Artículos

Cross-cultural adaptation and psychometric validation of the employee well-being scale among administrative employees in the State of Mexico

Adaptación transcultural y estimación de propiedades psicométricas de la "Escala de Bienestar Laboral" en trabajadores administrativos del Estado de México

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Abstract: Poor mental health negatively affects individuals' physical and psychological well-being, impacting their identity and, consequently, their work performance. This study aimed to conduct the cross-cultural adaptation, validation, and estimation of the psychometric properties of the Workplace Well-Being Scale (WWBS) developed by Pradhan and Hati (2022) in a sample of administrative workers from the State of Mexico. A quantitative, instrumental research design was employed, which included a six-stage cross-cultural adaptation process and cross-validation with two independent samples: sample 1 (n = 149) and sample 2 (n = 168). The results indicated that the four factors identified through exploratory factor analysis (EFA) were confirmed by confirmatory factor analysis (CFA) (GFI = .857; AGFI = .833; CFI = .996; TLI = .996; RMSEA = .016), demonstrating a good model fit and optimal reliability levels (Cronbach's alpha and McDonald's omega > .75). In conclusion, the findings support the validity and reliability of the WWBS for assessing workplace well-being in a Mexican population, comprising 33 items across four factors.
Keywords: well-being, workplace well-being, workplace, cross-cultural adaptation, psychometric properties.
Resumen: La salud mental deficiente afecta negativamente el bienestar físico y psicológico de las personas, repercutiendo en su identidad y, por ende, en su desempeño laboral. El objetivo de este estudio fue adaptar transculturalmente, validar y estimar las propiedades psicométricas de la Escala de Bienestar Laboral (EBL) de Pradhan y Hati (2022) en trabajadores administrativos del Estado de México. Se llevó a cabo una investigación cuantitativa de tipo instrumental, que incluyó un proceso de adaptación transcultural de seis etapas y una validación cruzada con dos muestras independientes: muestra 1 (n = 149) y muestra 2 (n = 168). Los resultados indicaron que los cuatro factores identificados mediante el análisis factorial exploratorio (AFE) fueron confirmados por el análisis factorial

confirmatorio (AFC) (GFI = .857; AGFI = .833; CFI = .996; TLI = .996; RMSEA = .016), lo que evidenció un ajuste adecuado del modelo y niveles óptimos de confiabilidad (alfa de Cronbach y omega de McDonald > .75). En conclusión, los hallazgos respaldan la validez y confiabilidad de la EBL para evaluar el bienestar laboral en población mexicana, conformada por cuatro factores y 33 ítems.
Palabras clave: bienestar, bienestar laboral, centro de trabajo, adaptación transcultural, propiedades psicométricas.

Introduction

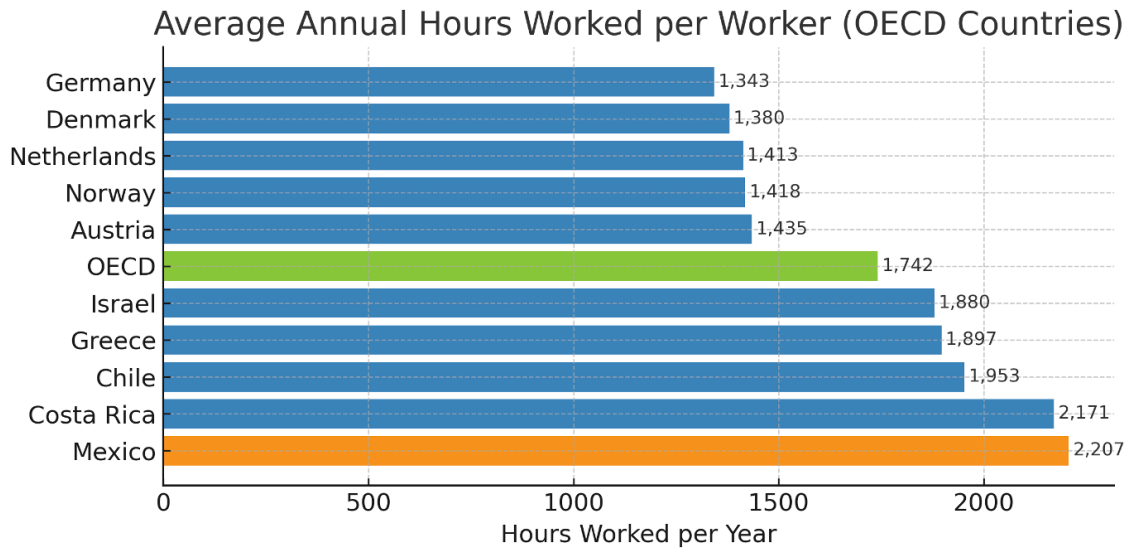
A mentally healthy person is usually significantly interested in their personal well-being and that of the environment. Therefore, they are committed to both and are motivated. They are aware of new possibilities and actively seek to overcome personal challenges (Warr, 1999). According to the Organisation for Economic Co-operation and Development (OECD, 2022), as adults spend much of their lives working, actions implemented in the workplace are essential to guarantee their health, safety, and well-being. The latter are increasingly regarded as potentially effective tools for prompting decisions that encourage healthier lifestyles throughout working life, from the first job to retirement. In recent years, mental health care "has been primarily characterised by the study of mental illnesses. However, there is also a need to explore the impact of factors protecting against the development of mood disorders" (Robles et al., 2011, p. 29).

Employee well-being in the workplace, also known as occupational well-being, has been a major research topic in recent decades. This interest stems from the idea that a better understanding of the concept can help promote employee well-being, leading to valuable individual and organisational outcomes (Wilks & Neto, 2013). Workplace well-being and employee satisfaction impact civil behaviour at work, turnover rates, and performance ratings (Harter et al., 2003). The ability of the workplace to prevent physical, mental, and social illness by promoting well-being is compatible with the mission of public health, benefiting not only employees but also organisational outcomes.

According to the OECD report (2024) on the average hours worked annually per person (See Figure 1), Mexico ranks first among thirty-eight countries, with 2,207 hours. The average number of hours worked across all OECD countries was 1,742.

Figure 1

Average Hours Worked Annually per Person



Note. To simplify the graph, the countries shown were reduced to eleven, leaving only the first and last five out of the total list.

Source: OECD (2024)

Figura 1

Average Hours Worked Annually per Person

These data highlight the enormous amount of time Mexicans spend in the workplace, underlining the importance of increasing employees' knowledge of their physical, mental, psychological, emotional, and social health issues. This will help them assess their personal and professional well-being and recognise how and when to seek help from others.

Employees experiencing a lack of well-being are prone to negative outcomes such as stress, depression, physical ailments, emotional exhaustion, job dissatisfaction, presenteeism, absenteeism, and high turnover (Daovisan & Intarakamhang, 2024; de Neve & Ward, 2023). Demanding jobs can negatively affect employees' physical health (Gordon & Adler, 2017). Depression, stress, loss of self-esteem, hypertension, alcoholism, and drug use have all been shown to be associated with dysfunctional psychological well-being at work, in addition to poor employee performance (Wright & Cropanzano, 2000).

Together with clinical psychology and public health experts, organisational theorists recognise the high costs, both human and

financial, attributable to employees' impaired psychological well-being (George, 1992; Quick et al., 1997). Therefore, it is essential to consider the well-being of these workers and ensure that workplaces are safe and healthy. Companies must invest in strategies to build a culture of prevention and promote workplace well-being by redesigning the work environment to ensure that employees with physical and mental health problems feel protected and supported (WHO Health Organisation [WHO], 2022a).

Why Is It Important to Study Employee Well-Being?

Poor mental health negatively impacts a person's cognitive, behavioural, emotional, social, and relational functioning, physical health, and personal identity, as well as their well-being in relation to their work (WHO, 2022b).

A person's ability to participate in work may be affected, resulting in decreased productivity and performance, a reduced ability to work safely, or difficulties in retaining or obtaining employment. Presenteeism, absenteeism, and staff turnover affect both employees and employers, as well as the economy of society (p. 1).

Health management, employee well-being, and productivity are key innovations for companies concerned about rising healthcare costs. However, as with any innovation, effective integration within an organisation's operations depends on its alignment with management's requirements. In recent years, there has been an increase in studies measuring the effects of employees' health on productivity. Some of this research is driven by employers' desire to understand and control healthcare costs and, more recently, by compliance with NOM-035. This Mexican Official Guideline stipulates the need to "identify, analyse, and prevent psychosocial risk factors, as well as to promote a favourable organisational environment in the workplace" (Secretaría del Trabajo y Previsión Social [STPS], 2018, p. 16). Better management of worker health, well-being, and their relationship with productivity outcomes can create a competitive business advantage (Sullivan, 2004). The study and evaluation of workplace well-being will facilitate the creation of physical, mental, psychological, and social health programs for employees, enhancing their well-being in the workplace and, therefore, their productivity.

Previous Studies on Worker Well-being

Table 1 provides a chronological list of authors and the factors studied regarding well-being and its relationship with employees and the workplace.

Table 1

Previous Studies on Employee Well-being

Table 1		
Previous Studies on Employee Well-being		
Author	Country	Factors
Ryff (1989)	USA	1) Autonomy; 2) Control of one's environment; 3) Personal growth; 4) Positive relationships with others; 5) Life purpose; and 6) Self-acceptance.
Warr (1999)	United Kingdom	1) Pleasure and 2) Mental arousal
Van Katwyk et al. (2000)	Netherlands	1) Work-related emotional well-being.
Parker and Hyett (2011)	Australia	1) Job satisfaction; 2) Organisational respect for the employee; 3) Employee care; and 4) Intrusion of work into private life.
Dagenais-Desmarais and Savoie (2012)	Canada	1) Interpersonal feelings at work; 2) Prosperity at work; 3) Feelings of competence at work; 4) Perceived recognition at work; and 5) Desire for engagement in work.
Porath et al. (2012)	Australia and the United States	1) Vitality and 2) Learning.
Baldschun (2015)	Finland	1) Affective well-being; 2) Social well-being; 3) Personal well-being; 4) Psychosomatic well-being; 5) Cognitive well-being; and 6) Professional well-being.
Zheng et al. (2015)	China and the United States	1) Well-being in life; 2) Well-being in the workplace; and 3) Psychological well-being.
Demo and Paschoal (2016)	Brazil	1) Positive affect; 2) Negative affect; and 3) Fulfilment
Russell and Daniels (2018)	United Kingdom	1) Emotional well-being at work.
Czerw (2019)	Poland	1) Positive organisation; 2) Adjustment and development; 3) Positive relationships with co-workers; and 4) Contribution to the organisation.
Bosle et al. (2021)	Germany	1) Mental well-being and 2) Work commitment.
Sousa and Zerbini (2021)	Brazil	1) Positive affect; 2) Negative affect; and 3) Fulfilment/expressiveness.
Pradhan and Hati (2022)	India	1) Social well-being; 2) Psychological well-being; 3) Subjective well-being; and 4) Well-being at work.

Murtin et al. (2022)	OECD*	1) Income and assets; 2) Work and job quality; 3) Housing; 4) Work/life balance; 5) Health; 6) Knowledge and skills; 7) Social connections; 8) Voice and representation; 9) Safety; 10) Environmental quality; and 11) Subjective well-being.
Carneiro and Bastos (2023)	Brazil	1) Job satisfaction; 2) Workplace affect; and 3) Meaning and purpose at work.
by Neve and Ward (2023)	England	1) Job satisfaction; 2) Workplace emotions; and 3) Meaning and purpose at work.
National Institute for Occupational Safety and Health (NIOSH, 2024)	United States	1) Workplace assessment and experience; 2) Workplace policies and culture; 3) Physical environment of workplace and safety climate; 4) Health status; and 5) Home, community, and society.
Daovisan and Intarakamhang (2024)	Thailand	1) Affective well-being; 2) Professional well-being; 3) Social well-being; 4) Cognitive well-being; 5) Psychological well-being; and 6) Psychosomatic well-being.

Note: *Member countries of the Organisation for Economic Cooperation and Development.

Source: Prepared by the authors

These data show that most studies measuring workplace well-being are conducted in English-speaking countries, highlighting the need for an instrument for Spanish-speaking employees.

Definition of Well-Being

In the late 1940s, the World Health Organisation (WHO) added the term "well-being" to its definition of health. It conceptualised it as "a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity" (WHO, 2024, p. 3). The construct of "well-being" subsequently gained currency in the organisational context. It was expanded to the workplace and the companies promoting it, whose agents "work together to achieve a vision of health and well-being for employees and the institution." This enables all members of an institution to obtain "physical, psychological, social, and organisational conditions that promote and protect health and safety" (Martínez, 2022, p. 1).

Identifying and testing diverse strategies to improve well-being is a key area of research in organisational psychology. Researchers interested in the measurement and impact of psychological well-being have identified two major approaches to this concept. The first, often referred to as the hedonic approach, is the most commonly used in the literature (Czerw, 2019; Leite & Bittencourt, 2023). Well-being is associated with the experience of positive feelings (moods and emotions) and factors such as overall life satisfaction. In other words,

in this approach, well-being is equivalent to the feeling of good health. This approach to well-being is limited because it ignores the importance of life experiences that have a purpose (Robertson & Cooper, 2010). The second approach considers the importance of purpose in well-being. This is often referred to as eudaimonia. Ryff (1989) defined it as "the ideal in the sense of excellence and perfection towards which one strives, and which gives meaning and direction to life" (p. 1070). Ryan and Deci (2001) regarded it as the result of personal achievement, self-realisation, or self-positioning.

Definition of Workplace Well-being

Real Academia Española, the Royal Spanish Dictionary (RAE, 2025) defines well-being as the "state of the person in which they are aware of the proper functioning of their somatic and psychic activity" (p. 1). According to this definition, workplace well-being refers to employees' physical, mental, psychological, and social health. However, studies on workplace well-being have shown a lack of consensus of its definition. For example, Baptiste (2009) conceptualised it in terms of material conditions and experiences at work, considering the care employees must take regarding their future. Schulte and Vainio (2010) defined it in terms of "flourishing" and establishing a strong relationship with productivity.

Martínez (2022) regarded workplace well-being as a tool for functionality and effectiveness in organisations. He defined it as a "set of physical, psychological, social, legal, and organisational conditions that promote the self-realisation, security, happiness and professional development of people in the workplace" (p. 1). In general, workplace well-being is viewed as the holistic experience and function of an employee from both physical and psychological perspectives (Warr, 1999). Conversely, Pradhan and Hati (2022) argue that occupational well-being is the total well-being of employees who perceive it to be influenced by work-related and workplace interventions.

Table 2 presents the conceptual definitions developed for the constructs of the cross-culturally adapted EWS.

Table 2

Definitions of Factors in the Employee Well-being Scale

Table 2	
Definitions of Factors in the Employee Well-being Scale	
Construct	**Definition**
Employee well-being	State of physical, mental, emotional, psychological, and social satisfaction a person experiences regarding their workplace, to achieve and maintain a vision of health and safety.
Psychological well-being at work	An individual's own state of life and the experiences acquired throughout their lifetime. This type of well-being includes items related to self-acceptance, personal growth, life purpose, and control of the environment.
Social well-being at work	The positive state of our relationships, stability, and social peace. This is defined as the degree of feeling of belonging and attachment to society. It consists of items related to social acceptance, social updating, contribution, and social integration.
Workplace well-being	Satisfaction with aspects of work life, including job security, employee support, employee growth, work facilities, environment, and climate.
Subjective well-being at work	The subjective evaluation of an employee's current state. The assessment is based on positive and negative effects, as well as an employee's overall satisfaction with their life.
Source: Prepared by the author based on Pradhan and Hati (2022)	

Once the labour context in Mexico has been defined, based on the average number of hours worked annually per person, which is higher than the OECD average, it is essential to define employee well-being and its contributing factors. It is also crucial to establish the need for workplaces to prioritise employee well-being. Companies must assess the impact of their occupational health and safety strategies on employees' workplace well-being. Therefore, they must have instruments with a high level of objectivity, validity, and reliability, enabling them to estimate employees' perceptions of well-being and ensure a healthy work environment. Therefore, this research aimed to cross-culturally adapt, validate, and estimate the psychometric properties of the Employee Well-being Scale (EWS) by Pradhan and Hati (2022) in administrative employees in the State of Mexico, designed to measure the four factors of workplace well-being: F1. Psychological well-being at work, F2. Social well-being at work (F3): Workplace well-being; and F4. Subjective well-being at work.

Method

Research Design

This was a quantitative, descriptive, cross-sectional study with a non-experimental, instrumental design. As noted by Ato et al. (2013), "all studies analysing the psychometric properties of psychological measurement instruments are included, whether new tests, or the translation and adaptation of existing tests" (p. 1042). This study was conducted in two stages. In the first stage, the instrument was translated and cross-culturally adapted to the Brazilian context. In the second stage, the psychometric properties of the adapted instrument were estimated, and descriptive results were presented.

Population and Sample

The population comprised employees from a company with two locations in the State of Mexico, with various degrees of seniority, according to the National Statistical Directory of Economic Units (National Institute of Statistics and Geography [Spanish acronym INEGI], 2022), and 101–250 employees in the company. Non-probabilistic convenience sampling was used. According to Etikan et al. (2016), in this type of sampling, members of the target population meet the following practical criteria: 1) easy accessibility, 2) geographical proximity, and 3) willingness to participate in the study. Regarding the selection criteria, employees with over 12 months of seniority in the company, administrative staff (analysts), and middle management were included. The company excluded executives, managers, operational staff, and all employees with less than 12 months of experience in the company, as the latter were unfamiliar with the dynamics of occupational health and safety. Two independent samples were obtained in early 2025, originally consisting of 162 (Sample 1) and 177 employees (Sample 2) from the two organisations. However, 13 and nine cases were discarded from these samples, respectively, because they failed to meet the minimum seniority requirements, leaving a total of 149 (Sample 1) and 168 participants (Sample 2) in the final analysis. The total sample size was 317, of whom 50.2% were women and 49.8% were men. 6.3% were aged between 21 and 28, 19.2% between 29 and 36, 36% between 37 and 44, 25.9% between 45 and 52, and 12.6% between 53 and 60 years. Of the group, 80.4% held a bachelor's degree, 13.3% held a speciality, 5.7% held a master's degree, and 0.6% held a doctorate. A total of 83.6% of the employees were administrative staff, and 16.4% were middle management; 18.93% had been with the company for one to five years, 24.61% for six to ten years, 22.40% for 11 to 15 years, and 34.07% for 16 to 21 years.

Description of the Original Instrument

The EWS by Pradhan and Hati (2022) used in this study contains four factors: F1. Psychological well-being (F2). Social well-being, F3.

Workplace well-being, and F4. Subjective well-being. The original study reported significant positive correlations between all the factors in the instrument, ranging from r = .270 to r = .360. Construct validity was assessed using EFA, in which the Kaiser-Meyer-Olkin adequacy value (KMO test) was .925, and Bartlett's test of sphericity yielded a significant value (approximate chi-square = 7730.26, DF = 528, p < .001). Exploratory Factor Analysis (EFA) used a 33-item instrument with a cumulative explained variance percentage of 65.59%. For the Confirmatory Factor Analysis (CFA), structural equations were used, from which two items were eliminated, one from Factor 2 (Social well-being at work) and another from Factor 3 (Workplace well-being). Their goodness-of-fit indices with a four-factor model yielded a GFI of .917, AGFI of .910, TLI of .971, CFI of .968, NFI of .923, and RMSEA of .040. Finally, the reliability of the factors using Cronbach's alpha ranged from .72 to .96. The final instrument resulted in thirty-one items with a Likert-type scale, although the number of points was not specified.

Operational Definition

Pradhan and Hati's (2022) EWS comprised four factors and thirty-three items (see Appendix A), with a five-point Likert scale, ranging from "1 = Strongly disagree" to "5 = Strongly agree."

Procedure

During the first four months of 2025, an online questionnaire was administered to two samples of employees in the organisation. The employees agreed to participate anonymously through an agreement between the company and researcher. Two separate samples were used to achieve construct validity through cross-validation. The questionnaire was implemented using Google Forms and emailed to all employees who met the inclusion criteria. Participants who chose to participate completed the questionnaires. A 25-minute time limit was set for answering the survey, and the responses were managed using Google Sheets. Once all the data were collected, we used SPSS v.25 for the descriptive statistics and EFA, Jamovi 2.6.2 for reliability analyses (Cronbach and McDonald), and AMOS v.23 for the CFA.

Ethical Considerations

Participation in the study was entirely voluntary, with no pressure exerted on those who chose not to participate. Access to the questionnaire was provided through a privacy notice that clearly stated the use of personal data, stipulating that the responses would be anonymous and used exclusively for research and publication purposes. The research was conducted in accordance with the Ethical Principles of Psychologists and Code of Conduct of the American

Psychological Association (2016), and the Universal Declaration of Ethical Principles for Psychologists of the International Union of Psychological Science (2008). The project was also presented to the Human Resources area and the organisation's Ethics Committee, comprising members from various areas, who evaluated its feasibility, methodological congruence, and compliance with employment policies and internal ethical standards to ensure the integrity of the process and avoid potential conflicts of interest.

Results of the First Stage

Cross-Cultural Adaptation of the Instrument

The first stage of this research was designed to cross-culturally adapt the instruments used in this study. To achieve this, we reviewed the population characteristics proposed by Guillemin et al. (1993), that is, the culture, language, and country of the place where the original instrument was administered, compared to the population where the adapted version would be applied. Because it was necessary to adapt the three characteristics, we used the six-step cross-cultural adaptation methodology designed by Vega and Patlán (2024).

1) Translation of the Original Instrument into the Target Language

Because the first step entails considering the language in which the new instrument will be used, it is essential to maintain coherence between the adapted and original versions. An accurate translation involves a balanced treatment of linguistic, cultural, contextual, and scientific information (Tanzer, 2005), which requires two translators.

2) Synthesis of Translated Versions

This process requires the researcher to compare both translations to assess their semantic, idiomatic, conceptual, linguistic, and contextual differences to create a new synthesised version (Borsa et al., 2013).

3) Reverse Translation

The newly synthesised version of the instrument was translated into the original language to identify conceptual inconsistencies between the versions. Beaton et al. (2000) stated that reverse translation should be conducted by two translators who are not involved in the first stage of the process. Moreover, they should not produce literal interpretations of the translated texts. At the end of this stage, two versions of the instrument were developed.

4) Synthesis of Reverse Translations

In the second stage (synthesis of the translated versions), the two versions were reviewed for discrepancies. This step yielded a new, single version of the instrument, which the experts reviewed.

5) Inter-Rater Evaluation

Subsequently, a committee of experts in the field was established to evaluate the new version of this instrument. The committee consisted of five raters, including organisational psychologists and HR personnel. Their goal was, in the words of Vega and Patlán (2024), "to review and evaluate every item in the instrument translated in the previous steps, and to rate its clarity, coherence, and relevance. An item was only considered acceptable if it achieved an inter-rater agreement of at least 80%" (p. 40).

For inter-rater validity, the committee of experts scored each item from 1 to 4 (1. does not meet the criterion of two, a low level of compliance; 3. moderate level of compliance; and 4. a high level of compliance). This translates into the three criteria proposed by La Touche et al. (2020): "1) clarity (the item is easily understood, and its semantics and syntax are adequate); 2) coherence (the item is related to the factor being measured); and 3) relevance (the item is essential and should be included)" (p. 3). An additional criterion was used to decide whether an item would be accepted or rejected in the final version of the instrument. If necessary, comments or suggested rewording of items were provided by the researcher. As a result of this step, all items exceeded the established minimum agreement percentage.

6) Pilot Study

This step identified the concepts and potential problems with the instrument that could prevent participants from understanding and answering it properly. The exercise was conducted with 12 participants and validated in conjunction with the HR department to ensure access to the online questionnaire and obtain feedback. Interviews with the participants showed that they had no problems understanding the instructions or the items. However, due to their comments, the questionnaire was divided into sections, with ten questions in each section, so that the items could be answered in groups.

The first stage concluded when the required adaptations were completed and validated by HR personnel and the researcher, who declared that the thirty-three-item instrument was suitable for statistical analyses of construct validity and reliability.

Results of the Second Stage

The second stage focused on assessing the construct validity and reliability of the cross-culturally adapted instruments. The two samples were used separately in this study. Table 3 shows the descriptive statistics and Pearson's correlation analysis of the four EWS factors in the Mexican population in sample 1 (n=149).

Table 3

Descriptive Statistics and Pearson Correlations of the Employee Well-being Scale in Sample 1

Table 3

Descriptive Statistics and Pearson Correlations of the Employee Well-being Scale in Sample 1

Factors	Average	Median	Mode	SD	Minimum	Maximum	F1	F2	F3	F4
F1	2.65	3.20	1.50	1.14	1.10	4.80	1			
F2	2.36	2.40	2.50	0.95	1.10	4.70	.625**	1		
F3	2.87	2.56	2.56	0.76	1.89	4.78	.479**	.335**	1	
F4	2.52	2.50	2.50	0.57	1.00	4.50	.464**	.481**	.190*	1

F1. Psychological well-being at work; F2. Social well-being at work; F3. Workplace well-being; F4. Subjective well-being at work; **p<.001 *p<.05

Source: Prepared by the authors based on research results (2025)

Table 4 shows the descriptive statistics and Pearson's correlation analysis between the four EWS factors in the Mexican population in sample 2 (n=168).

Table 4

Descriptive Statistics and Pearson Correlations of the Employee Well-being Scale in Sample 2

Table 4

Descriptive Statistics and Pearson Correlations of the Employee Well-being Scale in Sample 2

Factors	Average	Median	Mode	SD	Minimum	Maximum	F1	F2	F3	F4
F1	3.68	3.65	4.50	0.96	1.40	4.90	1			
F2	3.37	3.20	4.50	1.16	1.20	4.80	.617**	1		
F3	3.13	3.44	3.67	0.79	1.22	4.33	.310**	.539**	1	
F4	3.45	3.50	3.50	0.64	1.25	5.00	.540**	.402**	.031	1

F1. Psychological well-being at work; F2. Social well-being at work; F3. Workplace well-being; F4. Subjective well-being at work; **p<.001 *p<.05

Source: Prepared by the authors based on research results (2025)

Analysis of the Construct Validity of the Employee Well-being Scale

The construct validity of the EWS was determined through cross-validation because, according to Fokkema and Greiff (2017), performing EFA and CFA with the same data can have disastrous consequences, yielding misleadingly optimistic model fit indices and

parameter estimates. Therefore, EFA was performed with Sample 1 (n=149) and CFA with Sample 2 (n=168).

Exploratory Factor Analysis

Table 5 shows the results of the EFA of the EWS using principal component analysis and the Varimax rotation method. The cumulative explained variance percentage (EVP%) was 77.116%, and the explained variance percentage (EVP%) by factor was 24.521% for factor 1, 24.243% for factor 2, 20.314% for factor three, and 8.038% for factor 4. The KMO (Kaiser-Meyer-Olkin) test reported a value of .950, and Bartlett's sphericity test yielded a significant value (approximate chi-square = 5251.257, DF = 528, p<.001).

Table 5

Results of the EFA of the Employee Well-being Scale

Table 5					
Results of the EFA of the Employee Well-being Scale					
Item	Psychological well-being at work	F2. Social well-being at work	F3. Workplace well-being	Subjective well-being at work	Communities
R01_F1_01	**.815**	.323	.229	.153	.844
R02_F1_02	**.858**	.291	.168	.127	.865
R03_F1_03	**.829**	.292	.229	.132	.843
R04_F1_04*	**.863**	.222	.209	.128	.854
R05_F1_05	**.821**	.264	.236	.218	.846
R06_F1_06	**.802**	.307	.240	.156	.819
R07_F1_07*	**.808**	.358	.262	.096	.859
R08_F1_08	**.826**	.309	.183	.158	.835
R09_F1_09	**.838**	.253	.230	.170	.848
R10_F1_10	**.824**	.288	.246	.157	.848
R11_F2_01	.188	**.866**	.061	.112	.801
R12_F2_02	.258	**.818**	.193	.036	.774
R13_F2_03	.322	**.801**	.133	.173	.793
R14_F2_04	.246	**.824**	.087	.229	.799
R15_F2_05	.305	**.801**	.097	.225	.796
R16_F2_06*	.335	**.803**	.127	.119	.787
R17_F2_07	.265	**.847**	.143	.089	.817
R18_F2_08	.198	**.847**	.234	.149	.833
R19_F2_09	.314	**.788**	.100	.216	.776
R20_F2_10	.234	**.855**	.087	.150	.816
R21_F3_01	.129	.085	**.835**	.060	.725
R22_F3_02	.153	.184	**.817**	.012	.725
R23_F3_03	.269	.044	**.795**	-.071	.712
R24_F3_04	.102	.076	**.856**	.092	.758
R25_F3_05	.162	.058	**.824**	.074	.713
R26_F3_06	.175	.206	**.806**	.080	.730
R27_F3_07	.163	.179	**.795**	.122	.705
R28_F3_08	.230	.080	**.838**	.010	.762
R29_F3_09	.255	.115	**.778**	-.033	.685
R30_F4_01	.073	.197	.018	**.819**	.715
R31_F4_02	.281	.121	.049	**.686**	.566

R32_F4_03	.201	.215	.018	**.738**	.631
R33_F4_04*	.209	.286	.114	**.656**	.569
% VE	24.521	24.243	20.314	8.038	
% VEA	24.521	48.764	69.078	77.116	

Note: *Inverse items.

Source: Prepared by the authors based on research results (2025)

The EFA yielded four factors and thirty-three items, the same number as those proposed in the original instrument designed by Pradhan and Hati (2022).

Confirmatory Factor Analysis

CFA was performed on the EWS using structural equation models and the maximum likelihood method. Table 6 shows the two models (1. specified and 2. Re-specified) goodness-of-fit indices. The confirmatory factor structure of Model 2 (see Appendix B) significantly fits the data to the model, showing four factors and thirty-three items with standardised coefficients between .74 and .92.

Table 6

Results of the EFA of the Employee Well-being Scale

Table 6

Results of the EFA of the Employee Well-being Scale

Model	X^2	X^2/DF	DF	GFI	AGFI	CFI	TLI	RMR	SRMR	RMSEA
1	539.219	1.103	.489	.849	.826	.992	.991	.041	.0382	.025
2	504.023	1.044	.483	.857	.833	.996	.996	.041	.0380	.016

X^2=Chi-Square, DF=Degrees of Freedom, GFI = Goodness of Fit index, AGFI=Adjusted Goodness-of-Fit index, CFI=Comparative Fit Index, TLI=Tucker–Lewis index, RMR=Root mean square residual, SRMR=Standardized root mean square residual, RMSEA=Root mean square error of approximation

Source: Prepared by the authors based on research results (2025)

Reliability Analysis of Employee Well-being Scale

Table 7 presents the reliability of the four factors using Cronbach's Alpha and McDonald's Omega, and of the EWS in Sample 1 (n=149) and Sample 2 (n=168).

Table 7

Reliability Coefficients of Factors in the Workplace Well-being Scale

Table 7

Reliability Coefficients of Factors in the Workplace Well-being Scale

Factors	Item	Sample		Sample	
		Cronbach	McDonald	Cronbach	McDonald
F1. Psychological well-being at work	10	α= .979	ω= .979	α= .971	ω= .972
F2. Social well-being at work	10	α= .971	ω= .971	α= .980	ω= .980
F3. Workplace well-being	9	α= .950	ω= .950	α= .953	ω= .953
F4. Subjective well-being at work	4	α= .788	ω= .788	α= .844	ω= .844
Overall	33	α= .966	ω= .966	α= .967	ω= .966

Source: Prepared by the authors based on research results (2025)

Discussion

Workplace well-being encompasses supporting employees in making choices that align with their best interests, freeing them from stressors (whether physical or psychological), and improving their work-life habits. This helps employees develop their potential while preventing or delaying the onset of chronic illnesses that affect their well-being, both inside and outside the workplace. Therefore, having an appropriate instrument for measuring well-being and its factors is essential for developing strategies and policies associated with employee health.

A comparison of the results of this study with those of other authors and scales revealed congruences and discrepancies in their theoretical bases and study factors. These include the Schwartz Outcome Scale-10, a one-dimensional measure of mental health outcomes, validated by Blais et al. (1999). It has been used as a measure of well-being in organisational research and appears to measure a broad domain of psychological health, like the EWS, although it does not encompass other study factors. Examples of its items include the following: "Given my current physical condition, I am satisfied with what I can do," "I feel hopeful about my future," and "I have peace of mind." In contrast, the Job-related Affective

Well-being Scale by Van Katwyk et al. (2000) does not share a study using the EWS. It was developed to use a single factor to explore respondents' emotional responses to work stressors, asking them to indicate how frequently they experienced each emotion at work in the past 30 days. Examples of its items include "My job made me feel calm," "My job made me feel angry," and "My job made me feel happy."

The EWS, developed and validated by Zheng et al. (2015), was used to assess the overall satisfaction of individuals with their vital, work-related, and psychological well-being. This scale has a close theoretical and empirical association with the EWS, although it only addresses three factors rather than four, omitting aspects related to social health. Examples of items in this scale include "I feel satisfied with my life," "Work is a meaningful experience for me," and "Overall, I feel good about myself, and I have self-confidence."

The first part of this study was oriented towards the cross-cultural adaptation of the instrument. Due to the results, it was decided that, although the literal translation of the Pradhan and Hati (2022) scale is "Employee Well-being Scale" (EWS), this would be adjusted to "Workplace Well-being Scale." Discussions with specialists in organisational psychology and HR revealed that the scale encompasses more than just the individual profile of the employee, extending to their environment and workplace, such that the concept of "work" reinforces the employee–organisation dichotomy. Under this premise, we added "at work" to the instrument factors and renamed them F1. Psychological well-being at work, F2. Social well-being at work (F3): Workplace well-being; and F4. Subjective well-being at work.

The results of the second stage of the research confirmed the psychometric quality of the cross-culturally adapted EWS for the Mexican population. Regarding construct validity, in the EFA, saturations ranged from .656 to .866, communalities exceeded .550, and the number of factors (four) and their items matched those of the original instrument. Regarding the CFA, Model 2 (re-specified) and its goodness-of-fit indices (GFI=.857; AGFI=.833; CFI=.996; TLI=.996; RMR=.041; SRMR=.0380; RMSEA=.016) mostly met the minimum required. Although the GFI=.857 and AGFI=.833 did not reach the .90 suggested by the literature, the results of the adjusted model were close (>.80). In addition to the fact that the CFI=.996 and TLI=.996 values exceeded the required standards (>.90), a significant fit of the data to the model was confirmed under these conditions, expressed in thirty-three items and four factors. Finally, the reliability coefficients (Cronbach's and McDonald's) for both samples were greater than .750. Based on these terms, the cross-culturally adapted instrument (see Appendix A) was considered appropriate and reliable for implementation among Spanish-speaking employees in this study.

Unlike other scales and models reviewed on workplace well-being, Pradhan and Hati's (2022) EWS demonstrated strong theoretical and practical underpinning with qualitative and quantitative studies based on specialised literature and feedback received from experts. To quote the authors, "the samples consisted of academics and HR professionals, who were interviewed to gauge their understanding of employee well-being. Initially, several experts provided their views on the instrument and the proposed dimensions" (p. 1).

Against this backdrop, the EWS highlights the need to implement safety, health, and hygiene measures designed to promote and monitor employee well-being, both inside and outside the workplace. Notably, employees can independently learn effective strategies to improve their well-being. However, the implications for future research require organisations to develop policies and programs that emphasise improving the quality of life through greater awareness of their habits regarding their physical and psychological health. The first requirement is the diagnosis of worker well-being using the EWS. According to the results, a robust health management system in the workplace based on risk assessment should be developed, and interventions should be implemented at the individual, group, and organisational levels.

Limitations

This study focused on workplace well-being. Although this construct is important, future research should focus on its effects on other organisational variables, such as psychosocial risk factors included in NOM-035, job performance, planning to change jobs, and employee engagement. Furthermore, when considering well-being programs, it is important to study the relationship between workplace well-being and sociodemographic variables. This will allow for the identification of vulnerable groups and improve the quality of life through greater awareness of personal health behaviours. Another limitation was the sample size of 149 (Sample 1) and 168 (Sample 2), which was established using non-probability convenience sampling. Therefore, increasing the sample size in future studies is advisable.

Conclusions

This study aimed to cross-culturally adapt, estimate, and validate the psychometric properties of Pradhan and Hati's (2022) EWS, designed to measure the four factors of workplace well-being. The four factors, F1. Psychological well-being at work, F2. Social well-being at work (F3): Workplace well-being, and F4. Subjective well-being at work was measured among administrative employees in the State of Mexico. This study concluded that the perception of well-being applies to companies, since by focusing on meeting basic human

needs in the workplace, managers and employees can increase the chances of success of their organisations. This is due to the high correlation between employee health and organisational performance. Workplace well-being and performance are not independent but rather complementary, dependent components of a healthy company from financial and psychological perspectives (Harter et al., 2003).

According to the WHO (2024), "the growing global emphasis on well-being necessitates a new social contract, balancing social, economic and environmental considerations in political decision-making" (p. 1). In Mexico, occupational health and safety systems have been established to promote, foster, and ensure the safety, health, and well-being of employees in the workplace. They are designed to contribute to the prevention of occupational accidents, injuries, illnesses, and hazards while promoting a safe and healthy work environment. Based on OECD data (2024) on the average number of hours worked annually per person in Mexico and compliance with NOM-035, both employers and employees are jointly responsible for implementing occupational health and safety systems. It has been shown that individual interventions in the workplace can have positive effects on both general well-being and well-being at work (International Labour Organisation [ILO], 2024). Conversely, poor results can lead to lost opportunities for the company and jeopardise its financial results (Murtin et al., 2022).

These data and considerations reaffirm the need for workplaces that prioritise employee well-being, in addition to instruments that have been cross-culturally adapted and statistically validated in Mexico's sociocultural context. These tools allow for the evaluation of the four factors of workplace well-being and their impact on organisational strategies regarding occupational health and safety. This is because adults spend a large part of their lives working, and actions performed in the workplace are essential for ensuring their health, safety, and well-being. The cross-culturally adapted EWS enables academics and businesses to assess the perception of occupational well-being among Spanish-speaking employees with high objectivity, validity, and reliability. This study also contributes to the theoretical and empirical research on occupational health and psychosocial risk.

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Appendix A

Items from the Pradhan and Hati (2022) Employee Well-being Scale were cross-culturally adapted for the Mexican population. The instrument uses a five-point Likert-type scale, from "1=Strongly disagree" to "5=Strongly agree."[2]

Factor 1. Psychological Well-being at Work

1. I easily adapt to daily changes in my life and handle my responsibilities well.
2. I worry about things that are important to me, not about things that are important to others.
3. I feel like I am a sensible person.
4. I'm not flexible. *
5. I understand what life expects from me.
6. I feel capable of making decisions regarding my personal actions.
7. I feel depressed because of the stress and demands of everyday life. *
8. I believe that I have a purpose and direction in life.
9. I believe that life is a process of continuous learning.
10. I am a self-confident person.
11. I am an important part of my team and organisation.
12. The people on my team are trustworthy.
13. I am close to my co-workers.
14. My team was a great source of social support.
15. My opinions are well accepted by my colleagues.
16. The people on my team do not help each other during difficult times. *
17. I actively participate in the decision-making process of my work team.
18. I love spending time with my coworkers.
19. I can freely share my problems with my coworkers.
20. My daily activities benefit my work team.

Factor 3. Well-being in the workplace

21. I am quite satisfied with my work.
22. I have a meaningful job.
23. I place a high value on my work.
24. My work achievements are often a source of motivation for me.
25. My workplace is very pleasant.
26. My job offers many opportunities for professional development.
27. I maintain a balance between work and my personal life.
28. My boss cares a lot about his employees.
29. My job offers challenges that help me improve my skills.

Subjective well-being at work

30. Most of the time, I feel happy.
31. I am an optimistic person.
32. I feel good about myself.
33. My life is mostly sad. *

Note. *Inverse items

APÉNDICE A

Reactivos de la Escala de Bienestar Laboral de Pradhany Hati (2022) adaptada transculturalmente parapoblaci.n mexicana. El instrumento utiliza una escalatipo Likert de cinco puntos, desde "1=Totalmente endesacuerdo" hasta "5=Totalmente de acuerdo".

Factor 1. Bienestar psicológico en el trabajo

1. Me adapto fácilmente a los cambios cotidianos de mi vida y administro bien mis responsabilidades.
2. Me preocupo por las cosas que son importantes para mí, no por las que son importantes para los demás.
3. Siento que soy una persona sensata.
4. No soy flexible.
*5. Comprendo lo que la vida espera de mí.
6. Me siento capaz de tomar decisiones sobre mis acciones personales.
7. Me siento deprimido por el estrés y las exigencias de la vida cotidiana.
*8. Creo que tengo un propósito y una dirección en la vida.
9. Creo que la vida es un proceso de continuo aprendizaje.
10. Soy una persona segura de sí misma.

Factor 2. Bienestar social en el trabajo

11. Soy una parte importante de mi equipo de trabajo y de mi organización.
12. La gente de mi equipo de trabajo es digna de confianza.

13. Soy cercano a mis compañeros de trabajo.
14. Mi equipo de trabajo es una gran fuente de apoyo social.
15. Mis opiniones son bien aceptadas por mis compañeros de trabajo.
16. La gente de mi equipo de trabajo no se ayuda en los momentos difíciles.*
17. Participo activamente en la toma de decisiones de mi equipo de trabajo.
18. Me encanta pasar tiempo con mis compañeros de trabajo.
19. Puedo compartir libremente mis problemas con mis compañeros de trabajo.
20. Mis actividades cotidianas contribuyen al beneficio de mi equipo de trabajo.

Factor 3. Bienestar en el centro de trabajo

21. Estoy bastante satisfecho con mi trabajo.
22. Disfruto de un trabajo significativo.
23. Concedo mucho valor a mi trabajo.
24. Los logros de mi trabajo suelen ser una fuente de motivación.
25. Mi lugar de trabajo es muy agradable.
26. Mi trabajo me ofrece muchas posibilidades de desarrollo profesional.
27. Mantengo un equilibrio entre el trabajo y mi vida personal.
28. Mi jefe se preocupa mucho por sus trabajadores.
29. Mi trabajo me ofrece retos para mejorar mis habilidades.

Factor 4. Bienestar subjetivo en el trabajo

30. La mayoría del tiempo me siento feliz.
31. Soy una persona optimista.
32. Me siento bien conmigo mismo.
33. Mi vida es en su mayoría triste.*

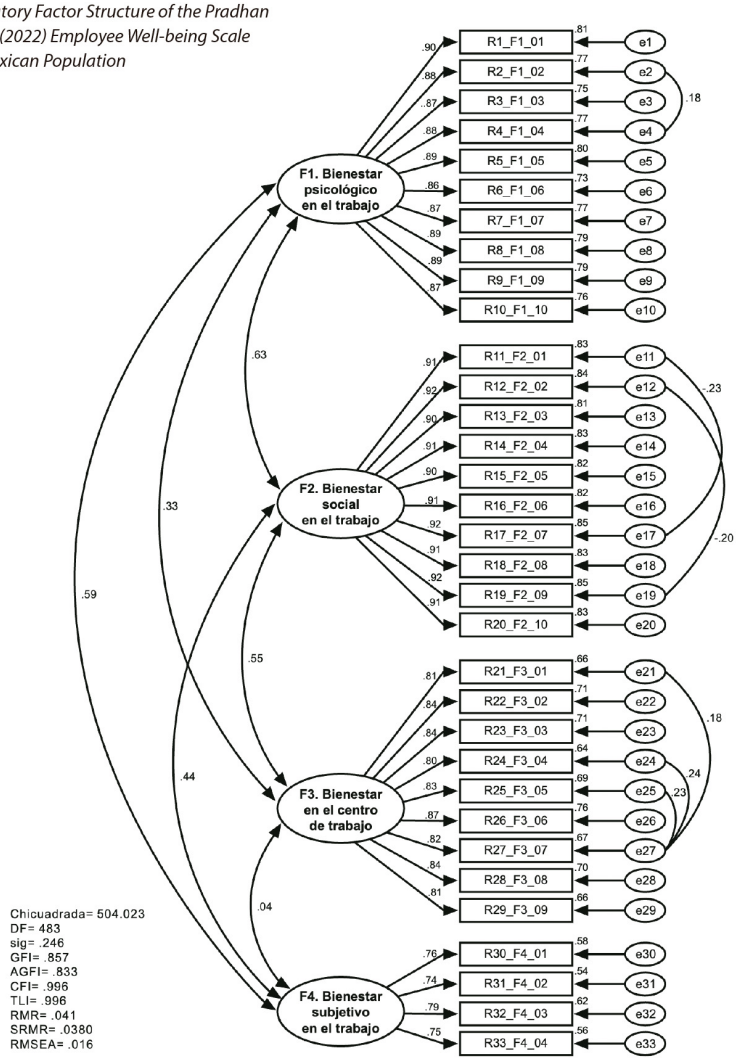
Nota. * Ítems con puntuación invertida.

Appendix B

Confirmatory Factor Structure of the Pradhan and Hati (2022) Employee Well-being Scale in the Mexican Population

APPENDIX B

Confirmatory Factor Structure of the Pradhan and Hati (2022) Employee Well-being Scale in the Mexican Population



Información adicional

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Información adicional

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