

Life Stress, Anxiety, and Depression in the Workplace: Evidence from Non-Governmental Organization Staff in Negeri Sembilan, Malaysia

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Abstract

Non-governmental organizations (NGOs) play a critical role in delivering social services and advocacy; however, staff members often face high workloads and emotional demands that may affect their mental health and well-being. This study aimed to examine the levels of life stress, anxiety, and depression among NGO staff in Negeri Sembilan, and to explore the relationships between these variables. A total of 250 respondents from various NGOs participated in the study. Data were collected using the Holmes–Rahe Life Stress Scale, the Generalized Anxiety Disorder Scale (GAD-7), and the Beck Depression Inventory-II (BDI-II). Descriptive statistics revealed that 56% of respondents reported moderate stress, 57.2% experienced moderate anxiety, and 40.4% were categorized as having moderate depression. Pearson's correlation analysis indicated a significant but weak positive relationship between life stress and depression ($r = 0.198$, $p = 0.002$), while the relationship between life stress and anxiety was not statistically significant ($r = 0.108$, $p = 0.090$). These findings highlight the need for workplace mental health policies and counselling interventions to reduce stress and prevent progression to severe mental health problems. Theoretically, the study contributes to understanding the interplay between occupational stressors and psychological outcomes in the NGO context. Practically, it underscores the importance of implementing structured mental health programs, training for stress

management, and organizational support systems to enhance well-being and productivity among NGO staff. Future research should consider longitudinal and intervention-based approaches to develop tailored strategies for sustaining mental health in this sector.

Keywords: non-governmental organizations, life stress, anxiety, depression, workplace well-being

1. Introduction

1.1 Study Background

Life stress is an unavoidable aspect of daily living, particularly for individuals employed in the non-governmental sector, where the demands of work often exceed available resources. NGO staff are frequently confronted with heavy workloads, insufficient funding or manpower, and constant pressure to meet organizational objectives (Mer & Virdi, 2021). In addition to these structural challenges, they often work directly with vulnerable populations, such as refugees, marginalized communities, or victims of abuse, which imposes high emotional labour demands and increases the risk of burnout (Maslach & Leiter, 2016).

Globally, non-governmental organizations (NGOs) play a vital role in humanitarian, social, and developmental work, yet many struggle with sustainability. High dependence on short-term donor funding, weak governance structures, and resource constraints have contributed to high rates of NGO closure or inactivity across regions (Banks et al., 2015; Lewis, 2014). For example, studies in Africa and the United States reveal that between 30–50% of NGOs become inactive within their first five years due to financial unsustainability (Brass et al., 2018). These organizational pressures not only threaten service delivery but also have profound consequences for the workforce. Global reviews indicate that 40–70% of aid and NGO staff report significant stress, with some meeting criteria for anxiety, depression, or post-traumatic stress disorder (S øvold et al., 2021).

In Malaysia, similar trends are observed. Recent statistics reveal that 63,846 NGOs are currently registered with the Registrar of Societies (ROS), yet 28,190 (44%) have had their registration revoked. In Kuantan, Pahang alone, 129 out of 460 NGOs have been deregistered, with the recreation category showing the highest cancellation rate at 58.10% (Mamat & Wan Ab. Aziz, 2021). These figures reflect significant operational pressures faced by NGOs, which may in turn affect the mental well-being of their staff.

Limited financial compensation, short-term contracts, and job insecurity are also common in the NGO sector, contributing to chronic stress and a sense of instability (McFadden et al., 2014). Moreover, due to understaffing, employees frequently work extended hours, blurring the boundaries between work and personal life and exacerbating mental health risks (Messenger et al., 2017). In many cultural contexts, stigma surrounding mental health and limited access to support services further hinder early intervention, leaving employees more vulnerable to psychological distress (Corrigan et al., 2014).

1.2 Past Studies

Prolonged occupational stress, if left unmanaged, can result in anxiety and depression (Suppiah et al., 2023). Anxiety is characterized by persistent worry and unfounded fear, often impairing daily functioning and work performance (Rogers et al., 2019). Among NGO workers, anxiety may be triggered by performance pressure, inadequate resources, and uncertain work environments (Golonka et al., 2019). Depression, in contrast, is marked by prolonged sadness and diminished interest in daily activities, affecting both personal and professional well-being (Gaynes et al., 2019). Without timely intervention, depression can reduce productivity, increase absenteeism, and contribute to higher turnover rates, thereby compromising organizational capacity (World Health Organization, 2022).

NGO workers are frequently exposed to occupational stressors such as high workloads, job insecurity, limited funding, and emotional exhaustion. Research indicates that such stressors can significantly affect their mental health and job satisfaction. Jachens (2019) emphasized that humanitarian and NGO staff experience elevated levels of stress due to resource scarcity and challenging work environments. Similarly, McFarlane and Bryant (2007) noted that prolonged exposure to organizational stressors in humanitarian contexts can heighten psychological strain. A Malaysian study by Shaikh et al. (2019) reported that NGO staff often juggle multiple roles, intensifying stress and affecting well-being.

Life stress has been consistently linked to anxiety, particularly in high-pressure occupations. Lazarus and Folkman's (1984) stress-coping model highlights that prolonged stress without adequate coping resources increases vulnerability to anxiety. Research by Bhui et al. (2016) found that NGO employees exposed to financial instability and uncertain workloads reported significantly higher anxiety levels than workers in other sectors. Globally, humanitarian staff are also at elevated risk of anxiety disorders, with studies showing rates higher than in the general population (Connerton et al., 2012).

Stressful life conditions are a well-established risk factor for depression. Law et al. (2020) noted that prolonged occupational stress increases the likelihood of depressive symptoms, impaired productivity, and absenteeism. A meta-analysis by Stansfeld and Candy (2006) confirmed that job stress is strongly associated with depression across occupational groups. Within NGOs, limited research exists, but available evidence suggests that precarious contracts and heavy workloads contribute to depressive symptoms among staff (Ager et al., 2012).

Given these challenges, understanding the relationship between life stress and mental health among NGO personnel is critical. By identifying the extent to which life stress predicts anxiety and depression in this workforce, the findings will provide evidence-based insights for designing targeted interventions and formulating organizational policies that reduce stress and promote mental well-being among NGO staff in Negeri Sembilan. Such measures are essential for sustaining the health, productivity, and retention of personnel in a sector vital to community development and social welfare.

1.3 Purpose of the Paper

Although numerous studies have examined life stress and its impact on mental health, research specifically targeting NGO staff in Negeri Sembilan remains scarce. Most existing studies focus on the general population or employees in other sectors, creating a notable knowledge gap regarding the unique context of NGO work. For example, Chan et al. (2020) investigated work engagement predictors among 5,235 employees from 47 public and private organizations in Malaysia, identifying factors such as age, marital status, education level, job type, job stability, sleep duration, lower psychological stress, and absence of workplace bullying as key predictors. However, this research excluded NGO workers entirely. Similarly, Mamat and Wan Ab. Aziz (2021) focused solely on NGOs in Kuantan, Pahang, without addressing other regions.

In Malaysia, Negeri Sembilan provides a particularly relevant context because of its strategic geographic position in the central region, diverse demographic composition, and active NGO presence. The state is home to both urban centers such as Seremban and semi-rural districts like Jelebu and Kuala Pilah, where NGOs frequently complement government services in education, health, and community welfare. Many NGOs in Negeri Sembilan operate with limited resources, relying heavily on volunteers and ad-hoc funding, which may expose their staff to higher workload pressures and uncertainty compared to more established organizations in metropolitan areas such as Kuala Lumpur or Penang. Moreover, NGOs in Negeri Sembilan are often embedded within close-knit communities, where staff balance professional roles with strong social and cultural obligations, potentially compounding life stress.

Given the evidence that prolonged life stress can negatively impact mental health and leading to higher levels of anxiety and depression, there is a critical need to explore these issues in the specific context of NGO staff in Negeri Sembilan. Workload pressures and limited resources, common in NGOs, have been shown to cause significant stress (Shaikh et al., 2019; Dee et al., 2020), yet research in this setting remains limited. Anxiety is a common mental health concern in high-stress, uncertain environments, but little is known about its prevalence among NGO employees in this region. Similarly, while depression is recognized as a serious condition that can impair work performance and quality of life, studies focusing on depression among NGO staff are scarce (Magnavita et al., 2021).

Furthermore, theoretical perspectives suggest that high life stress may lead to increased anxiety and depression in the absence of effective coping mechanisms (Suppiah et al., 2023). This study therefore seeks to assess the extent of the relationship between life stress and mental health outcomes among NGO staff in Negeri Sembilan, providing evidence on how life stress affects their psychological well-being (Mer & Virdi, 2021).

1.4 Theoretical Framework

Figure 1 illustrates the Theoretical framework of the study. Life Stress, conceptualized through the Job Demands – Resources (JD-R) Model, serves as the independent variable (IV). The dependent variables (DV) are Anxiety, grounded in the Transactional Model of Stress

and Coping, and Depression, based on established clinical definitions. This framework illustrates the hypothesized relationships between life stress and mental health outcomes among NGO staff in Negeri Sembilan.

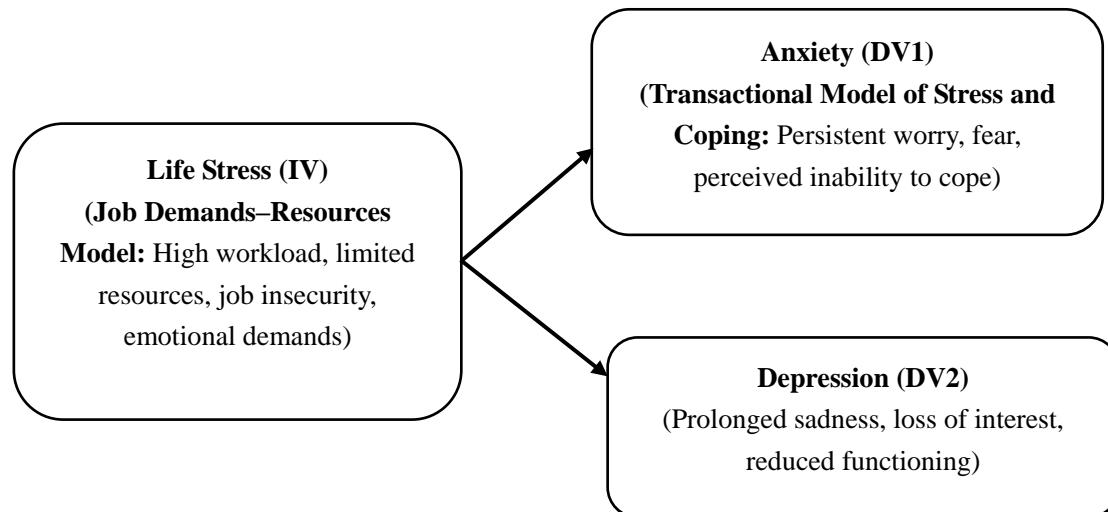


Figure 1. The theoretical framework

The Job Demands–Resources (JD-R) Model (Bakker & Demerouti, 2007) is appropriate as it explains how high job demands such as workload intensity, emotional strain, and role ambiguity, combined with low job resources, including limited funding, inadequate staffing, and lack of organizational support, contribute to psychological strain. This aligns with the working conditions faced by NGO staff, where resource constraints and operational pressures are common.

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) complements the JD-R Model by focusing on the cognitive appraisal process through which individuals evaluate stressors and determine their coping strategies. It explains how life stress is perceived as either manageable or overwhelming, influencing emotional responses such as anxiety, which may subsequently lead to depression.

By integrating these two theories, this framework captures both the structural determinants of stress (JD-R Model) and the individual psychological processes that mediate its effects (Transactional Model). In the proposed model, life stress directly influences both anxiety and depression.

1.5 Hypotheses

There are two hypotheses in this study:

H_{a1}:There is a significant relationship between life stress and anxiety among NGO staffs in Negeri Sembilan.

H_{a2}:There is a significant relationship between life stress and depression among NGO staffs in

Negeri Sembilan.

2. Method

2.1 Study Design

The current study uses quantitative cross-sectional study to identify the relationship between life stress towards anxiety and depression symptoms among NGO staff in Negeri Sembilan.

2.2 Procedures and Participants

Negeri Sembilan was purposively chosen to enable rigorous hypothesis testing of the stress–mental-health relationships in a real-world NGO context. The state offers a complete and manageable NGO sampling frame ($N=54$), established organizational access for uniform data collection, and sufficient recruitment to meet power requirements. Its NGO ecology reflects the high job-demand/low-resource conditions specified by our theoretical framework, making it an appropriate setting for analytic generalization of the hypothesized associations.

There are 54 registered NGO's as according to the data by Department of Islamic Religious Affairs of Negeri Sembilan. However, the total number of NGO staffs in Negeri Sembilan could not be precisely enumerated, rates are calculated against invitations distributed via Google Forms.

Sample size was determined using Cohen's (1988) power analysis for Pearson's correlation. The calculation assumed a two-tailed test with a significance level of $\alpha=0.05$, a desired statistical power of $1-\beta=0.80$, and an expected small-to-medium effect size of $r=0.20$ based on previous research examining stress–mental health relationships in occupational settings. According to Cohen's guidelines, the minimum required sample size for these parameters is $n = 195$. In this study, the number of valid responses obtained was $n = 250$, which exceeds the required minimum and provides sufficient power to detect correlations of $r \geq 0.20$ between life stress and anxiety, and between life stress and depression.

The study targeted all registered NGOs in Negeri Sembilan ($N = 54$; staff population size unknown) using a census sampling design, whereby each NGO was invited to distribute a Google Form survey link to its staff; a total of 261 responses were received (response rate = 82.9%), of which 250 were valid after data cleaning, which the exclusion of respondents identified as volunteers (validity among responses = 95.8%; valid vs. invited = 79.4%).

The inclusion criteria are:(1) Malaysia citizen, (2) employed by a participating NGO, (3) aged 18 years and older, (4) able to read and understand in Bahasa Malaysia or English. They will be excluded if they were not employed by a registered NGO in Negeri Sembilan at the time of data collection, were below 18 years of age, served only as volunteers, interns, or temporary workers without formal employment status, or did not provide informed consent. Data collection was held over one-month period from November to December 2024. Out of 271 responses received, 121 were excluded because they served as volunteers or interns at the NGOs. The remaining 250 eligible questionnaires were usable for further analysis.

Figure 2 shows the sampling process flowchart. The population comprised 54 registered

NGOs in Negeri Sembilan, although the exact number of staff was unknown. A census sampling approach was adopted, with all NGOs invited to participate. Invitations were distributed through Google Forms sent to all 54 NGOs. A total of 271 responses were collected, and after data cleaning, 250 valid responses were retained for analysis.

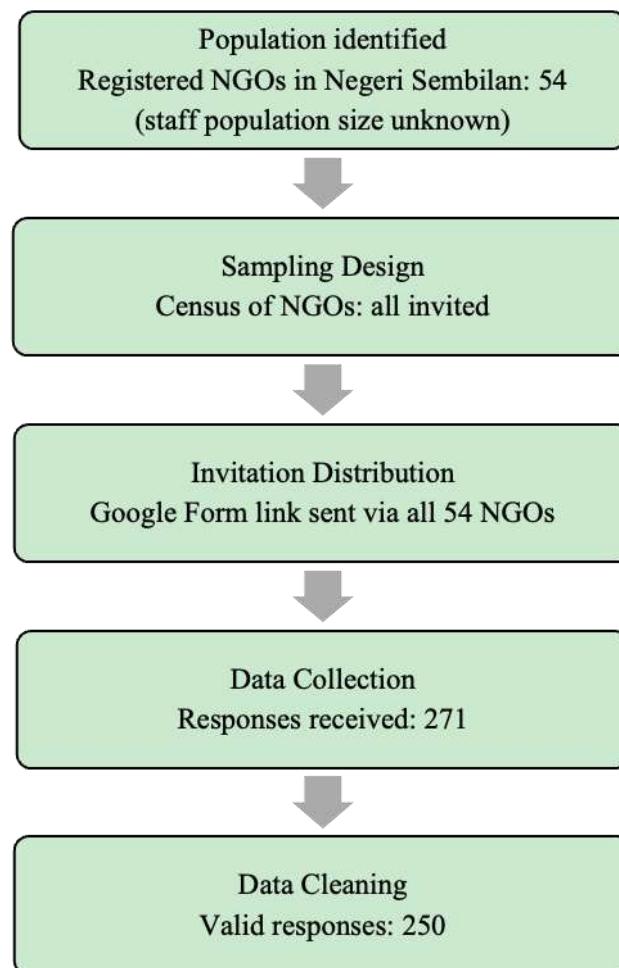


Figure 2. Sampling Process Flowchart

2.3 Measures

The questionnaires encompassed items addressing demographic profiles, life stress, depression, and anxiety.

2.3.1 Demographic Profiles

Each participant filled out demographic questions about their age, gender, occupational status, and work experience.

2.3.2 Holmes-Rahe Life Stress Inventory

The respondents' life stress was assessed using Holmes-Rahe Life Stress Inventory (Holmes & Rahe, 1967). It measures the amount of stress a person has experienced in the past year through a list of 43 life events, each given a score called Life Change Units (LCUs).

Respondents tick the events they have faced, and the scores are added to get a total. Higher scores indicate a greater risk of stress-related health problems, with 150 or less considered low risk, 150–299 moderate risk, and 300 or more high risk. The inventory is widely used to assess cumulative life stress and its potential impact on health, with reported Cronbach's alpha values ranging from 0.84 to 0.94, indicating high internal consistency (Rahe et al., 1967; Scully et al., 2000).

2.3.3 Generalized Anxiety Disorder-7

This scale was developed by Spitzer et al. (2006) and it is a brief self-report tool designed to screen for and assess the severity of generalized anxiety disorder symptoms over the past two weeks. It consists of seven items rated on a 4-point Likert scale from 0 (not at all) to 3 (nearly every day), producing a total score ranging from 0 to 21. Scores of 5, 10, and 15 represent cut-off points for mild, moderate, and severe anxiety, respectively. The GAD-7 has been widely used in clinical and research settings due to its brevity, ease of administration, and strong psychometric properties, with Cronbach's alpha typically reported between 0.89 and 0.92, indicating excellent internal consistency (Löwe et al., 2008; Spitzer et al., 2006).

2.3.4 Beck Depression Inventory-II

This scale revised by Beck et al. (1996) and it is a widely used self-report instrument for measuring the presence and severity of depressive symptoms in individuals aged 13 years and older. It consists of 21 items, each rated on a 4-point scale ranging from 0 to 3, with total scores ranging from 0 to 63. Score ranges are commonly interpreted as: 0–13 (minimal), 14–19 (mild), 20–28 (moderate), and 29–63 (severe depression). The BDI-II assesses symptoms experienced over the past two weeks and reflects the diagnostic criteria for major depressive disorder outlined in the DSM-IV. It is extensively used in both clinical and research settings, demonstrating strong psychometric properties, with Cronbach's alpha values typically ranging from 0.89 to 0.93, indicating excellent internal consistency (Beck et al., 1996; Wang & Gorenstein, 2013).

2.4 Statistical Analysis

Data analysis was conducted using IBM SPSS Statistics Version 25. Descriptive statistics were employed to summarize the respondents' demographic characteristics and to determine the levels of life stress, anxiety, and depressive symptoms. Inferential analysis, specifically Pearson's correlation coefficient, was applied to examine the relationships among variables and to test the study hypotheses.

3. Results

3.1 Descriptive Statistics

This study involved 250 respondents comprising staffs from various NGOs in Negeri Sembilan. In terms of gender, the majority of respondents were male ($n = 174$; 69.6%), while the remaining 76 (30.4%) were female.

For the age category, respondents aged between 31 and 35 years formed the largest group,

with a total of 115 individuals (46%). This indicates that young adults in their 30s are the most dominant among NGO staff. In addition, for the 36–40 age category, there were 42 respondents (16.8%), while the 21–25 age category recorded 61 respondents (24.4%). Respondents aged between 26 and 30 years accounted for 19 individuals (7.6%), and the 41–45 age category represented the smallest group with only 13 respondents (5.2%). These data show diverse generational participation in NGOs, although the majority consists of young adults.

In terms of work experience in the NGO sector, 90 respondents (36%) had between 1 and 2 years of experience, followed by 73 respondents (29.2%) with between 2 and 3 years of experience. A total of 77 respondents (30.8%) had more than 3 years of experience, while 10 respondents (4%) had less than 1 year of experience. The largest group comprised those with 1 to 2 years of experience, reflecting workers who may still be in the early stages of learning and adaptation within the NGO sector.

Table 1 presents the stress levels among NGO staff as measured using the Holmes–Rahe Life Stress Scale. Based on the results obtained, a total of 110 respondents (44%) scored within the range of 0–150, indicating a low level of stress with a low risk of health problems. This suggests that the majority of NGO staff do not experience significant levels of stress in their daily lives and are unlikely to be at high risk for stress-related health issues. Conversely, 140 respondents (56%) recorded scores in the range of 150–300, which is categorized as moderate stress with a moderate risk of health problems. This indicates that more than half of the respondents experience higher stress levels, which may affect their physical and mental well-being, although the situation is not considered alarming. While their health risk is deemed moderate, the stress they experience should still be addressed to prevent it from developing into more serious problems.

Table 1. The level of life stress among NGO staffs

Mean score	Interpretation	Frequency (n)	Percentage (%)
0 – 150	Low stress level, low health risk.	110	44.00
150 – 299	Moderate stress level, moderate health risk.	140	56.00
300 or more	High stress level, high health risk	0	0

Table 2 shows that the majority of NGO staffs in this study, 143 respondents (57.2%), experienced moderate anxiety (scores 10–14), indicating a significant level that may affect emotional well-being and workplace productivity. Meanwhile, 60 respondents (24%) had mild anxiety (scores 5–9), which is less likely to disrupt daily functioning, and 47 respondents (18.8%) recorded minimal anxiety (scores 0–4), reflecting very low impact from anxiety-related factors. Overall, most respondents reported moderate anxiety, highlighting the need to address contributing factors and implement interventions to reduce stress and enhance mental well-being at work.

Table 2.The level of anxiety among NGO staffs

Mean score	Interpretation	Frequency (n)	Percentage (%)
0 – 4	Minimal anxiety	47	18.80
5 – 9	Mild anxiety	60	24.00
10 – 14	Moderate anxiety	143	57.20
15 – 21	Severe anxiety	0	0

Table 3 shows the depression levels among NGO staff measured using the Beck Depression Inventory-II (BDI-II). Based on the established score ranges, 29 respondents (11.6%) fell within the 0 – 13 range, indicating minimal depression symptoms, while 72 respondents (28.8%) experienced mild level (scores 14 – 19). The largest group, 101 respondents (40.4%), scored 20–28, categorized as moderate depression level, suggesting they may require early mental health intervention. In addition, 48 respondents (19.2%) recorded scores of 29–63, indicating severe depression level, requiring immediate intervention. Overall, most respondents experienced mild to severe depression symptoms, highlighting the need for early and targeted mental health support for NGO staff.

Table 3.The level of depression among NGO staffs

Mean score	Interpretation	Frequency (n)	Percentage (%)
0 – 13	Minimal depression symptoms	29	11.60
14 – 19	Mild depression symptoms	72	28.80
20 – 28	Moderate depression symptoms	101	40.40
29 – 63	Severe depression symptoms	48	19.20

3.2 Pearson Correlation

The Pearson correlation coefficient was used to assess the relationship between the independent and dependent variables. An r value of +1 denotes a perfect positive correlation, indicating that both variables move in the same direction, while an r value of -1 represents a perfect negative correlation, meaning that one variable increases as the other decreases.

H_a1: There is a significant relationship between life stress and anxiety among NGO staffs in Negeri Sembilan.

Table 4 reveals a very weak positive relationship between life stress and anxiety among the respondents ($r = 0.108$, $p = 0.090$, $N = 250$). This suggests that higher life stress is slightly associated with higher anxiety levels; however, the relationship was not statistically significant at the 0.05 level. Therefore, it cannot be concluded that life stress and anxiety are meaningfully related in this sample.

Table 4. Pearson correlation between life stress and anxiety

		Anxiety	Life stress
Anxiety	Pearson correlation	1	.108
	Sig. (2-tailed)		.090
	N	250	250
Life stress	Pearson correlation	.108	1
	Sig. (2-tailed)	.090	
	N	250	250

H_{a2}: There is a significant relationship between life stress and depression among NGO staffs in Negeri Sembilan.

Table 5 indicates a weak positive correlation between life stress and depression, $r = 0.198$, $p = 0.002$, $n = 250$. This correlation was statistically significant at the 0.05 level, suggesting that higher levels of life stress are significantly associated with higher levels of depression among the respondents.

Table 5. Pearson correlation between life stress and depression

		Depression	Life stress
Depression	Pearson correlation	1	.198
	Sig. (2-tailed)		.002
	N	250	250
Life stress	Pearson correlation	.198	1
	Sig. (2-tailed)	.002	
	N	250	250

4. Discussion

The findings of this study provide valuable insights into the mental health status of NGO staff in Negeri Sembilan, particularly in relation to life stress, anxiety, and depression. The demographic profile shows that the majority of respondents were male and within the age range of 31–35 years, indicating that most NGO staff in this region are young to middle-aged adults. This demographic trend may influence coping styles and vulnerability to stress, as previous research suggests that younger working adults often face heightened work–life balance challenges and career development pressures, which can contribute to elevated stress levels (Schaufeli, 2017; Othman & Jaafar, 2022).

In terms of stress, more than half of the respondents (56%) recorded moderate stress levels based on the Holmes–Rahe Life Stress Scale, suggesting that NGO work may expose individuals to various occupational and personal life stressors. This aligns with past studies showing that NGO workers often operate in resource-limited, high-demand environments, which can increase emotional strain and workload pressures (Comoretto et al., 2015). Prolonged moderate stress, even if not immediately severe, has been linked to cumulative adverse effects on both physical and mental health (Cohen et al., 2007), underscoring the importance of stress management interventions in the NGO sector.

The results also revealed that the majority of respondents experienced moderate anxiety (57.2%), which could impact concentration, decision-making, and workplace performance.

While a proportion of staff reported mild or minimal anxiety, the prevalence of moderate symptoms suggests the need for workplace mental health programs. Interestingly, the Pearson correlation analysis indicated a very weak and non-significant association between life stress and anxiety ($r = 0.108$, $p = 0.090$). This contrasts with prior findings that typically report a stronger link between perceived stress and anxiety symptoms (Schneiderman et al., 2005). One possible explanation is that anxiety among NGO staff may be influenced by factors beyond life stress, such as job role ambiguity, exposure to emotionally challenging client situations, or personal personality traits (Kotov et al., 2010).

Depression levels in this study were also concerning, with over 59% of respondents experiencing moderate to severe symptoms. This is notably higher than prevalence rates observed in some general working populations (World Health Organization, 2023) and highlights the psychological burden faced by NGO employees. The correlation analysis further revealed a weak but statistically significant positive relationship between life stress and depression ($r = 0.198$, $p = 0.002$). This is consistent with existing literature showing that higher stress exposure increases vulnerability to depressive symptoms (Hammen, 2005). Although the correlation is weak, the statistical significance suggests that stress is a contributing factor to depression in this group, potentially interacting with other variables such as social support, resilience, and organizational culture.

Overall, these findings emphasize the pressing need for mental health initiatives targeting NGO staff, including stress management training, counselling services, and workplace wellness programs. Addressing stress could help reduce depressive symptoms and improve overall well-being, even if anxiety appears less directly linked to life stress in this sample. Future research could explore mediating factors such as coping mechanisms, burnout, and work engagement to better understand the nuanced relationships between occupational stress, anxiety, and depression in the NGO sector.

5. Implications

5.1 Theoretical Implications

The findings contribute to the theoretical understanding of how workplace mental health outcomes, particularly in NGO contexts, are influenced by stress and emotional well-being indicators. The high prevalence of moderate stress, anxiety, and depression underscores the relevance of integrating mental health frameworks within organizational behaviour and public administration theories. Specifically, the results support the notion that workforce well-being is a critical determinant of service delivery effectiveness, aligning with prior literature emphasizing the human capital perspective in governance (Bambra et al., 2014; Bryson et al., 2014). This study also expands the empirical base for policy-oriented counselling models, highlighting the need for administrative systems that recognize mental health as a key driver of organizational performance and sustainability.

5.2 Practical Implications

From a practical standpoint, the results suggest that NGO administrators and policymakers should institutionalize mental health support systems as part of their governance framework.

This includes embedding structured programs such as on-site counselling services, Employee Assistance Programs (EAPs), and regular psychological assessments to detect early signs of distress (Attridge, 2012). Administratively, capacity-building programs could be implemented to train managers and team leaders in mental health literacy, enabling proactive identification and intervention in cases of psychological strain (Jorm, 2012). Additionally, wellness policies such as flexible work arrangements, workload management strategies, and resilience training should be integrated into organizational operations to create a psychologically safe and supportive environment. Embedding these interventions within broader human resource policies ensures mental health promotion becomes a sustained organizational priority, ultimately enhancing employee well-being and the quality of NGO service delivery (World Health Organization, 2022).

6. Limitations and Future Research

This study is not without its limitations. First, the cross-sectional design restricts the ability to draw causal inferences between life stress, anxiety, and depression, as the data only provide a snapshot of the respondents' mental health status at one point in time. Second, the reliance on self-reported measures such as the Holmes–Rahe Life Stress Scale, GAD-7, and BDI-II may introduce response bias, as participants could underreport or overreport symptoms due to social desirability or recall limitations (Podsakoff et al., 2003). Third, the study was limited to NGO staff in Negeri Sembilan, which may affect the generalizability of the findings to other states or different organizational contexts, especially given that organizational cultures and support systems may vary.

Future studies should consider adopting a longitudinal design to better understand the causal pathways between life stress, anxiety, and depression over time (Wang & Cheng, 2020). Incorporating qualitative methods, such as interviews or focus groups, would allow researchers to capture deeper contextual factors that quantitative measures might miss. Additionally, future research could explore the moderating or mediating effects of coping strategies, social support, and organizational well-being policies to identify protective factors that mitigate the negative effects of life stress. Lastly, intervention-based studies could be conducted to evaluate the effectiveness of workplace mental health programs or policy-driven initiatives in reducing stress, anxiety, and depression among NGO staff.

7. Conclusion

This study highlights the substantial presence of moderate stress, anxiety, and depression among NGO staff in Negeri Sembilan, underscoring the pressing need for targeted mental health interventions in this sector. While the correlation between life stress and anxiety was weak and not statistically significant, the significant positive relationship between life stress and depression suggests that prolonged stress exposure can have more pronounced effects on depressive symptoms. These findings emphasize the importance of early intervention strategies, supportive workplace policies, and access to counselling services to safeguard the mental health and overall well-being of NGO staff. From both a policy and administrative perspective, integrating structured mental health programs into NGO management frameworks is essential not only for improving individual employee outcomes but also for ensuring

organizational sustainability and service delivery effectiveness. Future research should build on these findings through longitudinal and intervention-based approaches to develop evidence-based strategies tailored to the unique challenges faced by NGO personnel.

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Ethical Considerations

All procedures in this research were conducted in compliance with the ethical standards of the Ethics Committee for Research Involving Human Subjects, Universiti Putra Malaysia (JKEUPM), which are grounded in the principles outlined in the Declaration of Helsinki (Ashcroft, 2008).

Declaration of Conflicts of Interest

The authors declare that they have no conflicts of interest.

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