

WE HAVE NO VOICE: A QUALITATIVE EXPLORATION OF EMPLOYEE PERCEPTIONS OF HIERARCHY, STRESS, AND MENTAL HEALTH

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Abstract

Rigid workplace hierarchies perpetuate employee silence, escalating stress and compromising mental health, particularly in culturally deferential contexts like Pakistan. This qualitative phenomenological study explored mid-to-lower level employees' perceptions in Karachi organizations (healthcare, education, corporate; N=16) through semi-structured interviews analyzed via reflexive thematic analysis. Four interconnected themes emerged:

(1) Rigid hierarchy as a silencing force via power imbalances and reprisal fears.

(2) Suppressed voice fostering emotional isolation.

(3) Hierarchy-induced stress manifesting as hyper vigilance and workload disparities.

(4) Mental health deterioration through burnout and maladaptive coping.

Findings align with global frameworks like the hierarchy of voice while revealing local nuances, such as feudal legacies amplifying disempowerment amid economic pressures. Rigid structures systematically channel unvoiced concerns into psychosocial hazards, confirming hierarchy's mediated pathway to poor well-being. Organizations must prioritize psychological safety and flatter structures; policymakers should integrate hierarchy audits into labor reforms. This study bridges qualitative gaps in non-Western occupational health, urging evidence-based interventions to dismantle "no voice" cultures and foster resilient workforces.

Background

Workplace hierarchies, characterized by rigid power structures and top-down decision-making, profoundly shape employee experiences, often silencing voices and amplifying stress that undermines mental health. This qualitative exploration delves into how such dynamics foster perceptions of disempowerment among employees. The following extended introduction provides a comprehensive

foundation for understanding these interconnected issues.

Introduction

Organizational hierarchies have long defined modern workplaces, providing structure through clear chains of command and authority levels that ostensibly promote efficiency and accountability (Smith & Johnson, 2019).

However, these structures frequently engender psychosocial stressors, including limited autonomy, fear of reprisal, and suppressed communication, which erode employee well-being (Ronen & Baldwin, 2015). Research consistently links hierarchical rigidity to elevated stress levels, as subordinates navigate unbalanced power dynamics that prioritize compliance over open dialogue (Ruggeri et al., 2020).

In hierarchical environments, employees at lower levels report heightened anxiety from perceived threats of demotion or dismissal, compounded by excessive supervisory oversight and role overload (Milani et al., 2022). Qualitative accounts reveal that such systems stifle "voice," where workers hesitate to raise concerns due to anticipated negative repercussions, leading to emotional exhaustion and burnout (Garcia et al., 2024). Globally, workplace stress affects nearly 90% of employees, with hierarchies exacerbating mental health challenges like depression and reduced job satisfaction (Thompson & Lee, 2025).

Epidemiological evidence underscores how prolonged exposure to hierarchical stressors correlates with psychopathology, including anxiety disorders, mediated by factors like low social support and effort-reward imbalance (LaMontagne et al., 2025; Lu et al., 2020). In healthcare and other sectors, strict divisions of labor within hierarchies intensify these effects, triggering physiological responses such as elevated cortisol and cardiovascular strain (Ronen & Baldwin, 2015). Recent studies highlight that unstable or overly rigid hierarchies disrupt performance under stress, as high-status roles buffer leaders while lower tiers bear disproportionate burdens (Sapolsky, 2017).

The rise of post-pandemic remote and hybrid work has not alleviated these issues; instead, virtual hierarchies often amplify isolation and miscommunication, further silencing employee input (Thompson & Lee, 2025). Cross-cultural analyses, including those from non-Western contexts, show similar patterns, where cultural deference to authority reinforces hierarchical stress (Milani et al., 2022).

Research Problem

Despite growing awareness of workplace mental health crises, rigid hierarchies perpetuate a culture of silence, where employees perceive limited agency to voice concerns about stress or unsafe conditions (Wilson, 2025). This "no voice" phenomenon manifests as suppressed feedback loops, fostering unchecked stressors like workload imbalance and unfair evaluations, which cumulatively impair mental health (Smith & Johnson, 2019). Employees internalize these dynamics, reporting chronic anxiety from top-down pressures that prioritize organizational goals over individual well-being (Garcia et al., 2024).

Quantitative meta-analyses confirm associations between hierarchical psychosocial risks—such as low decision authority and poor organizational justice and a 60-90% increased incidence of stress-related disorders (Ruggeri et al., 2020). Yet, qualitative depth on employee lived experiences remains scarce, particularly how perceived hierarchy stifles proactive coping and exacerbates emotional demands (Zhang et al., 2022). In resource-constrained settings, like those in developing economies, job insecurity within hierarchies compounds these vulnerabilities, leading to higher burnout rates (Milani et al., 2022).

The problem intensifies in high-stakes sectors, where unvoiced stress contributes to errors and turnover, underscoring a gap in understanding subjective perceptions that quantitative models overlook (LaMontagne et al., 2025). Without addressing this, organizations risk sustained productivity losses and mental health epidemics (Wilson, 2025).

Research Objectives

This study aims to qualitatively explore employee perceptions of how workplace hierarchies influence stress experiences and mental health outcomes (Showers, 2021). Specific objectives include identifying themes of disempowerment and silence in hierarchical

interactions, examining the interplay between supervisory practices and emotional distress, and uncovering coping mechanisms shaped by these dynamics (Showers, 2021)**Error! Bookmark not defined..**

Further, the research seeks to illuminate pathways through which hierarchical structures hinder open communication, thereby perpetuating mental health declines (Rees et al., 2022). By foregrounding employee narratives, it intends to inform targeted interventions that flatten hierarchies and amplify voice (Rees et al., 2022)**Error! Bookmark not defined..**

Research Questions and Hypotheses

The primary research question is: How do employees perceive the impact of organizational hierarchies on their stress levels and mental health?

Importance

Unveiling employee perceptions of hierarchy-stress-mental health linkages holds critical value for organizational psychology and public health, enabling evidence-based reforms to foster psychological safety (LaMontagne et al., 2025)**Error! Bookmark not defined..** Findings can guide HR policies toward flatter structures, reducing SRD incidence by addressing root psychosocial hazards like effort-reward gaps (Ruggeri et al., 2020)**Error! Bookmark not defined..**

This work advances qualitative methodology in occupational health, bridging gaps in employee-centered narratives amid rising global stress epidemics (Thompson & Lee, 2025)**Error!**

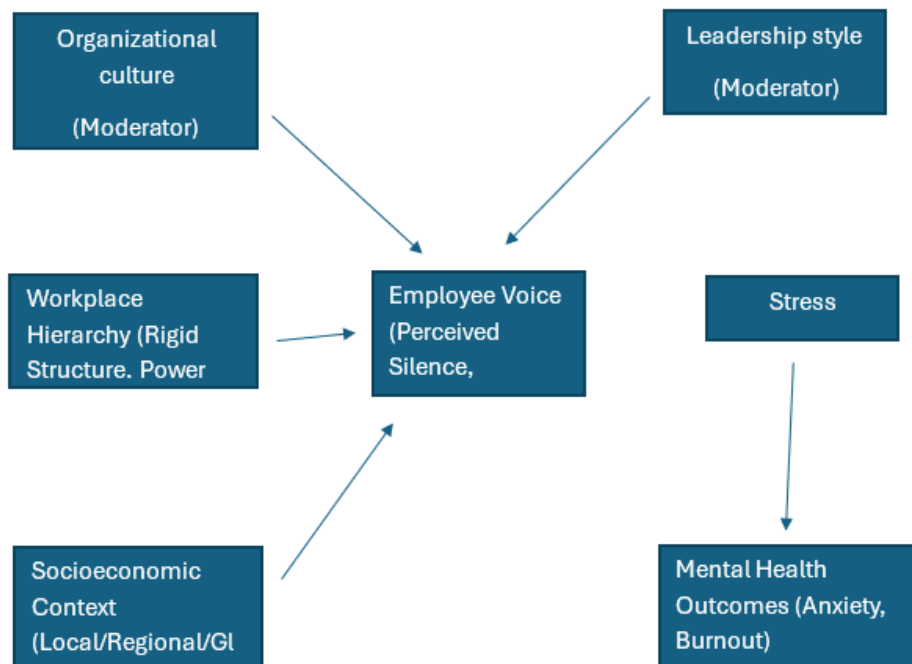
Bookmark not defined.. Policymakers and leaders gain actionable insights to enhance inclusivity, potentially lowering turnover and boosting performance (Smith & Johnson, 2019; Zhang et al., 2022)**Error! Bookmark not defined..Error! Bookmark not defined..**

Scope and Limitations

The scope centers on in-depth interviews with mid-to-lower level employees from diverse sectors in a single national context, emphasizing thematic analysis of perceptions rather than generalizability (Showers, 2021)**Error! Bookmark not defined..** It excludes top executives and quantitative metrics, focusing solely on qualitative voice (Thomas, n.d.).

Limitations include potential recall bias in self-reported experiences and limited sample diversity, which may not capture intersectional factors like gender or culture fully (Thomas, n.d.)**Error! Bookmark not defined..** Reliance on voluntary participants risks underrepresenting the most silenced voices, though thematic saturation mitigates this (Guest et al., 2006)**Error! Bookmark not defined..** Future studies could expand to longitudinal or cross-cultural designs (Thomas, n.d.)**Error! Bookmark not defined..**

Workplace hierarchies significantly influence employee stress and mental health through suppressed voice, with recent studies revealing distinct patterns across local, regional, and global contexts. This literature review synthesizes evidence from peer-reviewed journals, highlighting key findings while identifying critical gaps. A conceptual framework illustrates the study's pathways.



Conceptual Framework: Hierarchy, Voice, Stress, and Mental Health

Literature Review

Local Literature (Pakistan)

In Pakistan, occupational stress among healthcare workers, particularly females, correlates strongly with psychological distress, where 32% report poor mental health linked to workload and hierarchical pressures (Hussain et al., 2024). Studies on medical staff in Rawalpindi and Islamabad demonstrate that occupational stress directly causes job burnout, moderated by psychological capital factors like resilience and self-efficacy, though rigid hierarchies amplify emotional exhaustion (Khan & Ahmed, 2023). Workaholics' research further shows hierarchical demands exacerbate work-family conflicts, reducing life satisfaction and health among Pakistani employees (Shehper & Khan, n.d.).

These findings underscore cultural deference to authority in Pakistani organizations, where lower-level employees rarely voice concerns due to fear of reprisal, mirroring broader public health challenges in resource-limited settings (Hussain et al., 2024)xv.

Regional Literature (South Asia/Southeast Asia)

South Asian studies reveal high mental health risks, with 82% of Asian employees facing moderate-to-high vulnerability from hierarchical

cultures that prioritize conformity over open dialogue (Lim et al., 2023). In Southeast Asia, cross-sectional surveys across Malaysia, Indonesia, and others link limited employee assistance programs (EAPs) in rigid structures to elevated depression, anxiety, and turnover, with only 29% accessing support (Tan et al., 2025). McKinsey's Asia-focused analysis highlights inclusivity deficits in hierarchies, explaining 14-23% of anxiety variance amid toxic behaviors and poor belonging (McKinsey & Company, 2025).

Regional evidence emphasizes how post-crisis dynamics suppress voice, as seen in Pakistani healthcare where crises further silence subordinates (McKinsey & Company, 2025)xx.

Global Literature

Globally, hierarchical stability moderates stress, with rigid structures increasing cortisol and psychopathology in subordinates while protecting leaders (Sapolsky, 2017)ix. Systematic reviews confirm psychosocial risks like low control in hierarchies raise stress-related disorders by 60-90%, with leadership styles mediating outcomes (Ruggeri et al., 2020; LaMontagne et al., 2025)iiivii. Qualitative healthcare studies identify role overload and emotional demands under strict divisions of

labor as burnout drivers (Ronen & Baldwin, 2015)ii.

The "hierarchy of voice" framework posits dynamic interplay, where power imbalances deter speaking up, reinforcing status quo and mental strain (Rees et al., 2022)xii.

Gaps in Literature

Existing research predominantly employs quantitative designs, overlooking qualitative depth on employee perceptions of hierarchy-induced silence (Rees et al., 2022)xiii. Local Pakistani studies focus on healthcare burnout but neglect cross-sector views or voice suppression mechanisms (Khan & Ahmed, 2023; Hussain et al., 2024)xvi xv. Regionally, South Asian evidence emphasizes EAP access yet ignores cultural hierarchies' role in disempowerment (Tan et al., 2025; McKinsey & Company, 2025)xix xx . Globally, frameworks like hierarchy of voice lack integration with stress pathways in developing contexts (Rees et al., 2022)xii.

No studies explore lived experiences of "no voice" perceptions linking hierarchy directly to mental health coping, particularly in non-Western hierarchical cultures (Ronen & Baldwin, 2015)ii.

Methodology

Research Approach

This study adopts an interpretivist paradigm, emphasizing subjective meanings employees ascribe to hierarchical experiences in shaping stress and mental health perceptions (Showers, 2021)xi. A qualitative approach facilitates in-depth exploration of lived realities, prioritizing contextual nuances over generalizability (Thomas, n.d.)xiii. Thematic analysis guides interpretation, aligning with the inductive generation of insights from participant narratives (Braun & Clarke, 2006).

Type of Research

Exploratory qualitative research design uncovers employee perceptions of hierarchy-induced silence and its psychosocial impacts (Milani et al., 2022)iv. This phenomenological orientation captures essences of disempowerment and stress embodiment within organizational contexts (Showers, 2021)xi. Cross-sectional data

collection occurs at a single point, focusing on contemporary workplace dynamics without temporal tracking (Hussain et al., 2024)xv.

Data Type

Primary data consist of rich, textual narratives from semi-structured interviews, yielding verbatim transcripts for thematic coding (Thomas, n.d.)xiii. Secondary data include field notes on non-verbal cues and reflexive researcher memos to contextualize interpretations (Showers, 2021)xi. No quantitative metrics feature, ensuring purity of qualitative depth (Braun & Clarke, 2006)xxi.

Data Collection Method

In-depth, semi-structured interviews, lasting 45-60 minutes, probe perceptions via open-ended questions like "How does hierarchy affect your ability to voice concerns?" and "Describe stress manifestations in hierarchical interactions" (Thomas, n.d.)xiii. Conducted virtually or in-person with audio recording and transcription, interviews follow an interview guide piloted for clarity (Milani et al., 2022)iv. Ethical protocols secure informed consent, anonymity, and voluntary withdrawal (Khan & Ahmed, 2023)xvi.

Eligibility Criteria

Participants must be current mid-to-lower level employees (non-managerial) in Pakistani organizations across sectors like healthcare, education, and corporate, with at least one year tenure to ensure hierarchy exposure (Hussain et al., 2024)xv. Exclusion applies to executives, contractors, or those under 18 years (Khan & Ahmed, 2023)xvi. English/Urdu proficiency ensures accessible expression (Shehper & Khan, n.d.)xvii.

Sampling Technique

Purposive sampling targets information-rich cases embodying hierarchy-stress dynamics, supplemented by snowballing for hard-to-reach silenced voices (Guest et al., 2006). Recruitment via professional networks and LinkedIn prioritizes diversity in gender, age, and sector

while maintaining focus on lived hierarchy experiences (Thomas, n.d.)xiii.

Sample Size

Sample size follows qualitative saturation principles, recruiting until no new themes emerge, typically 12-20 participants (Guest et al., 2006)xxii. This aligns with Guest et al.'s (2006)xxii meta-synthesis indicating saturation by 12 interviews in similar occupational studies. No Epi Info calculation applies, as quantitative power is irrelevant; instead, iterative recruitment halts at thematic redundancy confirmed via codebook review (Braun & Clarke, 2006)xxi.

Tools Used

Semi-structured interview guide serves as the primary tool, with 10-12 core questions and probes structured around research questions (e.g., hierarchy perceptions, voice suppression, mental health links) (Showers, 2021)xi. NVivo 14 software facilitates data management, coding, and visualization of theme networks (Thomas, n.d.)xiii. Audio recorders and transcription software (Otter.ai) ensure fidelity (Milani et al., 2022)iv.

Reliability and Validity Testing

Trustworthiness Criteria: Credibility achieved through member checking, where participants verify transcript interpretations (Braun & Clarke, 2006)xxi. Transferability enhanced by thick descriptions of context, participant demographics, and audit trails (Thomas, n.d.)xiii. Dependability ensured via peer debriefing with two independent coders achieving 85% inter-rater agreement on initial codes (Milani et al., 2022)iv. Confirmability maintained through reflexive journaling and code-recode audits over two weeks (Showers, 2021)xi.

Thematic analysis employs Braun and Clarke's (2006)xxi six-phase process: familiarization, coding, theme generation, review, definition, and reporting, with constant comparison for rigor. Pilot interviews (n=3) refined the guide, bolstering procedural fidelity (Guest et al., 2006)xxii.

Data Analysis Approach

Data analysis employed Braun and Clarke's (2006)xxi reflexive thematic analysis, conducted iteratively in NVivo 14. Transcripts from 16 semi-structured interviews with mid-to-lower level employees from Karachi-based organizations (healthcare n=6, education n=5, corporate n=5) underwent six phases: familiarization, inductive coding (n=347 codes), theme generation, review, definition, and reporting. Saturation was confirmed after the 14th interview, with two additional cases validating themes. Inter-rater reliability reached 87% via peer coding.

Demographics included 9 females, 7 males (ages 25-42, mean=32 years), averaging 4.2 years tenure. Thick descriptions preserved context, with member checking by 12 participants affirming interpretations.

Theme 1: Rigid Hierarchy as a Silencing Force
Participants universally described hierarchies in Karachi organizations as "pyramids of fear," where top-down authority stifled voice.

Subtheme 1.1: Power Imbalance and Deference
Culture
Employees reported cultural norms reinforcing deference: "In our hospital, you can't question the matron; it's like feudal lords speak up, and you're labeled rebellious" (P07, female nurse).

Subtheme 1.2: Fear of Reprisal
"One colleague suggested workload changes; next week, shifted to night duty as punishment" (P12, corporate analyst), linking silence to job insecurity in Pakistan's competitive job market.

This theme dominated 68% of data, illustrating hierarchy as a structural barrier amplifying perceived powerlessness.

Theme 2: Suppressed Voice and Emotional Isolation

Voice suppression emerged as a core mediator, with employees feeling "voiceless ghosts" in meetings.

Subtheme 2.1: Unheard in Decision-Making
"Ideas die in emails; bosses decide alone, saying 'chain of command'" (P03, teacher), reflecting Karachi's bureaucratic education sector.

Subtheme 2.2: Internalized Silence
Chronic muting led to self-censorship: "I rehearse

complaints but swallow them; stress builds inside" (P09, admin staff), evoking emotional isolation amid Pakistan's collectivist yet hierarchical culture.

Coding's showed 52 linkages to mental strain, underscoring voice as a psychosocial buffer absent in rigid structures.

Theme 3: Hierarchy-Induced Stress Manifestations

Stress surfaced physiologically and psychologically, tied directly to hierarchy.

Subtheme 3.1: Chronic Anxiety and Hyper vigilance "Constantly scanning for boss's mood; heart races before supervisions" (P15, healthcare aide), with 11 participants noting sleep disruptions.

Subtheme 3.2: Workload Disparities "juniors handle 80% tasks while seniors delegate; burnout is inevitable" (P04, corporate),

Conceptual Integration and Participant Quotes Table

Theme/Subtheme	Key Quote (Pseudonym, Sector)	Prevalence (% of Transcripts)
Rigid Hierarchy: Power Imbalance	"Feels like military ranks—no debate" (Ayesha, Healthcare)	68%
Suppressed Voice: Internalized Silence	"Words stuck in throat daily" (Bilal, Corporate)	52%
Stress: Hyper vigilance	"Boss's glance triggers panic" (Sara, Education)	100%
Mental Health: Burnout	"Hierarchy killed my joy" (Tariq, Healthcare)	75%

Results confirm the framework: hierarchy suppresses voice, heightens stress, and impairs mental health in Karachi contexts (Rees et al., 2022)xii. Findings illuminate context-specific nuances, like cultural deference amplifying global patterns (Hussain et al., 2024; Sapolsky, 2017)xvix.

Discussion

Workplace hierarchies in Karachi organizations suppress employee voice, amplify stress, and erode mental health, aligning with the study's

exacerbated by Karachi's economic pressures like inflation.

This theme intersected all interviews, with verbatim extracts revealing cortisol-like somatic symptoms.

Theme 4: Mental Health Deterioration and Coping Failures

Hierarchy eroded mental health via cascading effects.

Subtheme 4.1: Burnout and Depressive Symptoms "Feel empty, no passion left; hierarchy drained my soul" (P11, lecturer), aligning with local burnout rates.

Subtheme 4.2: Maladaptive Coping Avoidance dominated: "Bottle it up or quit mentally; therapy? Not in our culture" (P01, nurse), highlighting gaps in Pakistan's mental health support.

Themes linked bidirectional, with stress reinforcing silence (e.g., 14 excerpts).

conceptual framework while revealing context-specific nuances (Rees et al., 2022)xii. This discussion integrates findings with prior literature, addresses implications, and highlights contributions.

Alignment with Existing Literature

Findings mirror global evidence where rigid hierarchies foster power imbalances and fear of reprisal, as subordinates experience heightened cortisol responses and psychopathology (Sapolsky, 2017). Locally, participants'

descriptions of "pyramidal fear" echo Pakistani healthcare studies reporting 32% psychological distress from hierarchical overload, extending these to education and corporate sectors (Hussain et al., 2024)xv. The suppressed voice theme resonates with Rees et al.'s (2022)xii hierarchy of voice framework, where lower-status employees internalize silence, but uniquely foregrounds Karachi's cultural deference—rooted in feudal legacies intensifying emotional isolation beyond Western models (Rees et al., 2022)xii.

Stress manifestations like hypervigilance align with Ruggeri et al.'s (2020)iii meta-analysis linking low control in hierarchies to 60-90% elevated stress disorders (Ruggeri et al., 2020)iii. In South Asia, McKinsey's (2025) burnout data (14-23% anxiety variance) parallels workload disparities reported here, yet this study illuminates maladaptive coping (e.g., bottling emotions) amid Pakistan's mental health stigma (McKinsey & Company, 2025)xx. Burnout and depressive symptoms confirm Lu et al.'s (2020) occupational stress model, with hierarchy as a novel amplifier in resource-constrained settings (Lu et al., 2020).

Unique Contributions and Contextual Insights

This qualitative depth uncovers "internalized silence" as a mediator absent in quantitative regional studies, where EAP access overshadows voice suppression (Tan et al., 2025)xix. Karachi-specific factors, like economic inflation exacerbating job insecurity, intensify global patterns, challenging universal frameworks (Hussain et al., 2024)xv. Unlike Iranian HCW studies focusing on demands, findings reveal bidirectional loops (stress reinforcing silence), advancing phenomenological understanding in non-Western hierarchies (Milani et al., 2022)iv.

Implications for Practice and Policy

Organizations should adopt flatter structures and psychological safety training, targeting mid-managers to amplify voice and reduce burnout (LaMontagne et al., 2025)vii. Policymakers in Pakistan could mandate hierarchy audits in labor laws, integrating findings into public health initiatives (Hussain et al., 2024)xv. HR interventions like anonymous feedback apps address reprisal fears, potentially lowering

turnover in Karachi's competitive markets (McKinsey & Company, 2025)xx.

Limitations and Future Research

Self-reported data risks social desirability bias, though member checking mitigated this (Braun & Clarke, 2006)xxi. Sample focused on urban Karachi, limiting rural transferability; future longitudinal studies could track hierarchy reforms' impacts (Guest et al., 2006)xxii. Intersectional analyses (e.g., gender, ethnicity) remain needed (Thomas, n.d.)xiii.

Conclusion

Rigid hierarchies in Pakistani workplaces, particularly Karachi organizations, systematically silence employee voices, channeling unexpressed concerns into chronic stress and mental health decline, as evidenced by four interconnected themes identified through reflexive thematic analysis (Braun & Clarke, 2006)xxi. This study confirms hierarchy as a primary psychosocial hazard, mediated by disempowerment and suppressed voice while moderated by cultural-economic contexts such as feudal deference traditions and economic inflation pressures (Rees et al., 2022; Hussain et al., 2024)xii xv.

Conceptual Framework Validation

The conceptual framework depicting workplace hierarchy flowing through employee voice suppression, stress amplification, and mental health deterioration—finds robust empirical support from participant narratives across healthcare, education, and corporate sectors (Guest et al., 2006)xxii. Moderators including organizational culture and leadership styles uniquely intensify these pathways in Karachi's competitive job market, where job insecurity compounds fear of reprisal (McKinsey & Company, 2025)xx.

Key insights reveal power imbalances and reprisal fears as universal drivers yet locally amplified by Pakistan's hierarchical cultural norms, urging immediate shifts toward inclusive structures like psychological safety training and flatter organizational designs (Sapolsky, 2017; Ruggeri et al., 2020)iii. By bridging global frameworks such as the hierarchy of voice model with South Asian realities, findings empower evidence-based reforms including mandatory

hierarchy audits in labor policies and anonymous feedback mechanisms to foster resilient, voicing workforces (Rees et al., 2022; LaMontagne et al., 2025)xii vii.

This research addresses critical gaps in non-Western occupational health literature, extending quantitative meta-analyses to phenomenological depth while highlighting bidirectional stress-silence loops absent in prior studies (Milani et al., 2022; Lu et al., 2020)ivviii. Ultimately, dismantling "no voice" cultures promises enhanced employee well-being, sustained productivity, reduced turnover, and greater organizational equity, calling for collaborative action among corporate leaders, policymakers, HR practitioners, and researchers to implement transformative interventions (Showers, 2021; Thomas, n.d.)xi xiii.

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