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The Impact of Workplace Health Promotion on the Prevention of Workplace Burnout and Mental Health Disorders

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ABSTRACT
The transformation of the world of work in the era of globalization increases psychosocial pressures that have an impact on the increasing prevalence of work fatigue and mental health disorders in various sectors, including health education institutions. Purpose: This study aims to analyze the relationship between health promotion in the workplace with work fatigue (burnout) and mental health disorders (stress, anxiety, depression) in the workforce of the Health Polytechnic of the Ministry of Health, Padang. Methods: The study used a quantitative approach with a cross-sectional observational analytical design. A sample of 154 respondents was selected through stratified random sampling from a population of 250 workers. Burnout was measured using the Maslach Burnout Inventory (MBI) and mental health using the Depression Anxiety Stress Scale-21 (DASS-21). Data analysis was carried out using univariate, bivariate (Pearson correlation), and multivariate (multiple linear regression). Results: All hypotheses were proven to be statistically significant. Occupational health promotion had a moderate negative correlation with burnout ($r = -0.482$), depression ($r = -0.458$), stress ($r = -0.436$), and anxiety ($r = -0.401$) ($p < 0.001$). Implications: Health education institutions need to develop multicomponent, sustainable, and evidence-based occupational health promotion programs to simultaneously reduce the prevalence of work burnout and mental health disorders. Conclusion: Workplace health promotion is a significant predictor of the prevention of work burnout and mental health disorders, so its implementation needs to be prioritized as a strategic institutional policy.

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INTRODUCTION

The transformation of the workplace in the era of globalization and digitalization has brought significant changes to work patterns and productivity demands. Modern organizations are required to increase efficiency and performance, which indirectly increases psychosocial stress on workers. This situation gives rise to various occupational health issues, particularly those related to mental health and burnout. High job demands, task complexity, and work environment uncertainty are key factors that worsen workers' psychological well-being (Reupert, 2024).

This increase in psychosocial workload has led to a rising prevalence of burnout across various job sectors. Burnout is a phenomenon characterized by emotional exhaustion, cynicism about work, and decreased professional effectiveness. This condition impacts not only individuals but also the organization as a whole, including decreased productivity and increased absenteeism (Bagasi et al., 2025).

Job burnout has been recognized as a serious global occupational health issue. Numerous studies have shown that burnout is closely linked to high work pressure, lack of organizational support, and work-life imbalance. These factors contribute to a significant decline in workers' psychological well-being (Abraham et al., 2025).

In addition to burnout, mental health disorders such as stress, anxiety, and depression are also increasing among workers. These disorders are often triggered by unfavorable working conditions, including excessive workload, role conflict, and job insecurity. The impact is felt not only by individuals but also by organizations through increased healthcare costs and decreased performance (Coppens et al., 2023).

Mental health disorders in the workplace also have serious implications for workers' quality of life. Individuals experiencing chronic work stress tend to experience decreased social and emotional functioning and are even at risk of developing more serious conditions such as depression and, in extreme cases, suicidal ideation (Melnyk et al., 2025). Therefore, mental health issues can no longer be viewed solely as an individual problem, but rather as an organizational responsibility.

To address these issues, workplace health promotion (WHP) is a crucial intervention strategy. This approach emphasizes preventive and promotive efforts through awareness-raising, behavioral change, and the creation of a healthy work environment. Occupational health promotion programs are designed to improve the overall physical and mental well-being of workers (Reupert, 2024).

Workplace health promotion can be achieved through various interventions, such as mental health education, stress management training, work-life balance programs, and strengthening organizational support. These interventions focus not only on individuals but also on changing organizational systems and cultures to be more supportive of employee health (Agarwal, 2025).

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Several studies have shown that occupational health promotion programs are effective in reducing burnout rates and improving worker well-being. Organization-based interventions, such as job restructuring and increased social support, have been shown to have more sustainable impacts than individual interventions alone (Bagasi et al., 2025).

Furthermore, promotional approaches integrated with digital technology are also emerging as an effort to increase access and effectiveness of mental health interventions in the workplace. Early detection of work stress and real-time interventions are considered capable of significantly increasing the effectiveness of mental health programs (Vinson et al., 2024).

Theoretically, the relationship between occupational health promotion and worker well-being can be explained through several theoretical frameworks, such as the Health Promotion Model, which emphasizes behavioral change, and the Job Demand-Resources Model, which explains the balance between work demands and workers' resources. Stress and Coping Theory also explains how individuals respond to stress through specific adaptation mechanisms.

Although numerous studies have demonstrated the effectiveness of occupational health promotion, research gaps remain, particularly in the context of simultaneously integrating burnout prevention and mental health disorders. Most studies focus on only one aspect, thus failing to provide a comprehensive picture of the relationship between the two variables (Coppens et al., 2023).

Although previous studies have demonstrated that workplace health promotion programs can effectively reduce burnout and improve psychological well-being among employees, most investigations have focused on a single outcome, such as burnout, stress, anxiety, or depression independently. Consequently, the existing evidence remains fragmented and provides limited understanding of how workplace health promotion simultaneously influences multiple dimensions of mental health within a single organizational context. Furthermore, studies integrating burnout and broader mental health indicators into one analytical framework are still relatively scarce, particularly in developing countries.

In Indonesia, research examining workplace health promotion is predominantly concentrated on occupational safety, physical health, and productivity outcomes, while empirical evidence regarding its association with psychological outcomes remains limited. Existing studies rarely evaluate burnout together with stress, anxiety, and depression as interconnected mental health consequences of workplace conditions. This limitation restricts the development of comprehensive occupational health policies that address workers' psychological well-being holistically.

Therefore, a significant research gap exists regarding the integrated analysis of workplace health promotion, burnout, and multiple mental health outcomes within Indonesian health education institutions. Health education environments are characterized by high academic demands, administrative workloads, role complexity, and performance expectations that may increase vulnerability to burnout and psychological distress. Despite these risks, empirical evidence from Indonesian higher health education institutions remains insufficient.

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This study offers a novel contribution by simultaneously examining the relationship between workplace health promotion and four important psychological outcomes—burnout, stress, anxiety, and depression—within a single analytical model among employees of Poltekkes Kemenkes Padang. By providing an integrated assessment of occupational health promotion and multiple mental health indicators in the Indonesian context, this research contributes new empirical evidence that can support the development of evidence-based workplace health policies and comprehensive mental health promotion strategies in health education institutions.

METHODS

This study uses a quantitative approach with an analytical observational design thru a cross-sectional design. This design was chosen to analyze the relationship between workplace health promotion and burnout, stress, anxiety, and depression among the workforce at the Politeknik Kesehatan Kementerian Kesehatan Padang. The research was conducted from October to December 2025 within the Poltekkes Kemenkes Padang environment.

The research population consists of all active workers, including lecturers and educational staff, totaling 250 people. Inclusion criteria include workers who have been employed for at least six months, are aged ≥18 years, and are willing to be research respondents. Exclusion criteria are employes who are on long leave or inactive during the research period. The sample size was calculated using the Slovin formula with a 5% margin of error, resulting in a minimum sample of 154 respondents. The sampling technique used was stratified random sampling based on groups of lecturers and educational staff to ensure the representation of each stratum in the population. The independent variable in this study is workplace health promotion, while the dependent variables include burnout, stress, anxiety, and depression. Burnout is measured using the Maslach Burnout Inventory (MBI), which includes the dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment. Mental health conditions are measured using the Depression Anxiety Stress Scale-21 (DASS-21), which consists of three subscales: stress, anxiety, and depression.

The workplace health promotion variable was measured using the Workplace Health Promotion Assessment Questionnaire, which was adapted from the WHO Healthy Workplace Framework and various previous studies on workplace health promotion. This instrument consists of 15 items covering three main dimensions: health education and awareness programs (5 items), organizational support for employe health and well-being (5 items), and health-supportive policies and work environments (5 items). All items are measured using a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Before use, the instrument underwent a process of adaptation, expert evaluation, and testing for validity and reliability. The results of the validity test showed that all items had a correlation coefficient >0.30, while the reliability test results obtained a Cronbach's Alpha value of 0.89, indicating very good internal consistency.

Data collection was carried out thru the distribution of questionnaires both directly and online to respondents who met the research criteria. All respondents were provided with an explanation of the research objectives and signed an informed consent form after the explanation

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before filling out the questionnaire. In addition to primary data, this study also uses secondary data obtained from institutional documents to support the characteristics of the respondents.

Data analysis was conducted using IBM SPSS Statistics. Univariate analysis was used to describe the characteristics of the respondents and the distribution of each research variable. Bivariate analysis uses the Pearson correlation test to examine the relationship between workplace health promotion and burnout, stress, anxiety, and depression. Next, multiple linear regression analysis is used to identify the predictive strength of health promotion on each dependent variable. Before conducting the regression analysis, the data is first tested thru classical assumption tests, including normality, multicollinearity, and heteroscedasticity. All statistical tests were conducted at a 95% confidence level with a significance value of $p<0.05$.

This research has obtained ethical approval from the Health Research Ethics Committee of Poltekkes Kemenkes Padang, Number: 123/KEPK/2025. The confidentiality of respondents' identities is guaranteed, and all data obtained will only be used for research purposes.

RESULTS

1. Respondent Characteristics

Table 1. Distribution of Respondent Characteristics (n = 154)

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Man	62	40.3
	Woman	92	59.7
Age	18–30 years	38	24.7
	31–45 years	79	51.3
	>45 years	37	24.0
Employment Status	Lecturer	96	62.3
	Educational Personnel	58	37.7
Length of work	<5 years	41	26.6
	5–10 years	67	43.5
	>10 years	46	29.9

The majority of respondents were female (59.7%) and in the productive age group of 31–45 years (51.3%). The majority were lecturers (62.3%) with 5–10 years of service (43.5%). This indicates that the study sample is quite representative of the active workforce with a relatively high academic workload.

2. Description of Occupational Health Promotion Variables

Table 2. Distribution of Health Promotion in the Workplace

Health Promotion Category	Frequency (n)	Percentage (%)
Good	48	31.2
Enough	73	47.4
Not enough	33	21.4

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Total	**154**	**100**

The majority of respondents rated occupational health promotion as adequate (47.4%), but 21.4% still considered it less than optimal. This indicates that the implementation of occupational health programs has not been fully effective, particularly in terms of mental health education and organizational support.

3. Description of Work Fatigue (Burnout)

Table 3. Distribution of Burnout Levels

Burnout Level	Frequency (n)	Percentage (%)
Low	39	25.3
Currently	82	53.2
Tall	33	21.5
Total	**154**	**100**

The majority of respondents experienced moderate burnout (53.2%), with 21.5% experiencing high levels of burnout. These findings indicate that burnout is a significant problem in the workplace, particularly due to the high demands of academic and administrative work.

4. Mental Health Description (DASS-21)

a. Stres

Table 4. Distribution of Stress Levels

Stress Level	Frequency (n)	Percentage (%)
Normal	46	29.9
Light	38	24.7
Currently	49	31.8
Heavy	21	13.6
Total	**154**	**100**

The majority of respondents (31.8%) fell into the moderate stress category, with 13.6% experiencing severe stress. This indicates significant work pressure that could potentially impact productivity and psychological well-being.

b. Anxiety

Table 5. Distribution of Anxiety Levels

Anxiety Level	Frequency (n)	Percentage (%)
Normal	51	33.1
Light	42	27.3
Currently	40	26.0
Heavy	21	13.6

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Total	**154**	**100**

A total of 66.9% of respondents experienced anxiety ranging from mild to severe. This indicates that job uncertainty and task pressure contribute to workplace anxiety.

c. Depression

Table 6. Distribution of Depression Levels

Depression Level	Frequency (n)	Percentage (%)
Normal	58	37.7
Light	36	23.4
Currently	39	25.3
Heavy	21	13.6
Total	**154**	**100**

Although some respondents (37.7%) were in the normal range, 62.3% experienced symptoms of depression ranging from mild to severe. This indicates that mental health disorders are a significant issue in the workplace.

Bivariate Analysis

Bivariate analysis aims to identify the relationship between the independent variable (occupational health promotion) and the dependent variables (burnout, stress, anxiety, and depression). The test used is Pearson correlation, as the data are assumed to be normally distributed and on an interval scale.

1. The Relationship between Occupational Health Promotion and Burnout

Table 7. Correlation of Occupational Health Promotion with Burnout

Variables	r (Pearson)	p-value
Occupational Health Promotion – Burnout	-0.482	0,000

There is a moderate and significant negative relationship between occupational health promotion and burnout ($r = -0.482$; $p < 0.05$). This indicates that the better the implementation of health promotion in the workplace, the lower the level of burnout. Theoretically, this finding aligns with the Job Demand-Resources Model, which states that increasing organizational resources can mitigate the impact of job demands.

2. The Relationship between Occupational Health Promotion and Stress

Table 8. Correlation of Occupational Health Promotion with Stress

Variables	r (Pearson)	p-value
Health Promotion – Stress	-0.436	0,000

There was a moderate and significant negative relationship between occupational health promotion and stress levels ($r = -0.436$; $p < 0.05$). This indicates that effective health promotion programs can reduce workers' psychological distress, particularly through interventions such as stress management and organizational support.

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3. The Relationship between Occupational Health Promotion and Anxiety

Table 9. Correlation of Occupational Health Promotion with Anxiety

Variables	r (Pearson)	p-value
Health Promotion – Anxiety	-0.401	0,000

The analysis results showed a moderate and significant negative relationship between occupational health promotion and anxiety ($r = -0.401$; $p < 0.05$). This suggests that the better the work environment supports mental health, the lower the worker's anxiety levels.

4. The Relationship between Occupational Health Promotion and Depression

Table 10. Correlation of Occupational Health Promotion with Depression

Variables	r (Pearson)	p-value
Health Promotion – Depression	-0.458	0,000

There was a moderate and significant negative relationship between occupational health promotion and depression ($r = -0.458$; $p < 0.05$). This indicates that occupational health promotion plays a significant role in reducing depressive symptoms by improving workers' psychosocial well-being.

Table 11. Multiple Linear Regression Analysis of Workplace Health Promotion on Burnout, Stress, Anxiety, and Depression (n = 154)

Dependent Variable	β Standardized	t-value	p-value	R^2
Burnout	-0.482	-6.87	<0.001	0.232
Stress	-0.436	-5.98	<0.001	0.190
Anxiety	-0.401	-5.34	<0.001	0.161
Depression	-0.458	-6.21	<0.001	0.210

Multiple linear regression analysis demonstrated that workplace health promotion was a significant predictor of all psychological outcomes examined. The strongest predictive effect was observed for burnout ($\beta = -0.482$; $R^2 = 0.232$), indicating that workplace health promotion explained 23.2% of the variance in burnout levels. This finding suggests that improvements in workplace health promotion are most strongly associated with reductions in employee burnout.

The second strongest predictive effect was found for depression ($\beta = -0.458$; $R^2 = 0.210$), followed by stress ($\beta = -0.436$; $R^2 = 0.190$) and anxiety ($\beta = -0.401$; $R^2 = 0.161$). These results indicate that workplace health promotion contributes significantly to improving employees' psychological well-being, although the magnitude of its influence varies across mental health outcomes.

Overall, burnout emerged as the outcome most responsive to workplace health promotion interventions, whereas anxiety demonstrated the lowest explanatory power. This pattern suggests that organizational health promotion initiatives may be particularly effective in addressing work-related psychological conditions such as burnout, while anxiety is likely influenced by additional personal, social, and situational factors beyond workplace conditions alone.

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DISCUSSION

This discussion section analyzes the results of the Pearson correlation test between workplace health promotion and four dependent variables: work fatigue (burnout), stress, anxiety, and depression.

1. The Relationship between Occupational Health Promotion and Burnout

The bivariate analysis results in Table 7 indicate a statistically significant, moderate negative relationship between occupational health promotion and job burnout ($r = -0.482$; $p < 0.001$). This finding consistently supports two major theoretical frameworks in occupational health. First, the Job Demands-Resources (JD-R) Model developed by Bakker and Demerouti (2007) explains that job burnout arises from an imbalance between job demands and available resources.

Cohen et al. (2023) in a systematic review published in BMJ Open evaluated the effectiveness of workplace interventions in improving well-being and reducing burnout in nurses, doctors, and other healthcare professionals. This review included studies from 2015 to 2022 and found that Mindfulness-Based Education (MBE) interventions significantly reduced burnout levels as measured using the MBI, while also reducing perceived stress. This research is highly relevant because it confirms that structured health promotion programs can reduce burnout in the professional workforce, in line with the findings of this study ($r = -0.482$) (Cohen et al., 2023).

Bes et al. (2023), through a meta-analysis published in the International Archives of Occupational and Environmental Health, analyzed the effectiveness of organizational interventions in preventing and reducing exhaustion, a core dimension of burnout. This meta-analysis included studies from the PubMed, EMBASE, PsycINFO, and Cochrane Library databases and found that interventions focused on job restructuring and increasing organizational support significantly reduced emotional exhaustion scores. These findings reinforce the argument that the organizational component of health promotion programs is the strongest predictor of the negative relationship found (Bes et al., 2023).

Researchers assume that the negative relationship found between occupational health promotion and burnout in the sample at Poltekkes Padang is not solely influenced by program quality, but also by workers' perceptions and active involvement in using available facilities. In the context of health education institutions, workers tend to have higher levels of health literacy, making them more responsive to offered health promotion programs. Therefore, the correlation value of -0.482 reflects the effectiveness of health promotion moderated by individual competence and awareness factors. Researchers also assume that organizational support and workload flexibility are likely the strongest predictors of this relationship, thus requiring further exploration through multivariate analysis.

2. The Relationship between Occupational Health Promotion and Stress

Table 8 reveals a significant, moderate negative relationship between occupational health promotion and respondents' stress levels ($r = -0.436$; $p < 0.001$). The coefficient of determination of $r^2 = 0.190$ indicates that approximately 19.0% of the variance in stress levels can be explained by the occupational health promotion variable. The distribution of stress in the sample indicates that 31.8%

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are in the moderate category and 13.6% are experiencing severe stress, making targeted and systematic interventions urgent. This negative direction of the relationship confirms that strengthening workplace health promotion programs is an appropriate strategy to reduce workers' psychological stress.

The findings in Table 8 can be explained through two complementary theoretical frameworks. First, the Transactional Model of Stress and Coping by Lazarus and Folkman (1984) states that stress is the result of a cognitive appraisal process between perceived demands and available resources to cope. Occupational health promotion programs contribute to strengthening workers' coping capacity through stress management training and increased self-efficacy, significantly reducing the perceived threat of work stressors.

Michaelsen et al. (2023) through a comprehensive meta-analysis published in Mindfulness (Springer Nature) synthesized the results of RCTs of mindfulness-based interventions in various workplace settings using random-effects models for 25 outcomes. This study found that mindfulness-based interventions and MIIs (Mindfulness-Informed Interventions) significantly reduced stress levels with a moderate effect size (SMD = 0.38–0.54), and this effect persisted at follow-up measurements. This research is highly relevant because stress management training programs are a core component of the occupational health promotion measured in this study, thus explaining the mechanism of stress reduction found (Michaelsen et al., 2023).

Lam et al. (2022) evaluated the effectiveness of a blended (online and offline) web-based mental health intervention program in 456 workers with high levels of work stress through a phase III cluster RCT published in Frontiers in Psychiatry. Stress was measured using the DASS subscale (the same instrument as this study) and found a significant reduction in stress scores in the intervention group compared to the control group. The similarity of the measurement instrument (DASS) and organizational approach makes this study a highly relevant direct reference for interpreting the findings in Table 8 (Lam et al., 2022).

Anger et al. (2024) in a comprehensive systematic review published in the American Journal of Public Health evaluated 118 mental health interventions for healthcare professionals from Medline and PsycINFO. Results showed that specifically designed interventions significantly reduced stress in 29 studies (24% of the total), with multimodal interventions having the greatest effect. This review reinforces the finding that structured and targeted health promotion programs have a significant impact on stress reduction, while also confirming that a combined approach (individual and organizational) is most effective (Anger et al., 2024).

The researchers assumed that the negative effect of occupational health promotion on stress in this study was likely mediated by increased coping capacity and social support obtained through the program. In the context of Poltekkes Padang, pressures stemming from academic demands, administrative burdens, and role ambiguity were the dominant sources of stress. An effective health promotion program is expected to have an impact through two pathways: a direct pathway through stress management training, and an indirect pathway through strengthening a supportive organizational climate. The lower correlation value of -0.436 compared to burnout (-0.482) likely

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reflects that stress responses are more influenced by individual and situational factors that are temporary in nature, thus requiring more personalized and sustained intervention.

3. The Relationship between Occupational Health Promotion and Anxiety

The correlation analysis in Table 9 shows a significant, moderate negative relationship between occupational health promotion and respondents' anxiety levels ($r = -0.401$; $p < 0.001$). The coefficient of determination of $r^2 = 0.161$ indicates that 16.1% of the variation in anxiety can be explained by the quality of occupational health promotion.

The theoretical relevance of these findings can be explained through the Cognitive Activation Theory of Stress (CATS) perspective proposed by Ursin and Eriksen (2004). This theory emphasizes that anxiety arises as a result of cognitive uncertainty regarding the outcomes of actions taken in the face of stressors. Occupational health promotion programs that include education and self-efficacy enhancement contribute to reducing this cognitive uncertainty, thereby reducing anxiety reactivity.

Stratton et al. (2022) in a systematic review and meta-analysis published in the Journal of Medical Internet Research evaluated trends in the effectiveness of organizational eHealth interventions in addressing employee mental health. The study found that organizational-based digital interventions significantly reduced anxiety symptoms, with effects increasing over time (positive trend 2015–2022). The study's relevance lies in confirming that technology-based health promotion interventions—which are increasingly commonly integrated into modern occupational health programs—have a tangible impact on reducing employee anxiety (Stratton et al., 2022).

Cameron et al. (2025), through an umbrella systematic review published in JMIR Mental Health, synthesized evidence from multiple systematic reviews on the effectiveness of digital mental health interventions in the workplace. The study found that digital interventions moderately reduced anxiety symptoms, with mindfulness-based interventions being the most effective for the general working population. These findings support the negative association between occupational health promotion and anxiety and suggest that programs integrating mindfulness and social support components are optimal strategies (Cameron et al., 2024).

Stratton et al. (2025) in a meta-analysis published in the Journal of Medical Internet Research evaluated 81 RCTs (25,500 participants) on digital mental health interventions in the workplace. For anxiety outcomes, a significant pooled effect was found ($\theta = -0.211$; ER = 113; pp = 0.991), with stress management and mindfulness-based interventions being more effective than CBT. This study directly confirms that structured, theory-based health promotion interventions can significantly reduce anxiety, supporting the correlation value found in this study ($r = -0.401$ (Stratton et al., 2025)).

The researchers assumed that the lower correlation between occupational health promotion and anxiety ($r = -0.401$) compared to burnout and depression reflects the multidimensional nature of anxiety, which is partly rooted in dispositional personality factors (trait anxiety) that are not fully modifiable through workplace-based interventions. In the context of health education institutions, additional sources of anxiety such as career uncertainty, accreditation, and interpersonal dynamics between students and faculty are likely confounding variables moderating this relationship. The researchers assumed that the most influential components of health promotion in reducing anxiety

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are programs to strengthen social support and a psychologically safe work climate, not solely individual health education.

4. The Relationship between Occupational Health Promotion and Depression

Table 10 shows a significant moderate negative correlation between occupational health promotion and respondents' depression levels ($r = -0.458$; $p < 0.001$). The coefficient of determination of $r^2 = 0.210$ indicates that 21.0% of the variation in depression levels can be explained by occupational health promotion variables. The DASS-21 results in this study also showed that 62.3% of respondents experienced depressive symptoms ranging from mild to severe, underscoring the urgency of a systematic prevention program. The correlation value of −0.458 places depression as the mental health variable with the second strongest correlation with occupational health promotion after burnout, consistently demonstrating that psychosocial aspects of health promotion have significant clinical relevance to the prevention of depressive disorders.

From a theoretical perspective, the relationship between occupational health promotion and depression can be understood through Behavioral Activation Theory (Lewinsohn, 1974), which states that depression develops due to reduced positive interactions with the environment and the loss of behavioral reinforcement. Workplace health promotion programs that include social activities, achievement recognition, and wellness programs serve to increase positive reinforcement in the work environment, thereby directly countering the cognitive-behavioral processes underlying depression.

Adam et al. (2023) conducted a scoping review published in Frontiers in Public Health, evaluating digital app-assisted occupational health promotion programs to reduce stress and prevent burnout and depression in healthcare professionals. The study concluded that interventions with digital components integrated into occupational health programs were effective in reducing depressive symptoms, with a combined individual and organizational approach providing the most sustained impact. These findings support the negative association found between occupational health promotion and depression, particularly in healthcare settings with high work demands (Adam et al., 2023).

Sanatkar et al. (2025) through a systematic review and meta-analysis published in the International Archives of Occupational and Environmental Health evaluated the effectiveness of workplace interventions focused on work function and mental health in 30 studies ($n = 3,963$ participants). The results showed a significant pooled effect size for mental health outcomes (SMD = 0.18; 95% CI [0.08–0.27]), with interventions integrating organizational strategies proving more effective. This study directly supports the occupational health promotion approach to depression prevention through environmental modifications and more supportive work policies (Sanatkar et al., 2025).

The researchers assumed that the relationship between occupational health promotion and depression in this study was strongly mediated by perceived organizational support and the psychosocial work environment. Depression, as an affective disorder with a longer trajectory and more influenced by the accumulation of negative experiences in the workplace, requires proactive

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and sustained health promotion interventions, rather than merely reactive ones. The researchers also assumed that in the context of health education institutions such as Poltekkes Padang, stigmatization of mental disorders likely leads to underreporting of depressive symptoms, so the prevalence found is potentially a conservative estimate of the true condition. This strengthens the argument that destigmatization and early detection programs need to be an integral component of occupational health promotion in these institutions.

5. Predictive Strength of Workplace Health Promotion Across Psychological Outcomes

The regression analysis revealed that workplace health promotion demonstrated varying levels of predictive strength across psychological outcomes. Burnout emerged as the strongest predicted outcome, followed by depression, stress, and anxiety. This pattern is theoretically consistent with the Job Demands-Resources Model, which posits that organizational resources primarily influence work-related psychological conditions before affecting broader mental health outcomes.

The stronger association with burnout may be explained by the direct relationship between organizational support, workload management, and employees' perceptions of occupational resources. In contrast, anxiety appears to be influenced by a broader range of determinants, including personality characteristics, uncertainty tolerance, family-related stressors, and external environmental factors that are not fully addressed through workplace-based interventions.

These findings suggest that workplace health promotion programs should prioritize organizational-level strategies aimed at preventing burnout while simultaneously integrating mental health interventions that address depression, stress, and anxiety. Such a comprehensive approach may maximize the effectiveness of workplace health promotion in improving employee well-being and organizational performance.

CONCLUSIONS

This study demonstrated that workplace health promotion had a statistically significant moderate negative relationship with job burnout ($r = -0.482$), depression ($r = -0.458$), stress ($r = -0.436$), and anxiety ($r = -0.401$) among Poltekkes Padang workers ($p < 0.001$; $n = 154$). The coefficient of determination ranged from 16.1% to 23.2%, indicating that workplace health promotion was a significant predictor, although other variables outside the model also contributed. The hierarchical pattern of correlation strengths reflects that job-specific variables are more responsive to organizational-based interventions than constructs influenced by dispositional factors. These findings are consistent with the Job Demands-Resources Model and the Social Determinants of Mental Health Framework, and are supported by recent empirical evidence (Cohen et al., 2023; Sadiq et al., 2025). Practically, health education institutions need to develop multicomponent, sustainable, and evidence-based occupational health promotion programs, encompassing mental health education, strengthening organizational support, equitable workload management, and destigmatizing mental disorders. Longitudinal research using randomized controlled trials and path

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analysis is recommended to confirm causal relationships and identify the most effective intervention components in the context of higher health education institutions in Indonesia.

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