p < .05$.

The inter-correlation matrix, revealing the connections among the primary study variables and demographic factors, was analysed utilising Pearson Product Moment Correlation Coefficients. The outcomes are systematically presented in Table 3. In terms of the relationship

between the demographic factors and the main variables, Gender did not correlate significantly with any of the main variables except workload ($r = .132, p < .05$). Education did not correlate significantly with any of the main variables. Marital Status was significantly negatively correlated with sleep quality ($r = -.109, p < .05$) and negatively correlated with anxiety ($r = -.128, p < .05$). Number of Dependents did not correlate significantly with the main study variables. Employment Status did not significantly correlate with the main study variables. Sector (type of employment sector) was significantly positively correlated with workload ($r = .166, p < .01$). Work Tenure did not correlate significantly with the main study variables. Work Hours showed a significant positive correlation with workload ($r = .156, p < .01$).

In terms of the main study variables, Sleep Quality showed a significant positive correlation with anxiety ($r = .535, p < .01$), emotional exhaustion ($r = .289, p < .01$) and workload ($r = .220, p < .01$). Anxiety showed a significant positive correlation with sleep quality ($r = .535, p < .01$), emotional exhaustion ($r = .507, p < .01$), workload ($r = .288, p < .01$) and a significant negative correlation with autonomy ($r = -.160, p < .01$). Emotional Exhaustion was significantly positively correlated with workload ($r = .439, p < .01$) and a significant negative correlation with autonomy ($r = -.133, p < .05$). Workload was significantly positively correlated with sleep quality ($r = .220, p < .01$), emotional exhaustion ($r = .439, p < .01$), and anxiety ($r = .288, p < .01$) and a significant negative correlation with autonomy ($r = -.133, p < .05$). Autonomy showed a significant negative correlation with anxiety ($r = -.160, p < .01$) emotional exhaustion ($r = -.133, p < .05$) and workload ($r = -.133, p < .05$).



4.4 Moderation Analysis

Table 4. Hierarchical Multiple Regression Results of the Influence of Autonomy and Sleep Quality on Anxiety

Variables	B	SE	β	P-value
Constant	1.771	.040		.000
Autonomy AU	-.086	.031	-.160	.005
Sleep Quality SQ	1.068	.094	.542	.000
AU*SQ	-.168	.075	-.110	.026

(F(1, 296) = 5.029, p = .026)

Table 5. Hierarchical Multiple Regression Results of the Influence of Workload and Sleep Quality on Anxiety

Variable	B	SE	β	P-value
Constant	1.771	.039		.000
Workload (WL)	.176	.034	.288	.000
Sleep Quality (SQ)	.978	.097	.496	.000
WL * SQ	.340	.079	.207	.000

(F(1, 296) = 18.572, p = .000)

A hierarchical multiple regression was conducted to explore how workload and work autonomy predict anxiety levels while controlling for marital status. Before the analysis, checks

confirmed that the data met the assumptions of normality, linearity, multicollinearity, and homoscedasticity. In the first step, marital status was entered into the model and accounted for 1.6% of the variation in anxiety levels, $F_{(1, 297)} = 4.925, p = .027$. This indicates that marital status has a small but significant effect on anxiety, with individuals in different marital situations experiencing different levels of anxiety. In the second step, workload was added, which significantly improved the model. Together, marital status and workload explained 9.4% of the variance in anxiety, $F_{(2, 296)} = 15.404, p < .001$. The inclusion of workload added 7.8% more explanatory power (R^2 change = .078), showing that higher workload is linked to higher anxiety levels. In the third step, work autonomy was included, further increasing the explained variance to 12.1%, $F_{(3, 295)} = 13.473, p < .001$. The addition of work autonomy accounted for an additional 2.6% of the variance (R^2 change = .026). The negative relationship between work autonomy and anxiety ($p = .003$) suggests that less autonomy at work is associated with higher anxiety, even when taking marital status and workload into account. In the final model, workload ($\beta = .278, p < .001$) and work autonomy ($\beta = -.162, p = .003$) emerged as significant predictors of anxiety. Marital status remained a marginally significant factor ($\beta = -.113, p = .041$). The findings indicate that greater workload increases anxiety, while lower work autonomy is also linked to higher anxiety, supporting hypotheses 1a and 2a, respectively. Overall, the model explained 12.1% of the variance in anxiety, with workload and work autonomy being the key contributors.

A hierarchical multiple regression was conducted to explore how workload and work autonomy influence levels of emotional exhaustion, while first focusing on the impact of workload alone. In Step 1, workload was entered into the model and accounted for 19.2% of the variation in emotional exhaustion, $F_{(1, 298)} = 71.004, p < .001$. This indicates that workload is a strong and significant predictor of emotional exhaustion, explaining a substantial portion of the difference in

how emotionally exhausted people feel. In Step 2, work autonomy was added to the model, which slightly improved the prediction. This addition explained an extra 1.7% of the variation in emotional exhaustion, and the change was statistically significant, $F_{(2, 297)} = 39.316, p = .012$. While small, this suggests that work autonomy plays a meaningful role in predicting emotional exhaustion beyond what is already explained by workload. Overall, the model explained 20.9% of the variation in emotional exhaustion. Both factors—workload and work autonomy—were significant, with workload having a stronger effect ($\beta = .438, p < .001$) compared to work autonomy ($\beta = -.130, p = .012$). The negative relationship between work autonomy and emotional exhaustion suggests that greater autonomy at work is linked to lower levels of emotional exhaustion. This supports hypotheses 1b and 2b, respectively. Together, these factors explain about 21% of the variation in emotional exhaustion.

A hierarchical multiple regression was performed to explore how autonomy and sleep quality affect emotional exhaustion, while also considering the interaction between autonomy and sleep quality. In Step 1, autonomy was entered into the model and explained 1.8% of the variation in emotional exhaustion, $F_{(1, 298)} = 5.366, p = .021$. This suggests that while the effect is small, higher autonomy is linked to lower emotional exhaustion. In Step 2, sleep quality was added to the model, which significantly improved the prediction. With both autonomy and sleep quality included, the model explained 10.4% of the variation in emotional exhaustion, $F_{(2, 297)} = 17.283, p < .001$. The addition of sleep quality explained an additional 8.7% of the variance, indicating that poorer sleep quality is strongly associated with increased emotional exhaustion. In Step 3, the interaction between autonomy and sleep quality was included in the model, but it didn't significantly improve the prediction. The interaction only explained an additional 0.2% of the variance, which was not statistically significant, $F_{(1, 296)} = .795, p = .373$. This suggests that how

autonomy and sleep quality work together doesn't have a meaningful impact on emotional exhaustion beyond their individual effects. In the final model, both autonomy ($\beta = -.154$, $p = .006$) and sleep quality (PSQI) ($\beta = .288$, $p < .001$) were significant predictors of emotional exhaustion. However, their interaction was not statistically significant ($\beta = -.051$, $p = .373$), indicating that each factor contributes independently to emotional exhaustion, but they don't have a combined effect. Thus, hypothesis 4b was not supported. Autonomy and sleep quality together explained 10.7% of the variation in emotional exhaustion.

A hierarchical multiple regression was conducted to explore how autonomy and sleep quality predict levels of anxiety while considering how they might interact. In Step 1, autonomy was entered into the model, accounting for 2.6% of the variation in anxiety, $F_{(1, 298)} = 7.842$, $p = .005$. This suggests that while the effect is small, higher autonomy is linked to lower anxiety. In Step 2, sleep quality was added, which significantly improved the model. The combined model explained 31.9% of the variation in anxiety, $F_{(2, 297)} = 69.515$, $p < .001$, with the addition of sleep quality explaining an extra 29.3% of the variance. This highlights that poor sleep quality (higher PSQ scores) is strongly associated with higher anxiety levels. In Step 3, the interaction between autonomy and sleep quality was included in the model, explaining an additional 1.1% of the variance, $F_{(1, 296)} = 5.029$, $p = .026$. This shows that the interaction between autonomy and sleep quality has a small but significant effect on anxiety, suggesting that the impact of sleep quality on anxiety might vary depending on how much autonomy a person has at work. In the final model, all three factors—autonomy ($\beta = -.203$, $p < .001$), sleep quality ($\beta = .528$, $p < .001$), and the interaction between them ($\beta = -.110$, $p = .026$)—were significant predictors of anxiety. This indicates that higher autonomy and better sleep quality are both linked to lower anxiety, and the way these two factors work together adds a small but important effect. Thus, supporting hypothesis

4b. Overall, the model explained 33% of the variation in anxiety, with autonomy, sleep quality, and their interaction all contributing significantly to predicting anxiety levels.

A hierarchical multiple regression was conducted to examine how workload and sleep quality influence levels of anxiety, while also considering how the interaction between these two factors play a role. In Step 1, workload was entered into the model, explaining 8.3% of the variation in anxiety, $F_{(1, 298)} = 26.949, p < .001$. This shows that workload has a significant positive relationship with anxiety, meaning that as workload increases, so do anxiety levels. In Step 2, sleep quality was added to the model, which significantly improved the prediction. Together, workload and sleep quality explained 31.7% of the variation in anxiety, $F_{(2, 297)} = 68.907, p < .001$. The inclusion of sleep quality accounted for an additional 23.4% of the variance, revealing that poor sleep quality (higher PSQ scores) is strongly linked to higher anxiety levels. In Step 3, the interaction between workload and sleep quality was added to the model. This interaction explained an additional 4.0% of the variance in anxiety, $F_{(1, 296)} = 18.572, p < .001$, indicating that the relationship between workload and anxiety is influenced by sleep quality. Specifically, the effect of workload on anxiety is stronger for people with poor sleep quality. In the final model, workload (beta = .227, $p < .001$), sleep quality (beta = .501, $p < .001$), and their interaction (beta = .207, $p < .001$) were all significant predictors of anxiety. This means that higher workload and poorer sleep quality both contribute to increased anxiety, and the interaction between these two factors intensifies this effect. Thus, supporting hypothesis 3a. Overall, the model explained 35.7% of the variation in anxiety, with workload, sleep quality, and their interaction all playing significant roles in predicting anxiety levels.

A hierarchical multiple regression was conducted to explore how workload and sleep quality influence levels of emotional exhaustion, while also considering the potential interaction

between the two factors. In Step 1, workload was entered into the model and accounted for 19.2% of the variation in emotional exhaustion, $F_{(1, 298)} = 71.004, p < .001$. This shows that higher workload is strongly linked to increased emotional exhaustion. In Step 2, sleep quality (PSQ) was added to the model, which improved the prediction. Together, workload and sleep quality explained 23.1% of the variation in emotional exhaustion, $F_{(2, 297)} = 44.707, p < .001$. The inclusion of sleep quality added an extra 3.9% to the explained variance, suggesting that poor sleep quality is also associated with higher emotional exhaustion. In Step 3, the interaction between workload and sleep quality was added, but it didn't significantly improve the model. The interaction explained just an additional 0.2% of the variance and was not statistically significant, $F_{(1, 296)} = 0.896, p = .345$. This means that the combined effect of workload and sleep quality does not further increase emotional exhaustion beyond their individual impacts. In the final model, both workload (beta = .406, $p < .001$) and sleep quality (beta = .204, $p < .001$) were significant predictors of emotional exhaustion, while their interaction was not (beta = .050, $p = .345$). This suggests that while both workload and poor sleep quality independently contribute to emotional exhaustion, their combined effect doesn't significantly add to the model. Overall, the model explained 23.4% of the variation in emotional exhaustion, with workload and sleep quality being the key contributors.

Figure 2 supports the slope analysis results that better sleep quality strengthens the negative relationship between autonomy and anxiety. Specifically, the slope analysis reveals that better sleep quality enhances the protective effect of autonomy on anxiety. At lower levels of autonomy, sleep quality has a marked positive impact on reducing anxiety, whereas for employees with higher levels of autonomy, the relationship between sleep quality and anxiety becomes less pronounced.

This indicates that while autonomy itself contributes to lower anxiety, its effect is further amplified when combined with high-quality sleep.

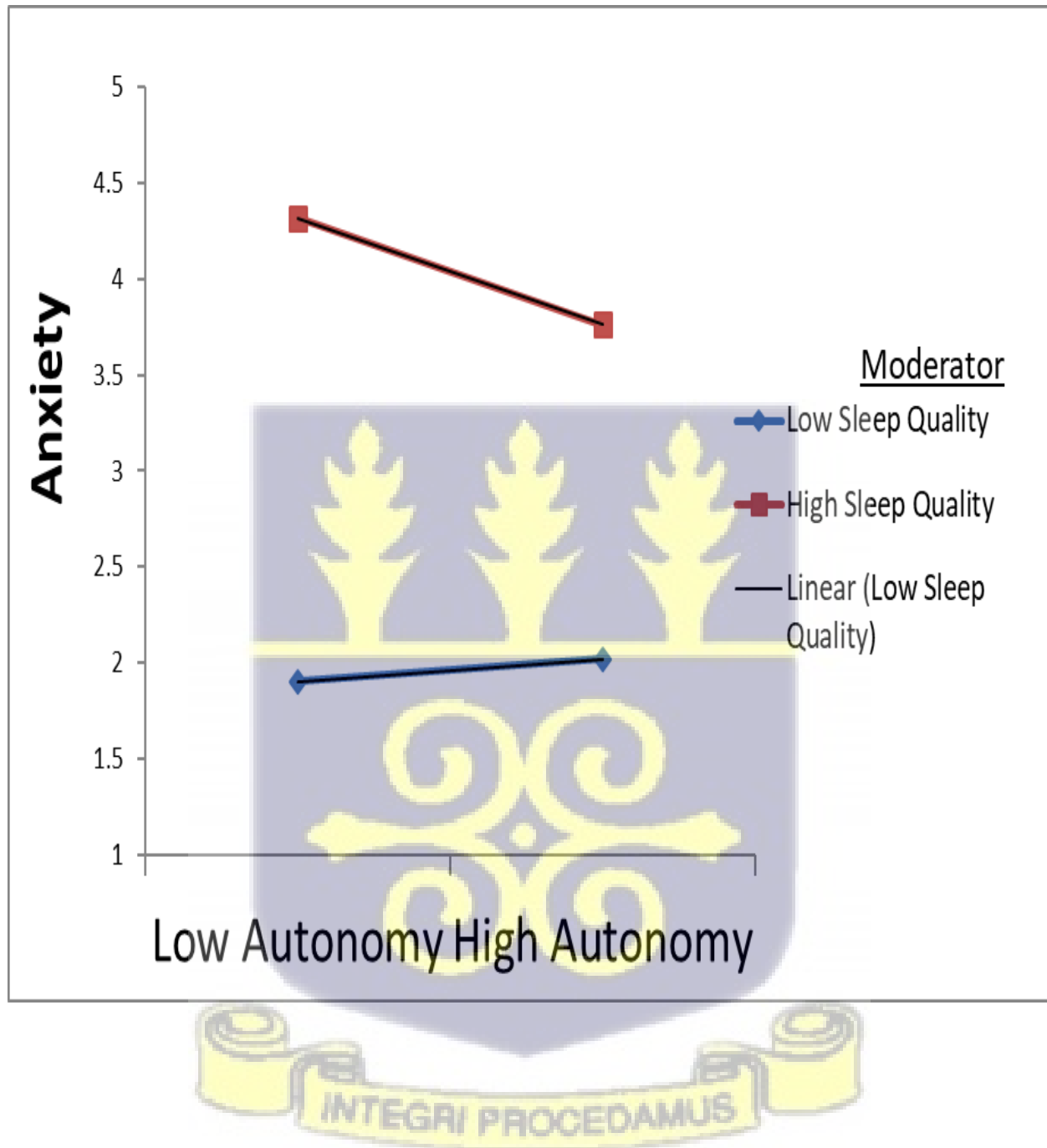
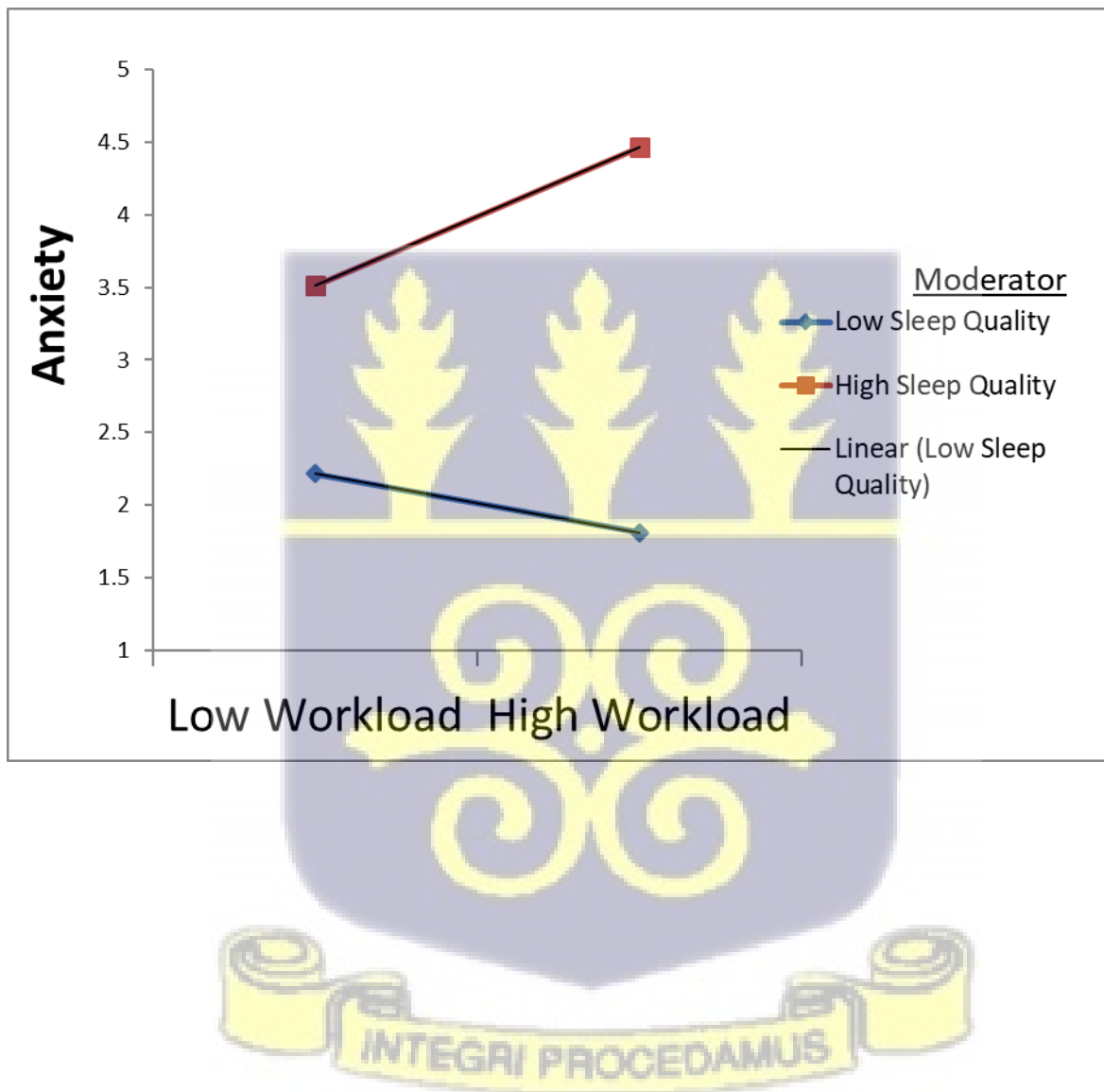


Figure 3 supports the slope analysis results that poor quality sleep exacerbates the positive relationship between workload and anxiety. Specifically, the analysis shows that employees with

high workloads who experience poor quality sleep exhibit significantly higher levels of anxiety. This indicates that while high workload is associated with increased anxiety, the effect is intensified when coupled with inadequate sleep quality. Conversely, better sleep quality could potentially moderate this relationship, reducing the anxiety experienced by employees under high workload conditions.



4.5 Additional Findings

Table 6: Average Sleep of Participants

Variable	N	Mean	Standard Deviation
Age			
19 – 29	147	1.97	.346
30 – 49	122	1.96	.358
50 – 65	9	1.84	.279
Gender			
Male	161	1.96	.364
Female	136	1.98	.349
Marital Status			
Single	210	1.99	.336
Married	87	1.92	.339
Divorced	2	1.56	.177
Dependents			
0	146	1.95	.382
1	34	1.93	.267
2	45	1.98	.333
3	34	1.99	.319
4	24	2.03	.369
5 or More	15	1.94	.418
Sector			

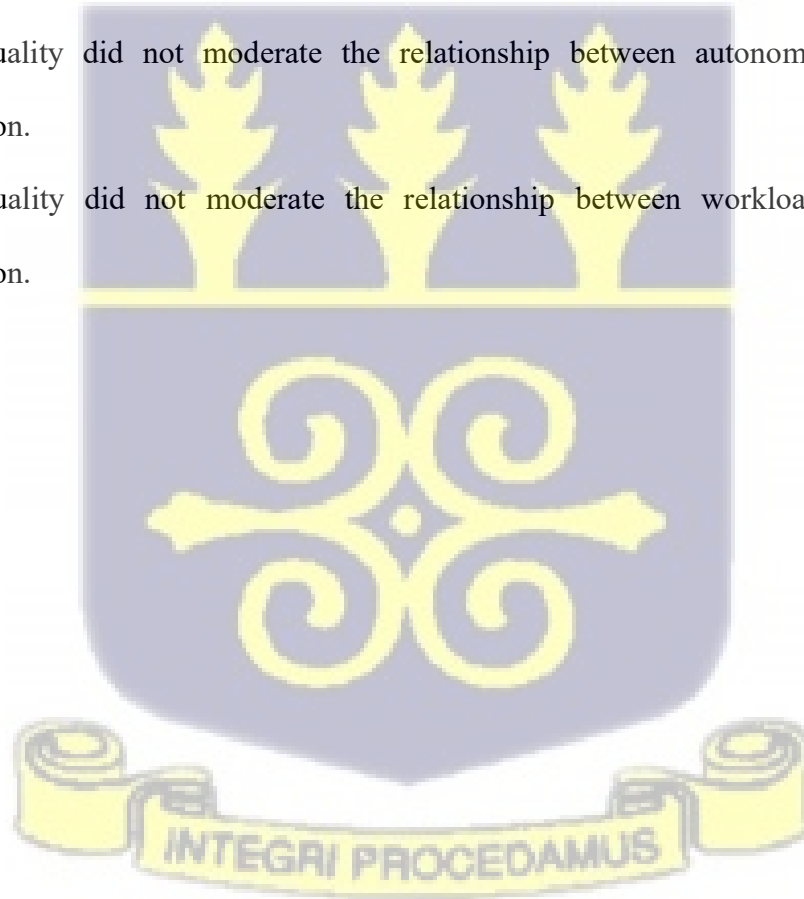
Public	79	1.98	.376
Private	213	1.96	.349

There is a minor variation in sleep quality between the age ranges, with participants in the age range 50 – 65 years showing slightly better sleep quality. However, the difference between age groups appears minimal, as indicated by the close mean values (ranging only from 1.84 to 1.97). This suggests that age may have a limited impact on sleep quality within this sample, though participants in this age range's (50 - 65) better sleep quality should be interpreted with caution due to the small sample size. The difference in sleep quality between genders is minimal, with males having a slightly better average sleep quality (1.96) than females (1.98). This suggests that, in this sample, gender has a negligible effect on sleep quality, as indicated by the close mean values. The findings suggest a potential association between marital status and sleep quality, with married individuals and especially divorced individuals reporting slightly better sleep quality than single individuals. The findings show a slight trend in which individuals with more dependents tend to have higher PSQI scores, indicating poorer sleep quality, with the exception of those with five or more dependents, who report slightly better sleep quality than those with four dependents. This pattern may suggest a mild association between the number of dependents and sleep quality. The findings suggest a slight variation in sleep quality between sectors, with public sector employees reporting marginally poorer sleep quality than those in the private sector. However, the difference is minimal, suggesting that sector of employment may not have a significant impact on sleep quality.

4.6 Summary of Findings

Following the application of appropriate statistical tests to the collected data, the following findings emerged:

1. Workload has a significant positive relationship with anxiety.
2. Autonomy has a significant negative relationship with anxiety.
3. Workload has a significant positive relationship with emotional exhaustion.
4. Autonomy has a significant negative relationship with emotional exhaustion.
5. Sleep quality moderated the relationship between autonomy and anxiety.
6. Sleep quality moderated the relationship between workload and anxiety.
7. Sleep quality did not moderate the relationship between autonomy and emotional exhaustion.
8. Sleep quality did not moderate the relationship between workload and emotional exhaustion.



4.7 Observed Model

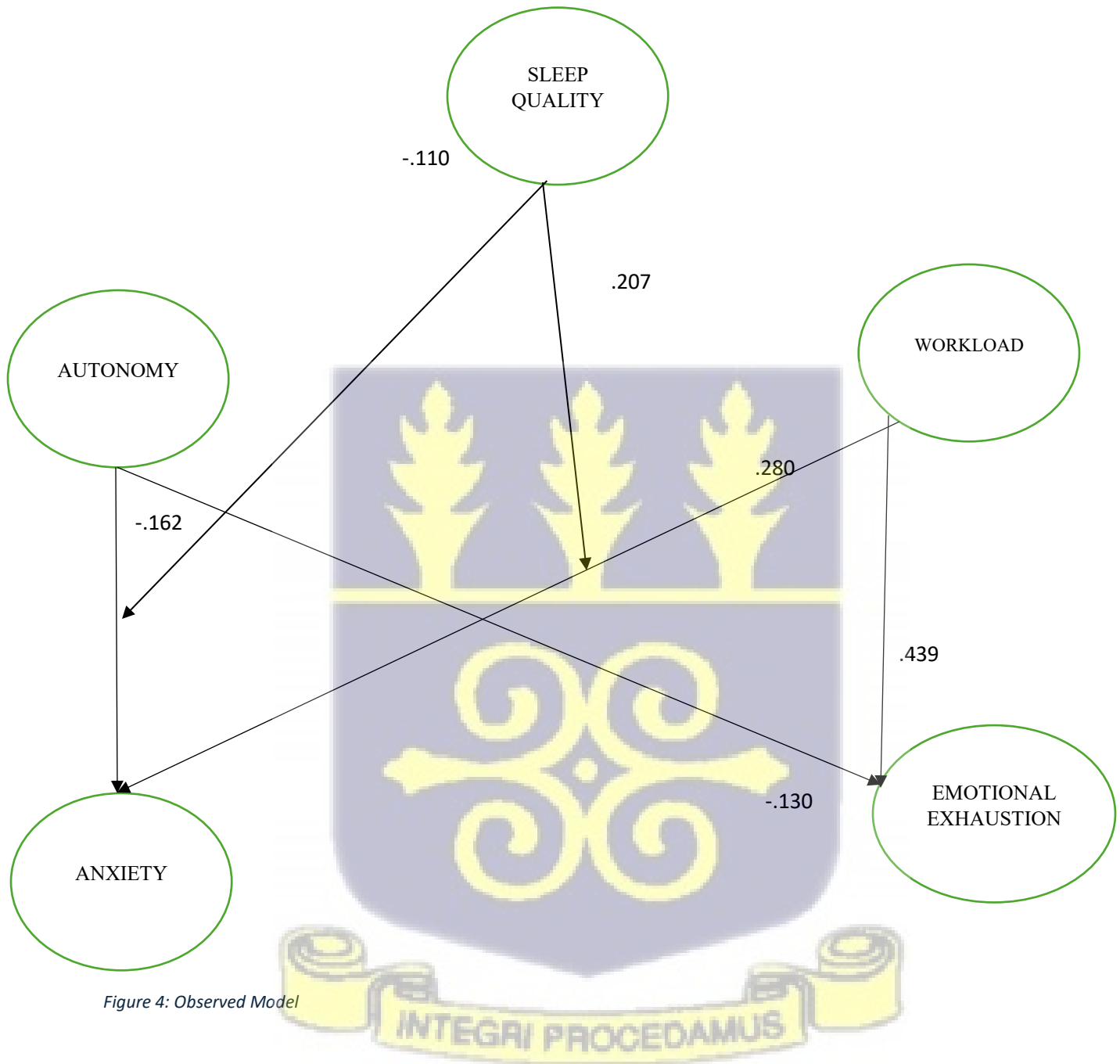


Figure 4: Observed Model

CHAPTER FIVE

DISCUSSION

5.1 Introduction

The study was conducted to explore how workload and autonomy affect the anxiety and emotional exhaustion levels of workers working in the insurance sector within the Greater Accra Region of Ghana and the role sleep quality plays in this relationship. It was found that workload has a significant positive relationship with anxiety. Autonomy has a significant negative relationship with anxiety. Workload has a significant positive relationship with emotional exhaustion. Autonomy has a significant negative relationship with emotional exhaustion. Sleep quality moderated the relationship between autonomy and anxiety. Sleep quality moderated the relationship between workload and anxiety. The implications of the findings on both theory and practice, along with identified limitations and recommendations for future research, are systematically addressed to provide practical avenues for applying the study's results.

5.2.1 The Relationship Between Workload and Anxiety

The study hypothesized and tested for a significant positive relationship between employee workload and anxiety; this was confirmed. The positive association between workload and anxiety suggests that as the workload grows, employees are more likely to suffer increased anxiety (Crompton et al., 2020). This can show as difficulties concentrating, irritability, and a decrease in emotional well-being (Nixon et al., 2011). Chronic anxiety can potentially cause long-term health concerns like depression, sleep disturbances, and cardiovascular disease (Reiner et al., 2020). Employee anxiety can lead to lower productivity, more frequent errors, and more absenteeism (Cheng & McCarthy, 2018). Over time, it may result in higher turnover rates as employees seek less stressful work conditions. Burnout may increase the cost of healthcare and result in the loss

of crucial talent for the organisation. In the insurance sector, where customer satisfaction is key, burnout could lead to disengagement from the job, increasing the likelihood of errors or poor service.

The finding that employee workload has a significant positive relationship with anxiety aligns with the Job Demands-Resources (JD-R) theory, which posits that job demands can lead to strain when they exceed the resources available to cope with them (Núñez-Elvira, 2022). In this context, workload is classified as a "job demand"—an aspect of work that requires sustained physical or mental effort and can lead to psychological costs, such as anxiety, when it becomes excessive.

The finding of this study supports the study by Amelia et al. (2023). They found that the workload of healthcare workers had a significant impact on their anxiety levels. Additionally, Njuguna et al. (2022) emphasised the relationship between workload and anxiety, particularly in the context of the COVID-19 pandemic, where increased workload was associated with higher anxiety levels among working women. Samsudin et al. (2021) contradicted previous studies by demonstrating that work-related stress, including workload, was associated with depression and anxiety disorders among elite firefighters.

In the Ghanaian context, several unique factors likely contribute to the significant positive relationship between employee workload and anxiety. Firstly, Ghana's economy has faced inflationary pressures and rising living costs, which can increase the financial strain on individuals (Seidu & Vasilev, 2024). Many employees may feel compelled to work harder and take on additional responsibilities to secure their jobs, gain promotions, or achieve financial stability (Raphael et al., 2023). This heightened workload often contributes to increased anxiety, especially if employees feel their income cannot keep pace with rising costs. Secondly, the Ghanaian culture

often values diligence and dedication to one's work (Abban-Ampiah et al., 2020). This cultural expectation can sometimes pressure employees to accept heavy workloads as a sign of commitment and success. Such cultural norms may discourage workers from speaking out about workload-related stress, leading to internalized pressure that heightens anxiety levels. Lastly, the competitive job market in Ghana can contribute to anxiety (Kekesi & Agyemang, 2014), as employees may fear losing their positions if they are unable to meet heavy workloads. With relatively high unemployment rates, job stability is often uncertain, which can exacerbate the stress employees feel when faced with excessive demands.

5.2.2 The Relationship Between Workload and emotional exhaustion

The study hypothesized and tested for a significant positive relationship between employee workload and emotional exhaustion; this was confirmed. The positive association between workload and anxiety suggests that as the workload grows, employees are more likely to suffer increased emotional exhaustion. Employees in the insurance sector frequently deal with emotionally sensitive situations, such as disputes or claim denials, which can cause emotional exhaustion. This research emphasises the significance of managing workloads prudently, since emotional exhaustion can lead to decreased empathy and patience when interacting with clients, thereby damaging client relationships. Emotional exhaustion caused by heavy workloads can have an impact on productivity since employees may feel mentally drained and unable to perform their jobs effectively (Demerouti & Adaloudis, 2024). In a fast-paced industry like insurance, this might result in operational delays and lower overall output. Emotional exhaustion lowers job satisfaction, creativity, and motivation, making it more challenging for people to stay interested in their jobs (Karatepe et al., 2021). This can have an impact on their personal lives, resulting in more work-life conflict (Carlson et al., 2022). Emotional exhaustion among employees reduces organisational

commitment and effectiveness. Employees who are emotionally exhausted are less inclined to take the initiative, struggle with decision-making, and may eventually disconnect from their jobs (Yang et al., 2023). Over time, this can degrade organisational culture and lower general morale.

JD-R theory postulates that high job demands without adequate resources lead to strain outcomes like burnout, particularly emotional exhaustion, which is the feeling of being emotionally drained and depleted. As confirmed by this study, emotional exhaustion can develop when employees are overwhelmed by workload demands they cannot control or mitigate (Baeriswyl et al., 2017). This aligns with JD-R's view that exhaustion occurs when the demands of a job exceed an individual's capacity to cope.

This finding supports several empirical studies. A study by Sun et al. (2023) on medical staff in China found a significant relationship between heavy workload and emotional exhaustion, with their degree of burnout being exacerbated by long-term emotional exhaustion. Fasyni et al. (2020) found that workload significantly and positively affects emotional exhaustion. Also, a study by Claponea and Iorga (2023) found that emotional exhaustion is influenced by both a high workload and a low feeling of organisational justice. Baeriswyl et al. (2016) found that workload and supervisor support were confirmed as antecedents of emotional exhaustion and job satisfaction in screeners. Additionally, they found the effect of workload on emotional exhaustion to be partially mediated by work-family conflict.

Many organizations in Ghana lack sufficient mental health and wellness programs (Gyambrah and Odidja, 2017), meaning employees facing intense workloads often do not have access to resources like counselling or stress management programs (Asare-Doku et al., 2021). This lack of support increases the risk of emotional exhaustion as employees have fewer outlets or mechanisms to manage the psychological impact of their workload. Additionally, there is often a

societal expectation in Ghana to remain resilient and "tough" despite work pressures (Forkuor et al., 2020). This perception may discourage employees from voicing concerns about workload and emotional strain, pushing them to continue at unsustainable levels until they reach exhaustion.

5.2.3 The Relationship Between Autonomy and Anxiety

The study hypothesized and tested for a significant negative relationship between autonomy and anxiety; this was confirmed. This means giving employees more decision-making power can help them manage their workload more effectively, reduce stress, and increase their sense of control over their activities (Van Dorssen-Boog et al., 2020). Allowing underwriters or claim adjusters more leeway in managing claims, for example, may alleviate the stress associated with stringent control or micromanagement. Increased autonomy can boost employee morale, motivation, and job satisfaction (Zychová et al., 2023). Employees who feel trusted to make decisions may acquire a greater sense of ownership over their jobs, which reduces anxiety and increases engagement with clients and projects. Employees with higher autonomy are also more likely to engage in innovative thinking, leading to better problem-solving and creativity in the workplace (De Spiegelaere et al., 2015).

In the JD-R model, autonomy is considered a primary job resource. Job resources are aspects of the job that help employees achieve work goals, reduce job demands, and support personal development (Demerouti et al., 2001). Autonomy allows employees more control over their tasks, decision-making, and time management, helping them tailor their approach to work in ways that reduce stress. With autonomy, employees can adapt their work in a way that aligns with their strengths and preferences, which likely reduces anxiety by giving them a sense of control and self-efficacy (Malhab et al. 2021).

The JD-R theory suggests that resources like autonomy reduce the impact of job demands by offering employees more control over how they respond to work pressures. When employees have high autonomy, they experience less anxiety because they can structure their tasks and manage their time more effectively, which can lead to a greater sense of competence and accomplishment (Dasgupta & Dey, 2024; Zeuge et al., 2023). Autonomy gives them the flexibility to set their pace, prioritize tasks, and make adjustments based on their energy levels or workload, thereby reducing the uncertainty that often contributes to anxiety.

This finding supports several empirical studies.. The study by Khan et al. (2018) elucidates the relationship between job autonomy and anxiety, revealing that higher levels of job autonomy are associated with a decrease in self-reported anxiety symptoms among NHS consultants. A study by Spagnoli and Molinaro (2020) indicates that decision-making autonomy can serve as a protective factor against negative psychological outcomes, including anxiety, particularly during stressful periods such as the COVID-19 lockdown. Specifically, the findings suggest that high levels of job autonomy are associated with lower levels of emotional exhaustion and anxiety. Additionally, the study by Gervais and Millear (2014) highlights that increased job autonomy serves as a protective factor against anxiety, depression, and stress among women workers.

Ghana, like many West African countries, traditionally values collectivism, where authority figures or leaders (such as supervisors or managers) are often respected, and decisions tend to be more hierarchical (Ansah, 2015; Hammah, 2023). However, with increasing globalization and the influence of modern work practices, there is a growing emphasis on individual empowerment and autonomy. In this cultural shift, employees who experience higher levels of autonomy may feel more empowered, appreciated, and trusted, which reduces feelings of anxiety, as they are not constrained by traditional, more restrictive work practices.

5.2.4 The Relationship Between Autonomy and Emotional Exhaustion

The study hypothesized and tested for a significant negative relationship between autonomy and emotional exhaustion; this was confirmed. In other words, employees who have much autonomy experience lower levels of emotional exhaustion. The negative relationship between autonomy and emotional exhaustion suggests that autonomy serves as a buffer against emotional exhaustion. In the insurance industry, where employees are expected to tackle high-pressure jobs, allowing them greater discretion over how they manage their time or interact with clients might help reduce the job's emotional toll (Salyers et al. 2019). This may result in increased resilience, reducing burnout, and boosting long-term job performance. Allowing employees to structure their workday or prioritise activities can lead to a more individualised approach to work (Zeuge et al., 2023), promoting a healthy work-life balance and lowering the risk of emotional exhaustion. Granting autonomy to employees can improve organisational performance by reducing emotional exhaustion, leading to better employee retention and overall job satisfaction (Wheatley, 2017). Autonomy also encourages employees to take ownership of their tasks, increasing motivation and the quality of their work (Zychová et al., 2023).

In the JD-R framework, job resources such as autonomy are also known to buffer the effects of job demands. When autonomy is high, employees feel more capable of handling challenging situations without experiencing excessive stress or anxiety. In the Ghanaian workplace context, where employees in high-demand sectors like insurance may face intense workload pressures, autonomy can act as a psychological buffer, making it easier for them to cope with these pressures without becoming anxious (Jensen et al., 2011). This buffer effect is crucial because it allows employees to deal with high job demands with reduced psychological strain (Karkkola et al., 2019).

This finding supports several empirical studies. A study by Nogueira et al. (2018) found a negative relationship between autonomy and emotional exhaustion among 745 nurses from 40 public health institutions in São Paulo. Van Zoonen et al. (2023) also found that autonomy reduced the experience of emotional exhaustion. “Specifically, the results demonstrate that after-hour connectivity was found to reduce exhaustion through increased autonomy.” Additionally, Farfán et al. (2020) found that “those who enjoy greater autonomy at work have lower levels of emotional exhaustion,” and this effect is stronger for employees with extroversion personalities.

Ghana’s collectivist culture emphasizes the well-being of the group and promotes supportive relationships. In workplaces where autonomy is encouraged, employees may experience a higher sense of trust and mutual respect (Bentzen, 2019), which aligns with these collectivist values. This cultural alignment may reduce the risk of emotional exhaustion, as employees feel a greater sense of community and support while performing their roles autonomously. Additionally, organisations in the Ghanaian context are often characterized by heavy bureaucracy. In environments with heavy bureaucracy, autonomy can be particularly valuable (Wellstead & Biesbroek, 2022). In Ghana, where bureaucratic obstacles can sometimes hinder efficiency, employees who enjoy more autonomy may avoid the frustration that typically accompanies excessive red tape. This freedom can help reduce stressors that might otherwise contribute to emotional exhaustion.



5.2.5 Sleep Quality as a Moderating Factor in the Relationship between Autonomy and Anxiety

The study hypothesized and tested that sleep quality would moderate the negative relationship between autonomy and anxiety; this was confirmed. Sleep quality was revealed to strengthen the negative relationship between autonomy and anxiety. It amplified the effect autonomy had on anxiety. In other words, employees who have much autonomy and experience quality sleep have lower levels of anxiety. Good sleep is essential for cognitive function, which includes decision-making and problem-solving (Fernandez & Lüthi, 2020). Employees with more autonomy are frequently forced to make their judgements, prioritise tasks, and manage their schedules. When they are well rested, they are more likely to handle these obligations with clarity and confidence, lowering anxiety related to making mistakes or falling behind (Wiegmann et al., 2023). Employees with both autonomy and adequate sleep quality are more resilient to work-related stress. Employee autonomy enables them to perform their responsibilities in the most efficient manner possible, while adequate sleep gives the physical and mental recovery required to cope with ongoing pressures (Dasgupta & Dey, 2024; Ma et al., 2020). Together, these characteristics operate as buffers, mitigating the effect of stress on anxiety levels. Chronic stress and anxiety can cause burnout, particularly in demanding jobs. However, the combination of autonomy and adequate sleep allows individuals to keep the energy and mental fortitude required to maintain high performance without feeling overwhelmed, making them less prone to anxiety and burnout over time.

This finding supports several empirical studies. Laethem (2018) found that job control, a key aspect of job autonomy, was linked to sleep quality, with higher job control leading to better sleep quality. Another study by Lee et al. (2016) revealed that subjective sleep quality, daytime

dysfunction, sleep disturbance, sleep latency, and sleep duration components were significantly associated with both anxiety and depression. A study by Teker and Luleci (2018) found that sleep quality had a negative relationship with anxiety in a sample of employees who worked at a university campus (185). Yunus (2022) further demonstrated that flexible working practices, which often include increased autonomy, can reduce job-related anxiety, particularly when combined with high levels of trust in management.

5.2.6 Sleep Quality as a Moderating Factor in the Relationship between Workload and Anxiety

The study hypothesized and tested that sleep quality would moderate the positive relationship between workload and anxiety; this was confirmed. Sleep quality was revealed to strengthen the positive relationship between workload and anxiety. It amplified the effect workload had on anxiety. In other words, employees who have high workloads and experience poor sleep quality have higher levels of anxiety. Insurance professionals, such as underwriters, claims adjusters, and brokers, are always dealing with an array of client situations, policies, and claims. When these employees don't get enough sleep, their ability to handle large amounts of work suffers, making it more difficult for them to meet obligations (Silva et al., 2020). Employees who are chronically anxious due to heavy workloads and poor sleep are less effective, prone to mistakes, and may experience reduced engagement and higher turnover rates. This impacts the organisation's ability to maintain productivity, retain talent, and provide high-quality customer service (DeArmond et al., 2014). Furthermore, organisations may experience an increase in errors in claims processing, policy creation, and risk assessment, which could result in financial losses, regulatory scrutiny, or reputational damage.

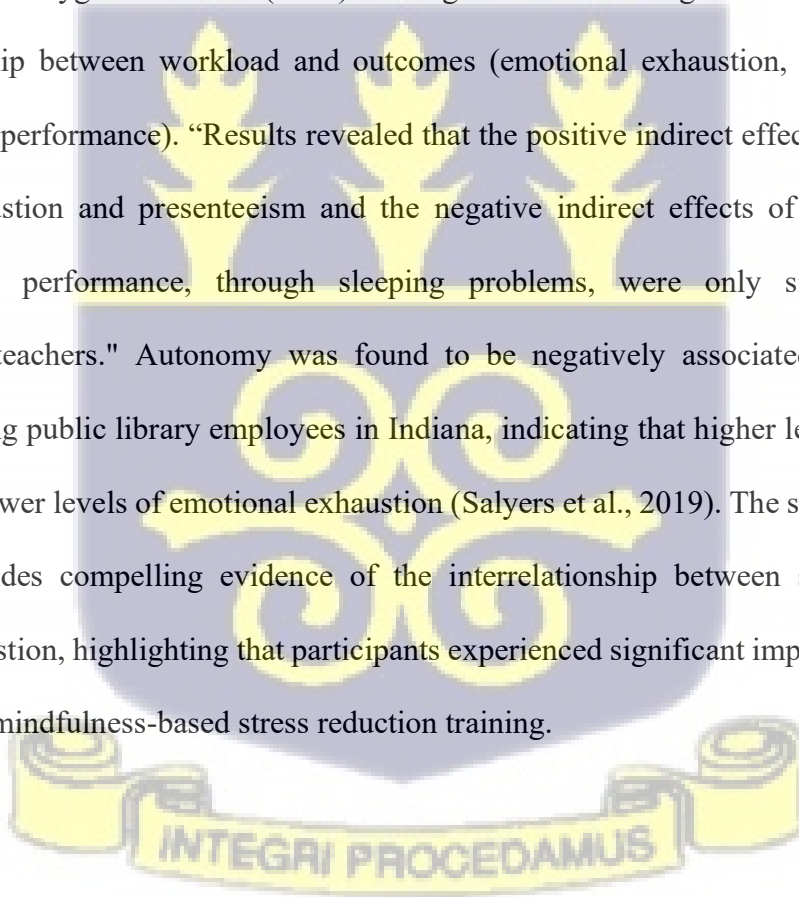
Afonso (2017) added to this by revealing that working longer hours related to lower mental health status, including higher levels of anxiety and depressive symptoms. Additionally, Fan et al. (2021) found a significant relationship between workload, fatigue, and sleep quality among psychiatric staff, further underscoring the relationship between workload and sleep quality.

5.2.7 Sleep Quality as a Moderating Factor in the Relationship between Autonomy, Workload and Emotional Exhaustion

The study hypothesized and tested that sleep quality would moderate the positive relationship between workload and emotional exhaustion; this was not confirmed. The study also hypothesized and tested that sleep quality would moderate the negative relationship between autonomy and emotional exhaustion; this was not confirmed. The discovery that sleep quality did not moderate the relationships between workload or autonomy and emotional exhaustion, notably in Ghana's insurance sector, could be attributed to a variety of cultural, economic, and industry-specific factors. A strong work ethic is culturally valued in Ghana, and many people believe that hard work and long hours are directly related to success and job security (Botchway & Sarpong, 2015). Employees may experience societal or familial pressure to perform at a high level, causing them to forego rest or personal care. This perspective may imply that, even with high sleep quality, the underlying pressures and emotional toll of work expectations remain, rendering sleep insufficient to protect against emotional weariness. Economic instability and relatively high unemployment rates in Ghana might lead to a sense of job insecurity (Kekesi & Agyemang, 2014), exacerbating the stress associated with heavy workloads. In businesses such as insurance, where targets and client-facing tasks are significant, employees may believe that their performance and productivity are critical to job retention (Wyrwa & Łoś-Tomiak, 2024). Thus, regardless of sleep quality, constant pressure to perform might exacerbate emotional exhaustion, as sleep alone may

not alleviate these underlying anxieties. The Ghanaian setting still maintains a significant stigma surrounding mental health conversations, which might deter employees from seeking or simply recognizing the need for mental health care (Lawrence et al., 2024). This cultural stigma can lead to employees repressing indicators of emotional exhaustion rather than addressing them, resulting in a vicious cycle in which adequate sleep does not convert into improved emotional well-being since the underlying stressors are not addressed.

Several studies have however reported contrary findings. Amarneh and Obeidat (2022) identified increased workload as an independent risk factor for anxiety and emotional exhaustion among midwives. Huyghebaert et al. (2018) investigated the mediating role of sleeping problems in the relationship between workload and outcomes (emotional exhaustion, presenteeism, job satisfaction, and performance). "Results revealed that the positive indirect effects of workload on emotional exhaustion and presenteeism and the negative indirect effects of workload on job satisfaction and performance, through sleeping problems, were only significant among overcommitted teachers." Autonomy was found to be negatively associated with emotional exhaustion among public library employees in Indiana, indicating that higher levels of autonomy were linked to lower levels of emotional exhaustion (Salyers et al., 2019). The study by Janssen et al. (2020) provides compelling evidence of the interrelationship between sleep quality and emotional exhaustion, highlighting that participants experienced significant improvements in both areas following mindfulness-based stress reduction training.



5.3 Additional Findings

The negative correlation between marital status and sleep quality suggests that individuals with different marital statuses experience variations in sleep quality. Specifically, as marital status changes – moving from single to married – sleep quality tends to decline. In the Ghanaian context, several factors may explain why married individuals experience lower sleep quality compared to their single colleagues, contrasting with findings from other regions. For many married individuals in Ghana, marriage often brings additional responsibilities, such as caring for children, managing household duties, and supporting extended family members, which can lead to more stress and less time for restful sleep (Jecty et al., 2020). Furthermore, in urban areas like Greater Accra, long commutes and demanding work schedules might leave married individuals with less time to rest, as they balance both work and family obligations (Carmichael et al., 2023). Additionally, financial pressures may intensify with marriage, especially as couples manage expenses for schooling, healthcare, and possibly housing in Ghana's high-cost urban areas (Addai et al., 2015). Cultural expectations may also play a role, as married individuals might feel pressure to maintain social and familial obligations, potentially reducing their personal rest time (Sayegh & Knight, 2010).

On the other hand, the correlation might also reflect differing levels of social support associated with marital status. While some might benefit from emotional support provided by a partner, which could enhance sleep quality, others might experience marital stress that negatively impacts their sleep. A study by Troxel et al. (2010), contradicts this finding. They found that “Partnered (married or cohabiting) women at the time of the sleep study had better sleep quality and PSG and actigraphy-assessed sleep continuity than unpartnered women.” Additionally, Matsumoto, et al. (2022), found being unmarried is associated with poorer sleep quality, quantity, and phase compared to married individuals.

The negative correlation between marital status and anxiety indicates that individuals with certain marital statuses experience lower levels of anxiety. This association suggests that being married or in a stable relationship may help to reduce anxiety. One possible explanation is that having emotional support and stability from a partner can help you manage stress better (Rusu et al., 2020). Marriage or stable relationships are often viewed as providing emotional stability and a reliable social structure, which may be especially beneficial in a context where economic pressures are common. Having a stable partner can act as a buffer against the anxieties that arise from job-related or financial stress, as individuals are more likely to have someone to share their challenges with. Furthermore, marital status is often associated with a more equitable distribution of personal and household responsibilities, which can reduce stress (Amirkhan & Vandenbelt, 2022). Furthermore, being in a committed relationship may improve social connectivity and provide a sense of belonging (Bucher et al., 2018), which can help to reduce anxiety levels. Research consistently shows a negative correlation between marital status and anxiety, indicating that married individuals generally experience lower levels of anxiety compared to their single counterparts. Ta et al. (2017) found that singlehood was positively correlated with perceived stress and anxiety across various life domains. Meyer and Paul (2011) reported that being married was negatively associated with anxiety scores, particularly for individuals with high early life stressors.

5.3 Implications for Theory

The study's findings have significant implications for theoretical frameworks in organisational psychology, particularly the Job Demands-Resources (JD-R) model. These implications can help researchers and practitioners better understand the dynamics of workload,

autonomy, emotional exhaustion, and sleep quality in the workplace, particularly in high-demand industries like insurance.

The considerable positive association between workload and anxiety and emotional exhaustion supports the JD-R model's designation of workload as a critical job demand that might result in poor psychological effects (Cheng et al., 2020). This study contributes to the body of research by giving evidence from the insurance industry, emphasising the importance of workload as a stressor across industries. The findings indicating that autonomy correlates negatively with anxiety and emotional exhaustion are consistent with the JD-R model's designation of autonomy as a job resource. Autonomy improves employees' capacity to manage workplace demands, lowering the likelihood of emotional exhaustion and anxiety (Zeuge et al., 2023). This backs up the JD-R model's claim that job resources mitigate the impact of job demands on employee well-being. However, this study expands the theory by illustrating the moderating role of sleep quality in enhancing the protective effects of autonomy on anxiety. The study's findings indicate that sleep quality improves the link between job resources (autonomy) and mental health outcomes (anxiety and emotional exhaustion). This adds another layer to the JD-R paradigm by arguing that personal resources such as sleep quality interact with job resources to reduce the negative impact of job demands. This suggests that sleep quality could be thought of as both a personal resource and a moderator in the JD-R framework, impacting how job demands and resources affect well-being. The study's insurance-specific findings indicate that traditional models such as JD-R can be tailored to high-demand service sectors. The insurance industry, which is marked by tight deadlines, regulatory pressures, and complicated customer interactions, necessitates a detailed knowledge of how job demands and resources interact in this particular setting. Future theoretical models could consider sector-specific employment demands (e.g., customer service pressure,

regulatory changes) and resources (e.g., client relationship autonomy, and professional development chances) when applying these frameworks to other industries.

5.4 Implications for Practice

This study's findings have significant consequences for practice, particularly for corporations and employees in high-demand sectors such as insurance. Understanding the links between workload, autonomy, emotional exhaustion, anxiety, and sleep quality allows organisations to design more effective interventions to promote employee well-being, productivity, and organisational health.

Workload management is critical for reducing employee anxiety and emotional exhaustion, especially considering the strong correlation between workload and anxiety and emotional exhaustion (Lily et al., 2019). Excessive demands can harm employee mental health, so insurance companies must use effective workload reduction measures. One way is to distribute duties more evenly across teams to keep individual employees from feeling overburdened (Limoncelli, 2022). A team-based approach to job management ensures a balanced workload and eliminates the possibility of overburdening staff. Furthermore, managers should establish reasonable timelines and feasible goals to prevent putting staff under undue stress (Filomeno et al., 2023), which can contribute to increased anxiety. Managers can do this by prioritising tasks based on urgency and importance, focusing on high-impact projects while deprioritising less critical work. This allows employees to concentrate on core responsibilities without feeling overwhelmed by a constant influx of tasks. Incorporating technology and automating routine or repetitive work can reduce the cognitive stress on employees (Agarwal, 2021; Ong & Png, 2019), allowing them to focus on more high-value and meaningful jobs, thus enhancing both productivity and mental well-being. Additionally, cross-training employees equips them with skills across different roles, ensuring they

can effectively support one another when workloads peak or tasks become overwhelming (Bäker et al., 2022). This approach fosters a collaborative environment where team members can step in to assist with various tasks, enhancing overall productivity and reducing bottlenecks. By implementing regular training sessions and assigning “buddies” or partners, organizations make the transition of tasks smoother and ensure that critical responsibilities are always covered. This flexibility not only boosts team cohesion but also builds a versatile, resilient workforce capable of adapting to changing demands.

Increasing job autonomy can significantly reduce anxiety and emotional exhaustion by giving employees more control over their tasks, thereby mitigating stress and burnout. Insurance organisations can foster autonomy by allowing employees to manage their work schedules, including offering flexible hours or remote work options, which helps them balance professional responsibilities with personal and family needs (Beckmann, 2015; Bošković, 2021; Pandey et al., 2021). Additionally, empowering employees to make decisions about how to approach their tasks or solve problems independently fosters a sense of ownership, reduces anxiety, and enhances creativity (Carter, 2009). This approach not only reduces stress but also encourages innovation. Tailoring roles to align with individual strengths allows employees to take on tasks that resonate with their skills and interests, enhancing engagement and reducing the risk of burnout (Kuijpers et al., 2019). By giving employees more control and flexibility, insurance companies can create a work environment that supports well-being and productivity. Fostering an organisational culture based on trust is essential for autonomy to thrive (Guinot, 2021). Managers should trust employees to manage their tasks without constant supervision, which enhances employee confidence and motivation. Simultaneously, cultivating a culture of accountability is crucial, where employees feel responsible for their decisions and outcomes (Swensen & Shanafelt, 2020). This balance

between trust and accountability can be maintained through regular feedback loops, allowing employees to receive constructive feedback while encouraging self-reflection on their performance. Trusting employees to make important decisions, such as handling client negotiations or policy adjustments, not only increases their engagement but also signals that the organisation values their expertise and judgment. By fostering both trust and accountability, organisations create an empowering environment that promotes autonomy and boosts overall performance (Han, 2019). While autonomy is beneficial, clear guidelines should be set to specify the extent of employees' decision-making authority. Insurance companies can build formal frameworks that define when employees can make independent decisions and when they must seek approval. This guarantees that autonomy and accountability are balanced, particularly in high-stakes choices regarding client policies or claims, when accuracy is essential. Recognising and rewarding employees who excel in their autonomous roles reinforces the benefits of autonomy, motivating others to embrace this empowerment (Mustafa & Ali, 2019). Public recognition, bonuses, or promotions for employees who demonstrate initiative and responsibility can further embed autonomy into the company culture.

Improving sleep quality is a crucial factor in enhancing employee well-being, especially in buffering the effects of workload and amplifying the protective benefits of autonomy. Insurance organisations can promote better sleep quality and overall recovery by fostering a strong work-life balance. Encouraging employees to disconnect from work after hours and set clear boundaries for after-hours communication can help reduce the feeling of being "always on," allowing for adequate recovery time (Kim & Chon, 2022). Additionally, providing educational resources or workshops on sleep hygiene, such as maintaining a consistent sleep schedule, reducing screen time before bed, and creating a conducive sleep environment, can raise awareness about the importance of rest

for mental and physical health (Baranwal et al., 2023). Offering flexible work hours or start times further enables employees to align their work schedules with their natural sleep patterns or family responsibilities, helping them achieve better sleep and reducing fatigue. By prioritising sleep quality, insurance organisations can support employees' recovery and resilience, ultimately enhancing their performance and well-being.

Early identification of anxiety and burnout is crucial given the strong relationship between workload, anxiety, and emotional exhaustion. Insurance organisations should prioritise proactive intervention to address mental health challenges before they escalate. Offering Employee Assistance Programs (EAPs) that support access to counseling and mental health can help employees manage stress and anxiety early on, preventing more serious issues from developing (Milot, 2019). Additionally, regular mental health check-ins by managers can serve as a valuable tool to assess team members' stress levels, workload, and overall well-being, enabling early detection of burnout or rising anxiety (Dimoff & Kelloway, 2018). Integrating mindfulness and stress-reduction programs, such as yoga, relaxation techniques, and mindfulness workshops, can also equip employees with coping mechanisms to better handle high workloads, easing anxiety and fostering emotional resilience. By creating a culture of mental health awareness and offering accessible resources, insurance organisations can support their employees' well-being and sustain high levels of productivity.

Training managers to balance workload and autonomy is essential in ensuring employee well-being and maintaining productivity (Jungert et al., 2022). Managers should be equipped to effectively monitor employee workloads, assessing when tasks need to be redistributed to prevent overburden. By understanding how to balance autonomy with accountability, managers can grant employees the freedom to make decisions and manage their tasks while still ensuring that key

deliverables are met (Yong et al., 2019). This requires developing trust while providing support when necessary, allowing employees to take ownership of their roles without feeling micromanaged. Additionally, training should focus on helping managers recognise early signs of emotional exhaustion and burnout, empowering them to intervene proactively before these issues escalate (Claeys et al., 2023). By fostering a supportive, balanced environment, managers can promote both autonomy and well-being, leading to higher job satisfaction and improved organisational performance. Insurance companies should consider developing policies that specifically address mental health and well-being (Zubrick et al., 2014). This could include guidelines on maximum workloads, mandatory break times, flexible work arrangements, and mental health leave.

The practical implications of this study highlight the need for organisations, particularly in the insurance sector, to focus on supporting their employees in meaningful ways. Managing workloads more thoughtfully, promoting a sense of autonomy, encouraging better sleep habits, and offering mental health support are all crucial steps. By adopting these strategies, insurance companies can foster a workplace where employees feel more valued, balanced, and supported. Not only will this improve their well-being, but it will also lead to stronger organisational performance, lower turnover, and a healthier, more positive work environment. When employees are cared for, they become more resilient, engaged, and productive, which ultimately benefits everyone.

5.5 Limitations of Study

While this study yielded valuable insights, it is essential to acknowledge its limitations.

The use of convenient and purposive sampling methods in this study may limit the generalisability of the results. Convenient sampling, which chooses participants based on their ease of access, and

purposive sampling, which targets specific groups, may not accurately represent the entire population of insurance sector employees. This approach may introduce selection bias and limit the extent to which the results can be applied to all employees in the sector (Obilor, 2023). As a result, the findings may not apply to other insurance companies or industries with distinct organisational contexts or employee demographics. This limitation emphasises the need for caution when extrapolating the study's findings to larger populations.

Furthermore, the study employed a lengthy questionnaire to gather data. A lengthy questionnaire can cause respondent fatigue, which reduces the quality and reliability of the responses. When presented with a complex or time-consuming survey, participants may become fatigued or lose focus, resulting in less thoughtful or inaccurate responses. This fatigue may also deter some people from completing the survey, potentially resulting in incomplete data (Jeong et al., 2022). Such issues can jeopardise the validity of the study by introducing inconsistencies and lowering the overall reliability of the findings. Future studies may benefit from using shorter, more focused questionnaires or dividing the survey into more manageable sections to improve response quality and data completeness.

Moreover, the study's use of self-reported measures may introduce response biases, such as social desirability bias and recall bias (Koller et al., 2022). Social desirability bias occurs when participants give responses that they believe are more acceptable or favourable than their actual feelings or experiences (Jidin & Monroe, 2017). Recall bias can have an impact on response accuracy because it depends on participants' ability to accurately recall past events or experiences (Colombo et al., 2019). These biases can distort data and impair the reliability of the study's findings. To address these concerns, future research could use objective measures or triangulate self-reports with other data sources to improve the accuracy and validity of the findings.

Lastly, the study's emphasis on specific aspects of workload, autonomy, and mental health may restrict the scope of the analysis. By focusing solely on certain variables or dimensions, other significant factors or interactions that could provide a more nuanced understanding of the issues may be overlooked (Pettigrew & Hewstone, 2017). For example, interpersonal relationships, job satisfaction, and organisational culture may all have an impact on employee mental health. This limitation implies that, while the study provides useful insights, a more comprehensive investigation involving a broader range of variables could yield a more complete picture of the complexities involved in workload, autonomy, and mental health. Future research could benefit from including more factors to gain a more comprehensive understanding of these dynamics.

5.6 Recommendations for Future Research

Future research should use a longitudinal design to investigate how the relationships between workload, autonomy, sleep quality, and mental health outcomes change over time. This method enables researchers to track changes in these variables and assess causality rather than simply identifying correlations. Researchers can gain insights into how changes in workload and autonomy affect mental health and sleep quality over time, as well as how these changes influence one another. Such research can provide a more nuanced understanding of these factors' dynamic interactions and help identify potential causal pathways, resulting in more effective interventions and strategies for improving employee well-being.

Secondly, future research should use a variety of sampling techniques, such as random and stratified sampling, to improve the generalisability of the findings. Using these methods, researchers can ensure a more representative sample of employees from various industries and organisational contexts. Random sampling reduces selection bias by giving every employee an equal chance of being included, whereas stratified sampling allows for the analysis of specific

subgroups within the population. This approach can provide a more comprehensive and nuanced view of the relationships between workload, autonomy, sleep quality, and mental health outcomes, resulting in more robust and applicable conclusions.

Thirdly, to improve the reliability of future research, self-reported data should be supplemented with objective measures of workload, sleep quality, and mental health outcomes. For example, using wearable technology to monitor sleep patterns can provide precise, real-time data on sleep quality, whereas organisational records can provide objective workload assessments. These objective measures contribute to reducing response biases and improving the precision of the findings. By combining subjective and objective data, researchers can gain a more complete and accurate understanding of the factors influencing employee well-being and mental health.

Future research should broaden the focus by looking into other factors that may influence employee mental health, such as job satisfaction, organisational culture, and interpersonal relationships. Examining these variables alongside workload and autonomy can provide a more complete picture of employee well-being. Understanding how job satisfaction and organisational culture interact with workload and autonomy, for example, may reveal new insights into how these elements affect mental health when taken together. Furthermore, investigating interpersonal relationships in the workplace can reveal how social support and team dynamics contribute to or alleviate stress. A comprehensive approach that considers these variables can lead to a better understanding of the multifaceted nature of employee mental health and more effective strategies for improving overall well-being.

Future research should concentrate on developing and evaluating intervention programs that reduce workload, increase autonomy, and improve sleep quality. Implementing targeted interventions, such as workload management strategies, autonomy-enhancing practices, and sleep

quality improvement initiatives, can provide practical solutions to the study's identified challenges. By systematically evaluating the effectiveness of these interventions, researchers can make evidence-based recommendations for improving employee well-being. Evaluating the impact of such programs will provide valuable insights into their efficacy, allowing organisations to develop and refine strategies to improve employee mental health and job satisfaction.

Additionally, future research should use qualitative methods, such as interviews or focus groups, to gain a better understanding of employees' workload, autonomy, and mental health perceptions. While quantitative surveys can identify trends and relationships, qualitative methods can reveal nuanced, personal insights that quantitative surveys may overlook. Conducting interviews or focus groups enables researchers to investigate the underlying factors and contextual elements influencing employee well-being, resulting in a more complete picture. This approach can supplement quantitative findings by revealing employees' subjective experiences and perceptions, allowing for the identification of specific challenges and opportunities for improvement that would not be apparent from numerical data alone.

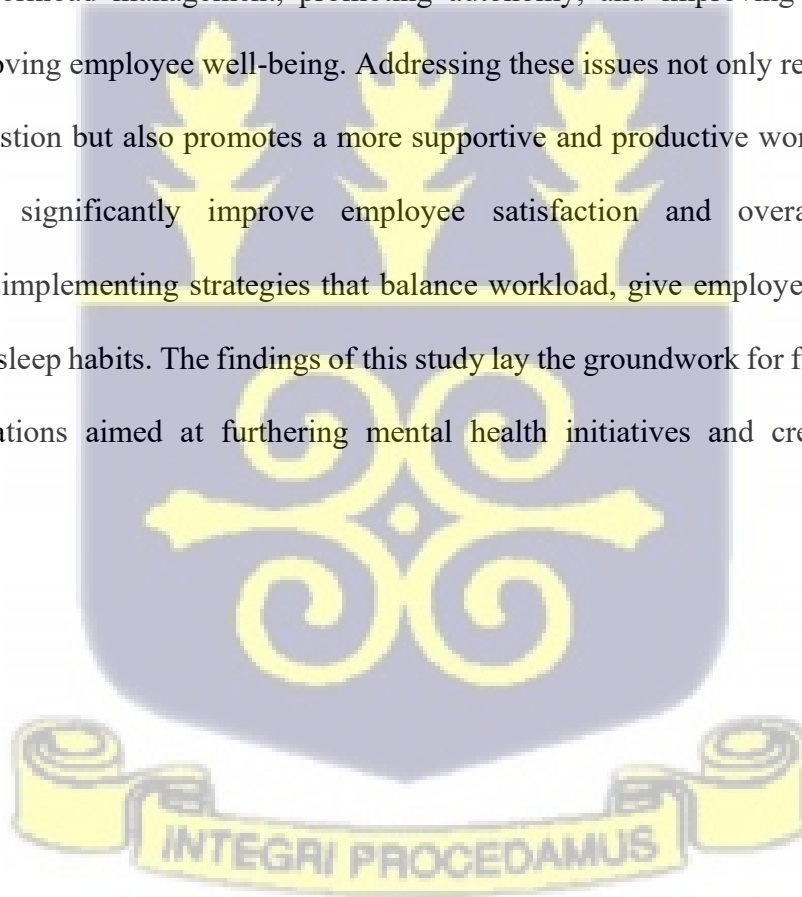
Furthermore, conducting longitudinal studies that follow individuals through different marital transitions (e.g., from single to married or vice versa) could help assess the lasting effects of marital status on sleep quality and anxiety. Such studies would provide valuable insights into whether the stability offered by marriage consistently correlates with lower anxiety and improved sleep quality over time.

Given potential gender-specific cultural expectations within marriage in Ghana, future research could investigate whether the relationship between marital status, anxiety, and sleep quality varies between men and women. This focus would enable a deeper understanding of how marital roles and responsibilities might uniquely impact each gender's mental health and sleep.

Lastly, with evolving norms around relationships, future studies could expand beyond traditional marriage to explore whether cohabiting partnerships or other stable relationship forms provide similar benefits in terms of anxiety reduction and sleep quality. This inclusion could reflect the experiences of more individuals and provide a broader view of relationship-related influences on mental health.

5.7 Conclusion

In conclusion, this study highlights the complex relationships between workload, autonomy, sleep quality, and mental health outcomes in the insurance industry. The findings show that effective workload management, promoting autonomy, and improving sleep quality are critical for improving employee well-being. Addressing these issues not only reduces anxiety and emotional exhaustion but also promotes a more supportive and productive workplace. Insurance companies can significantly improve employee satisfaction and overall organisational performance by implementing strategies that balance workload, give employees autonomy, and encourage good sleep habits. The findings of this study lay the groundwork for future research and practical applications aimed at furthering mental health initiatives and creating a healthier workplace.



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APPENDIX



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Department of Psychology

Survey Questionnaire

I'm a researcher from the University of Ghana studying the relationship between workload, autonomy, and sleep quality on mental health, focusing on emotional exhaustion and anxiety in the workplace. Your participation will provide valuable insights to promote employee well-being. All responses are confidential and used solely for academic research. Thank you for participating.

Informed Consent for Research Participation

You are invited to participate in a study by completing a questionnaire about your experiences with workload, emotional exhaustion, and anxiety in the workplace. Participation is voluntary and confidential, with data anonymized and used solely for academic research.

While there are no direct benefits to you, your participation will contribute to academic research, potentially informing strategies for improving workplace well-being.

If you have any questions or concerns about the study, you can contact me, Stacy Keelson-Aikins, at skeelson-aikins001@st.ug.edu.gh.

By proceeding to the questionnaire, you indicate that you have read and understood the information provided above, and you voluntarily agree to participate in this research study.

Thank you for your participation.

Before proceeding with the questionnaire, please confirm that you have read and understood the information provided in the Informed Consent Form. By selecting "Yes" below, you voluntarily agree to participate in this research study.

☐ YES

☐ NO

Instruction: Answer by ticking the box that best applies to you.

Demographics

Age

Gender

- | | |
|---------------------------------|-----------------------------------|
| ☐ 1 Male | ☐ 2 Female |
|---------------------------------|-----------------------------------|

Educational Level

- | | | |
|--|--|--|
| ☐ 1 High School | ☐ 2 Bachelor's Degree | ☐ 3 Master's Degree |
| ☐ 4 Doctorate/PH. D | ☐ 5 Other | |

Marital Status

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| ☐ 1 Single | ☐ 2 Married | ☐ 3 Divorced |
| | ☐ 4 Widowed | |

Number of dependents

- | | | |
|------------------------------|------------------------------|--------------------------------------|
| ☐ 1 0 | ☐ 2 1 | ☐ 3 2 |
| ☐ 4 3 | ☐ 5 4 | ☐ 6 5 or more |

Current Employment Status

- | | | |
|--------------------------------------|--------------------------------------|---|
| ☐ 1 Full-time | ☐ 2 Part-time | ☐ 3 Contract/Temporary |
|--------------------------------------|--------------------------------------|---|

Sector

- | | |
|-----------------------------------|------------------------------------|
| ☐ 1 Public | ☐ 2 Private |
|-----------------------------------|------------------------------------|

Job Title

Years Spent with Current Organization

- | | | |
|-------------------------------------|--|--------------------------------------|
| ☐ 1 < 1 year | ☐ 2 1 year to 5 years | ☐ 3 > 5 years |
|-------------------------------------|--|--------------------------------------|

Work Hours Per Week

- | | | |
|--|--|--|
| ☐ 1 < 20 hours | ☐ 2 20-30 hours | ☐ 3 31-40 hours |
| ☐ 4 41-50 hours | ☐ 5 > 50 hours | |

PSQI Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.**

	1 = 8pm - 10 pm	2= 10pm - 12 am	3= 12am - 2 am	4= 2am - 4am	5= 4am - 6am
During the past month, what time have you usually gone to bed at night?	1	2	3	4	5
	1= less than 30 minutes	2=30minutes - 1 hour	3= 1 hour - 2 hours	4= more than 2 hours	
During the past month, how long has it usually taken you to fall asleep each night?	1	2	4	4	
	1= 2am - 3am	2 = 4am - 5am	3= 6am - 7am	4=8am - 9am	5=10am - 11am
During the past month, what time have you usually gotten up in the morning?	1	2	3	4	5
	1= 1 hour - 2 hours	2= 3 hours - 4 hours	3= 5 hours - 6 hours	4= 7 hours - 8 hours	5= 9 hours - 10 hours
During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)	1	2	3	4	5

5. During the past month, how often have you had trouble sleeping because you...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes	1	2	3	4
b. Wake up in the middle of the night or early morning	1	2	3	4
c. Have to get up to use the bathroom	1	2	3	4
d. Cannot breathe comfortably	1	2	3	4
e. Cough or snore loudly	1	2	3	4
f. Feel too cold	1	2	3	4
g. Feel too hot	1	2	3	4
h. Have bad dreams	1	2	3	4
i. Have pain	1	2	3	4
j. Other reason(s), please describe:				
6. During the past month, how often have you taken medicine to help you sleep (prescribed or “over the counter”)?	1	2	3	4
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	1	2	3	4
	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem

8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	1	2	3	4
	Very good	Fairly good	Fairly bad	Very bad
9. During the past month, how would you rate your sleep quality overall?	1	2	3	4

GAD7 Instructions: Answer by ticking the box that best applies to you. Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	1	2	3	4
Not being able to stop or control worrying	1	2	3	4
Worrying too much about different things	1	2	3	4
Trouble relaxing	1	2	3	4
Being so restless that it is hard to sit still	1	2	3	4
Becoming easily annoyed or irritable	1	2	3	4
Feeling afraid, as if something awful might happen	1	2	3	4

QWI Instructions: Consider your experience over the last month when responding to each item

	Less than once per month or never	Once or twice per month	Once or twice per week	Once or twice per day	Several times per day
How often does your job require you to work very fast?	1	2	3	4	5
How often does your job require you to work very hard?	1	2	3	4	5
How often does your job leave you with little time to get things done?	1	2	3	4	5
How often is there a great deal to be done?	1	2	3	4	5
How often do you have to do more work than you can do well?	1	2	3	4	5

EES Instruction: Consider your experience over the last month when responding to each item

	Never	Rarely	Sometimes	Frequently	Always
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I feel emotionally drained from my work.	1	2	3	4	5
I feel used up at the end of the workday.	1	2	3	4	5

I feel fatigued when I get up in the morning and have to face another day on the job.	1	2	3	4	5
Working with people all day is really a strain for me.	1	2	3	4	5
I feel burned out from my work.	1	2	3	4	5
I feel frustrated by my job.	1	2	3	4	5
I feel I'm working too hard on my job.	1	2	3	4	5
Working directly with people puts too much stress on me.	1	2	3	4	5
I feel like I'm at the end of my rope.	1	2	3	4	5

WAS Instruction: Indicate the extent to which each statement applies to you

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
I am allowed to decide how to go about getting my job done (the methods to use).	1	2	3	4	5	6	7
I am able to choose the way to go about my job (the procedures to utilize).							
I am free to choose the method(s) to use in carrying out my work.							
I have control over the scheduling of my work.							
I have some control over the sequencing of my work activities (when I do what).							
My job is such that I can decide when to do particular work activities.							
My job allows me to modify the normal ways we are evaluated so that I can emphasize some aspects of my job and play down others.							

I am able to modify what my job objectives are (what I am supposed to accomplish).							
I have some control over what I am supposed to accomplish (what my supervisor sees as my job objectives).							





DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
UNIVERSITY OF GHANA



DEPARTMENTAL RESEARCH & ETHICS COMMITTEE (DREC)



April 17, 2024

Ms. Stacy Keelson-Aikins
Department of Psychology
University of Ghana

Dear Ms. Keelson-Aikins,

Protocol number: DREC/007/23-24

Project title: The Influence of Work load and Autonomy on Employee Mental Health
Outcomes: The Role of Sleep Quality.

Full Approval-Committee Reviewed Protocol

In response to your application received on February 20, 2024, the Departmental Research & Ethics Committee of the Department of Psychology, University of Ghana has considered the above mentioned application and the protocol has been granted **Full Approval**

Any significant alteration(s) to the approved research protocol (i.e. **the Questionnaire/Semi-structured interviews, Informed Consent Form, Title of the Project, Research Approach and Methods**) must be submitted for review and approval prior to implementation. In case you have further queries, please quote the above reference number.

Note: Research data should be **securely stored** at an appropriate location and should only be destroyed after **5 years**.

This ethical clearance certificate is valid for only 12 months from the date of issue. Thereafter, re-certification must be applied for on annual basis.

We take this opportunity to wish the very best in your research.

Yours faithful



Annabella Ose Ph.D.
Chair, Dep artm Research & Ethics Committee (DREC)

Cc: Prof. Adote Anum, Head, Department of Psychology, University of Ghana, Legon, Accra, Ghana