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Table of Content

Articles

1. Mapping the Marketing of Digital Payment Users: A Bibliometric Analysis of Scopus-Indexed Research in 2015–2025

Shultonnyck Adha, Tia Ichwani

2. Digital Transformation and Sustainable Competitive Advantage: Mediating Role of Opportunities in Denpasar Traditional Markets

Anandha Dinda Rahayu, Nyoman Sri Subawa

3. PTN BH in Critical Theory Perspective: Capitalism and the Commercialization of Higher Education

Safitri Maya Nastiti, Safira Widiانا Nariswari

4. Analysis of Readiness for Implementing 3D Animation Industry Workflow in Vocational Learning: A Conceptual Study

Nurul Chaerun Nisa, Bambang Sudarsono, M. Bakrun Dahlan, Heru Raharjo

5. Geopolitical Scenarios of Moldova-Romania Integration: Between Reunification, Europeanization, and Strategic Convergence

Muhammad Ridha Iswardhana

6. Sentiment Patterns and Reported Barriers in Digital Tax Administration Through an Analysis of Coretax Mobile Google Play Reviews

Amanatullah Pandu Zenklinov, Nabilla Rida Tri Nisa, Wisnowan Hendy Saputra, Rizka Amalia Putri, Awang Putra Sembada R., Panji Jiblathar, Alwan Fadlurohman, Ariska Fitriyana Ningrum, Andriano Andriano

7. Asset Turnover and Firm Value in Indonesian Telecommunications: Panel Evidence and Robustness Tests in 2021–2024

Arrohmah Qurniawati Husna Putri, Nisfu Fhitri

8. An Analysis of Code-Mixing in Speaking of First-Semester English Language Education Students at Universitas Maritim Raja Ali Haji

M. Dany Al Juniansyah, Dewi Murni, Hanifah Hanifah

9. Workload as a Hindrance Demand: Resource Depletion, Competence, and Employee Performance in Indonesian Treasury Agency

Fadli Ansari Harahap, Neni Triastuti

10. Spatial Use Pattern of the Ahmad Yani Street Corridor as an Activity Space in Pangkalpinang City

Aisyah Ronawan Rambe, Woro Utari Dwi Kinanti

11. Competence, Work Ethic, and Supervision in a Dual-Principal Bureaucracy: Determinants of Employee Performance in an Indonesian Legislative Secretariat

Amanda Devina, Normansyah Normansyah

12. The Role of Social Connectedness in Employee Mental Health with Self-Esteem as Mediator in the Jabodetabek Area

Shafa Zalikha Putri, Zamralita Zamralita, Reza Fahlevi

13. The Political Economy of Rural Nutrition Transitions: Ultra-Processed Foods, Social Eating Dynamics, and Local Health Governance in Kawi Mountain Village, East Java

Henny Rosalinda, Rany Purnama Hadi, Adhi Cahya Fahadayna, Primadiana Yunita

14. Factors Contributing to Academic Stress Among First-Year EFL University Students

Citra Dwi Safitri, Seny Luhriyani Sunusi, Muhammad Fahri Jaya Sudding, Andi Hajar

Table of Contents

> Abstract

> 1. INTRODUCTION

> 2. RESEARCH METHOD

> 3. RESULTS AND DISCUSSION

> 4. CONCLUSION AND RECOMMENDATIONS

> References

Recommended Articles

The risks of loan users for the mental health of the middle class

online loans mental health

 View PDF

The role of Islamic spirituality in overcoming depression: A literature...

The role of social connectedness in employee mental health with self-esteem as mediator in the Jabodetabek area

Shafa Zalikha Putri , Zamralita Zamralita  , Reza Fahlevi 

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Highlight

- Examines the role of social connectedness in employee mental health.
- Investigates self-esteem as a potential mediator of this relationship.
- Finds that stronger social connectedness is associated with better mental health.
- Shows that social connectedness is also significantly associated with higher self-esteem.
- Reveals that self-esteem does not significantly mediate the connectedness–mental health relationship.

Abstract

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The role of social connectedness in employee mental health with self-esteem as mediator in the Jabodetabek area

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ABSTRACT

The purpose of this study was to test whether social connectedness predicts the mental health of employees in the Jakarta, Bogor, Depok, Tangerang, and Bekasi (Jabodetabek) region while treating self-esteem as a variable that might mediate the link. Participants were recruited through convenience sampling, a non-probability approach, yielding 324 workers drawn from a range of job types. The measurement relied on three tools: the Mental Health Continuum–Short Form (MHC-SF) for overall mental health, the Social Connectedness Scale–Revised (SCS-R) for the degree of connectedness, and the Rosenberg Self-Esteem Scale (RSES) for self-esteem. Analysis showed that connectedness was a significant predictor of mental health ($p < .001$) and likewise had a significant bearing on self-esteem ($p < .001$). Self-esteem, by contrast, had no association with mental health ($p = .622$); thus, it did not carry the relationship between connectedness and mental health. Taken together, the pattern is consistent with employees' mental health being associated primarily with experiences of connection rather than with a self-esteem pathway. Because the design is cross-sectional and based on self-report, these results should be read as associations rather than causal effects. Building a stronger sense of belonging among staff, whether through supportive interactions, cooperative work settings, or a positive social atmosphere, therefore looks like a workable route to better mental well-being overall.

Keywords: social connectedness; mental health; self-esteem; employee; Jabodetabek area; organizations

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1. INTRODUCTION

An employee is a person who performs work for another party and receives wages or a salary in return ([Cambridge Dictionary, n.d.](#)). Amidst the shifting dynamics of industrial growth, the value of employees as organizational assets keeps rising. Among the regions where the industrial sector has expanded markedly is Greater Jakarta. As noted by [Setyowati et al. \(2015\)](#), Jakarta's swift expansion during the 1980s pushed industrial and residential activity outward into neighbouring districts, including Bogor, Depok, Tangerang, and Bekasi. This process turned Jakarta, Bogor, Depok, Tangerang, and Bekasi (Jabodetabek) into a fast-growing region and a principal industrial hub.

Yet, alongside this industrial progress, the internal conditions that shape the productivity of workers deserve attention. Mental health, for instance, can influence both output and employee well-being. When stress goes unmanaged, it lowers effectiveness and increases the likelihood that staff will consider leaving the organization ([Hasanah & Sandiasih, 2024](#)). Excessive job stress can throw an employee's emotional and physical equilibrium off balance, which in turn erodes their broader psychological well-being ([Sunyoto & Mulyono, 2025](#)).

Mental health refers to a condition in which a person sustains psychological well-being, allowing them to cope with daily stress, identify and develop their capacities, learn and work productively, and contribute actively to community life ([World Health Organization, 2025](#)). According to [Keyes et al. \(2008\)](#), mental health can be broken down into three interconnected components: emotional well-being, social well-being, and psychological well-being. Because these components reinforce one another, together they provide the groundwork people need to lead balanced lives, including when facing pressures at work ([Keyes et al., 2008](#)). Because it leaves no visible physical trace, mental health at work is frequently disregarded, despite weighing heavily on falling motivation, trouble concentrating, lower productivity, and frequent absence ([Arfian et al., 2024](#)). A number of workplace conditions can trigger mental health problems, including a high-pressure environment, an overloaded schedule, friction with colleagues, insufficient backing from managers and peers, and a poor balance between work and private life ([Fadillah, 2024](#)). Such circumstances point to why workplace social ties matter. Research findings indicate that social connectedness supports stronger mental and physiological health, increases happiness, and lowers the chance of developing mental disorders ([Holt-Lunstad et al., 2015](#)).

Social connectedness describes how a person perceives their emotional bond with others, capturing both a sense of belonging to a community and a feeling of parity with fellow human beings ([Lee & Robbins, 1995](#)). The construct comprises three core elements: companionship, affiliation, and connectedness ([Bagaskara & Widyastuti, 2023](#)). Connectedness serves as a buffer against depressive and anxiety symptoms and disorders, and a range of longitudinal work has shown that well-connected individuals face a reduced risk of mental health difficulties ([Wickramaratne et al., 2022](#)). When the need for connection is unfulfilled, people become vulnerable to sustained loneliness, which can eventually give rise to mental health disorders. Since connectedness is also bound up with how people regard themselves, self-esteem warrants examination as a psychological factor shaping everyday life, including the workplace.

Although the word sounds straightforward, self-esteem covers a set of complex inner states tied to a person's view of themselves ([Bailey, 2003](#)). The Rosenberg Self-Esteem Scale captures self-esteem along a single global dimension ([Gnambs et al., 2018](#)). Someone with low self-esteem tends to feel let down by their own shortcomings and place more faith in others' opinions than in their own, and this eventually shows in the quality of their work ([Santri et al., 2023](#)).

However, several studies suggest that the influence of social connectedness is not uniform, as it can hinge on factors such as how social media is used or how strong interpersonal relationships are ([Michikyan et al., 2023](#); [Porter & Chambliss, 2017](#)). Self-esteem, understood as a person's appraisal of their own worth and competence, is another psychological factor linked to well-being ([Rosenberg et al., 1995](#)). It has been tied to adaptation in mental health and to quality of life, and it can act as a mediator between social support and well-being ([Mann et al., 2004](#); [Scardera et al., 2020](#)). A number of longitudinal studies have further shown that self-esteem can forecast mental well-being over the long run ([Carlén et al., 2023](#)).

However, few studies have examined how connectedness, self-esteem, and mental health operate together among employees in Indonesia's urban centres, and Greater Jakarta in particular, where work demands and pressure run high.

Based on this research gap, this study aimed to test:

H₁: social connectedness plays a role in mental health

H₂: social connectedness plays a role in self-esteem

H₃: self-esteem plays a role in mental health,

H₄: self-esteem can mediate the role of social connectedness in mental health

1.1. Problem Statement

Drawing on the background set out above, the research question can be stated as follows: Does social connectedness contribute to the mental health of employees in Greater Jakarta, with self-esteem serving as a mediator?

2. RESEARCH METHOD

This study relied on convenience sampling, a non-probability method in quantitative work that recruits participants according to how readily accessible and available they are to complete questionnaires (Etikan et al., 2016). One drawback is that convenience sampling can yield biased data, as it does not faithfully mirror the wider population. Despite this, the approach remains valuable for studies aimed at exploring how variables relate within a specific setting, particularly where the population is hard to reach or probability-based methods are not feasible. Here, convenience sampling was applied to obtain participants who satisfied the inclusion criteria, that is, employees based in Greater Jakarta. Distributing the questionnaire online made it more practical to gather responses from people relevant to the study's aim of testing whether connectedness shapes mental health with self-esteem as a mediator.

2.1. Participants

The participants in this study were employees working in private or state-owned enterprises located in the Greater Jakarta Metropolitan Area (Jakarta, Bogor, Depok, Tangerang, and Bekasi). To be eligible for participation, individuals were required to be at least 18 years old, have a minimum educational attainment of senior high school or equivalent, and possess at least one year's work experience. Both male and female employees were eligible to participate in this study.

2.2. Sampling Technique

This study employed a convenience sampling approach, a non-probability sampling technique in which participants are selected based on their accessibility and willingness to participate in the research (Etikan et al., 2016). Convenience sampling is widely used in quantitative research because of its efficiency in terms of time and cost, making it particularly suitable when resources are limited.

Despite its practical advantages, convenience sampling may introduce selection bias because the sample may not fully represent the target population. Consequently, the generalizability of the findings may be limited, and sampling error cannot be estimated statistically in the same manner as in probability-based sampling methods. Nevertheless, this technique remains appropriate for studies aiming to examine the relationships among variables within a specific context, especially when the target population is difficult to access or when probability sampling is not feasible.

In the present study, convenience sampling was used to recruit employees who met the predefined inclusion criteria. Data were collected through a survey distributed to employees working in the Greater Jakarta area. This approach enabled the researchers to efficiently reach participants relevant to the study objectives, namely examining the relationship between social connectedness and mental health, with self-esteem serving as a mediating variable.

2.3. Procedures

Responses gathered through the questionnaire were processed and analyzed in IBM SPSS Statistics version 29.0 alongside Jamovi. Analysis began with validity and reliability checks on the instruments. Validity was tested via confirmatory factor analysis run on each scale and on each of its dimensions, while reliability drew on Cronbach's Alpha and McDonald's Omega, with figures above 0.70 read as sound internal consistency. After an instrument was judged valid and reliable, descriptive statistics summarized each variable, including minimum, maximum, mean, and standard deviation. Before the main analysis, the classical assumptions of linear regression were checked: normality by the Shapiro-Wilk test and Q-Q Plot to confirm a near-normal distribution, linearity by scatter plot inspection to confirm constant residual variance, and autocorrelation by the Durbin-Watson value, where a figure between 1.5 and 2.5 meant no autocorrelation among residuals. Multicollinearity was read from the Variance Inflation Factor (VIF), with a VIF below 10 taken to show no multicollinearity problem.

Next, hypothesis testing will use [Hayes \(2013\)](#) framework, using bootstrapped regression run through PROCESS V4.2 Model 4. This procedure serves to probe how an independent variable relates to a dependent variable via a third, mediating variable, allowing both the direct and indirect effects of that mediator to be assessed.

2.4. Measurements

This study used three measuring instruments to measure the three variables tested: The Mental Health Continuum-Short Form (MHC-SF) was developed by [Keyes et al. \(2008\)](#) and adapted into Indonesian. The MHC-SF has three dimensions: emotional well-being, psychological well-being, and social well-being. The scale used is 1–6, with details of 1 = never, 2 = once or twice a month, 3 = once a week, 4 = two or three times a week, 5 = almost every day, and 6 = every day. This measurement tool has 14 favorable items. The MHC-SF shows an RMSEA value of 0.0653 (<0.08), a CFI value of 0.947 (>0.90), and a TLI value of 0.935 (>0.90). For the overall scale, the MHC-SF returned a Cronbach's alpha value of 0.908 (>0.70) and a McDonald's omega value of 0.910 (>0.70). Per-dimension reliability was also acceptable: Emotional Well-Being ($\alpha = 0.795$, $\omega = 0.799$), Psychological Well-Being ($\alpha = 0.820$, $\omega = 0.821$), and Social Well-Being ($\alpha = 0.812$, $\omega = 0.815$) (see [Table 1](#)).

Table 1. MHC-SF Instrument

Dimension	Favourable items	Unfavourable items	Cronbach's Alpha	McDonald's Omega
Emotional Well-Being	1, 2, 3	–	0.795	0.799
Psychological Well-Being	9, 10, 11, 12, 13, 14	–	0.820	0.821
Social Well-Being	4, 5, 6, 7, 8	–	0.812	0.815

The Social Connectedness Scale-Revised (SCS-R) developed by [Lee and Robbins \(1995\)](#) and adapted by [Bagaskara and Widyastuti \(2023\)](#) consists of 20 items, with 10 favourable and 10 unfavourable items. The scale used ranges from 1 (strongly disagree) to 6 (strongly agree). Based on CFA testing, the values obtained were RMSEA = 0.0786 (<0.08), CFI = 0.929 (>0.90), and TLI = 0.903 (>0.90). This measurement tool has one dimension or is unidimensional. The values obtained from Cronbach's Alpha were 0.941 (>0.70) and McDonald's Omega was 0.941 (>0.70) (see [Table 2](#)).

Table 2. SCS-R Instrument

Indicator	Favourable items	Unfavourable items	Cronbach's Alpha	McDonald's Omega
Social Connectedness	1, 2, 4, 5, 8, 10, 12, 14, 16, 19	3, 6, 7, 9, 11, 13, 15, 17, 18, 20	0.941	0.941

The Rosenberg Self-Esteem Scale (RSES) was developed by [Rosenberg \(1965\)](#) and adapted by [Michellen \(2024\)](#). This measurement tool consists of 10 items, with 5 favourable items and 5 unfavourable

items. Based on CFA testing, the values obtained were RMSEA = 0.0260 (<0.08), CFI = 0.997 (>0.90), and TLI = 0.993 (>0.90). This measurement tool has one dimension or is unidimensional. The scale on this measurement tool ranges from 1 (Strongly Disagree) to 4 (Strongly Agree). Cronbach's Alpha value is 0.850 (>0.70) and McDonald's Omega is 0.852 (>0.70).

During CFA, the initial RSES model showed a poor fit (RMSEA = 0.149, CFI = 0.773, TLI = 0.709). Two items with standardized loadings below 0.30 were removed (item 3 = -0.387 and item 8 = 0.121), after which the model reached a good fit (RMSEA = 0.0260, CFI = 0.997, TLI = 0.993) with all retained items loading above 0.30 (see [Table 3](#)).

Table 3. RSES Instrument

Indicator	Favourable items	Unfavourable items	Cronbach's Alpha	McDonald's Omega
Self-Esteem	1, 3, 4, 7, 10	2, 5, 6, 8, 9	0.850	0.852

3. RESULTS AND DISCUSSION

A total of 350 participants were initially collected. Subsequent to the implementation of data screening and cleaning procedures, 324 participants were found to meet the inclusion criteria and were retained for the purposes of analysis. The sample was predominantly female (72.5%), with the majority of participants falling within the 24–31 age bracket (46.3%). The majority of participants were domiciled in Jakarta (44.8%), with smaller proportions residing in Bogor and Bekasi (11.7% each). With respect to work tenure, the majority of participants had accumulated more than five years of professional experience (26.5%), although the distribution across different tenure categories appeared to be relatively balanced. With respect to educational attainment, the majority of participants (67.3%) held a bachelor's degree. The demographic characteristics of the participants are presented in [Table 4](#).

Table 4. Demographic Characteristics of Participants

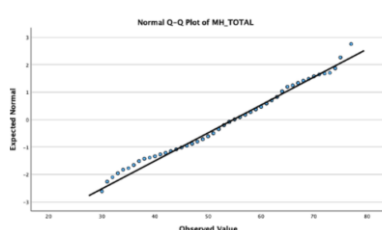
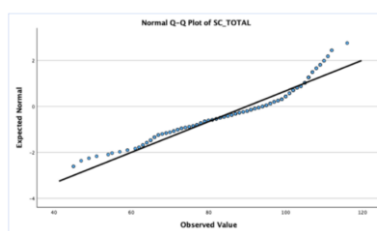
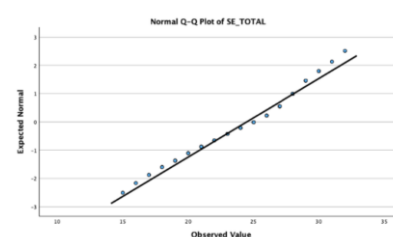
Characteristics	Category	n	%
Gender	Female	235	72.5
	Male	89	27.5
Age	18–23 years	134	41.4
	24–31 years	150	46.3
	32–39 years	19	5.9
	> 40 years	21	6.5
Domicile	Jakarta	145	44.8
	Bogor	38	11.7
	Depok	39	12.0
	Tangerang	64	19.8
	Bekasi	38	11.7
Work Tenure	1 year	80	24.7
	2 years	85	26.2
	3 years	47	14.5
	4 years	26	8.0
	> 5 years	86	26.5
Educational Level	High School/Vocational School	72	22.2
	Diploma (D1/D2/D3)	19	5.9
	Bachelor's Degree (S1)	218	67.3
	Master's Degree (S2)	13	4.0
	Doctoral Degree (S3)	2	0.6

Assumption checks in this study spanned normality, linearity, homoscedasticity, autocorrelation, and multicollinearity. The sequence began with a Shapiro-Wilk normality test across the three variables, the outcomes of which are presented in [Table 5](#).

Table 5. Test of Normality using Shapiro-Wilk

Variable	Shapiro Wilk	Interpretation
Mental Health	.024	Not Distributed Normally
Social Connectedness	<.001	Not Distributed Normally
Self-Esteem	<.001	Not Distributed Normally

The Shapiro-Wilk test revealed that mental health returned a significance value of 0.024, which is below 0.05; therefore, the Shapiro-Wilk test indicates that mental health also departs from normality. Social connectedness and self-esteem likewise produced values below 0.001 (<0.05); therefore, none of the three variables is normally distributed under this test. Because the Shapiro-Wilk test is sensitive to large samples and the Q-Q plots show the points tracking the diagonal reasonably well, the analysis proceeds using bootstrapped estimation, which does not rely on the normality assumption, rather than treating the Shapiro-Wilk results as support for normality (Hair et al., 2013). Figure 1, Figure 2, and Figure 3 display the Q-Q Plot results.

**Figure 1. Q-Q Plot Mental Health Variable****Figure 2. Q-Q Plot Social Connectedness Variable****Figure 3. Q-Q Plot Self-Esteem Variable**

Next, a data linearity test was conducted to determine whether the three variables had a linear relationship. The results of the linearity test are shown in Table 6.

Table 6. Test of Linearity

Variable	Shapiro Wilk	Interpretation
Social Connectedness (X) and Mental Health (Y)	<0.001	Linear
Self-Esteem (M) and Mental health (Y)	<0.001	Linear
Social Connectedness (X) and Self-Esteem (M)	<0.001	Linear

Testing across the three variables returned a linear relationship, significant at $p = <0.001 < 0.05$. A homoscedasticity test was performed to check whether the residual variance in the regression model remained constant. When the p-value was above 0.05, the constant-variance assumption was satisfied. The scatterplot of residuals against predicted values gave a further check, and the points spread at random with no set pattern, again consistent with homoscedasticity. Table 7, Figure 4, Figure 5, and Figure 6 report these results.

Table 7. Test of Homoscedasticity

Variable	Homoscedasticity	Interpretation
Social Connectedness → Mental Health	.697	Homoscedasticity is fulfilled
Self-Esteem → Mental Health	.254	Homoscedasticity is fulfilled
Social Connectedness → Self-Esteem	.001	Homoscedasticity is not fulfilled

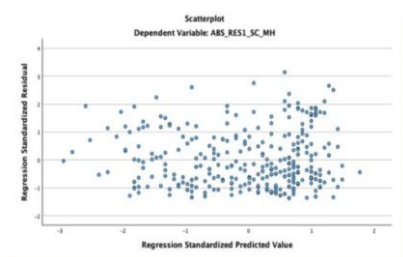


Figure 4. Scatterplot of Social Connectedness and Mental Health

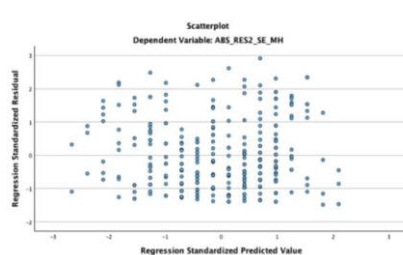


Figure 5. Scatterplot of Self-Esteem and Mental Health

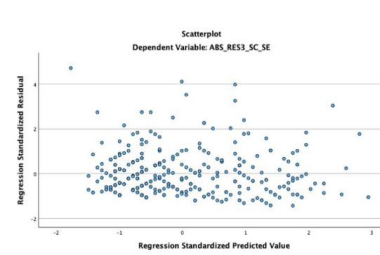


Figure 6. Scatterplot of Social Connectedness and Self-Esteem

With significance above 0.05 on the homoscedasticity test, both the connectedness–mental health link and the mental health–self-esteem link satisfies the constant-variance assumption. However, the connectedness–self-esteem pairing returned significance below 0.05, pointing to statistically significant heteroscedasticity. Even so, the scatterplots for all three pairings scattered randomly with no fixed pattern, whether connectedness–mental health, mental health–self-esteem, or connectedness–self-esteem. However, for the connectedness–self-esteem model, the significant Breusch-Pagan-type result indicates heteroscedasticity that the scatterplot alone cannot override. To address this, the corresponding regression estimates are interpreted using heteroscedasticity-consistent (robust) standard errors, and the bootstrapped PROCESS procedure used for the mediation analysis further reduces the influence of non-constant residual variance.

An autocorrelation test was conducted to check whether the residuals in the mediation regression models were correlated. Three residual models were involved: ABS_RES1 (connectedness predicting mental health), ABS_RES2 (self-esteem predicting mental health), and ABS_RES3 (connectedness predicting self-esteem). The benchmark was a Durbin-Watson value between 1.5 and 2.5, indicating no autocorrelation. Table 8 presents the specifics.

Table 8. Test of Autocorrelation

Variable	Autocorrelation	Interpretation
Social Connectedness*Mental Health→ Social Connectedness	1.372	There is autocorrelation
Self-Esteem*Mental Health→ Self-Esteem	1.518	There is no autocorrelation
Social Connectedness*Self-Esteem→ Social Connectedness	1.950	There is no autocorrelation

The Durbin-Watson test results show that there is autocorrelation in the ABS_RES1 residual regression model (Social Connectedness*Mental Health→ Social Connectedness) with a Durbin-Watson value of 1.372, while ABS_RES2 (Self-Esteem*Mental Health→ Self-Esteem) and ABS_RES3 (Social Connectedness*Self-Esteem→ Social Connectedness) meet the autocorrelation test, with ABS_RES 2 having a Durbin-Watson value of 1.518 and ABS_RES3 having a Durbin-Watson value of 1.950. Thus, all regression models in this study are free of autocorrelation.

A multicollinearity test was then conducted to examine whether the predictor variables in each regression model were too tightly related, drawing on the VIF for every residual model. Table 9 presents the details.

Table 9. Test of Multicollinearity

Variable	VIF	Interpretation
Social Connectedness*Mental Health→ Social Connectedness	1.000	There is no multicollinearity
Self-Esteem*Mental Health→ Self-Esteem	1.000	There is no multicollinearity
Social Connectedness*Self-Esteem→ Social Connectedness	1.000	There is no multicollinearity

On the multicollinearity test, ABS_RES1, ABS_RES2, and ABS_RES3 each returned a VIF of 1.000 (<5), so all three met the multicollinearity assumption. Hypothesis testing showed that social connectedness significantly predicts mental health in the regression model (path c'; $B = 0.2578$, $SE = 0.0454$, $t = 5.6833$, $p < .001$, 95% CI [0.169, 0.347]), so that greater connectedness is associated with better employee mental health. Connectedness also significantly predicts self-esteem (path a; $B = 0.1785$, $SE = 0.0098$, $t = 18.1454$, $p < .001$, 95% CI [0.159, 0.198]), meaning that stronger connections are associated with higher self-esteem. However, self-esteem did not significantly predict mental health when connectedness was controlled (path b; $B = 0.0892$, $SE = 0.1806$, $t = 0.4939$, $p = .622$, 95% CI [-0.265, 0.443]), so it does not account for variation in mental health in this sample.

Because this path was not significant, the mediation analysis indicates that self-esteem does not carry the connectedness–mental health relationship. The indirect effect is the product of paths a and b ($a \times b = 0.1785 \times 0.0892 \approx 0.0159$); the value 0.0892 reported earlier is the path b (self-esteem $\rightarrow$ mental health) coefficient, not the indirect effect itself. The bootstrapped 95% confidence interval for the indirect effect includes zero, so the mediation effect is not statistically significant. The total effect of connectedness on mental health (path c) therefore operates essentially through the direct path (path c'), with no reliable mediating contribution from self-esteem. Full path estimates, standard errors, confidence intervals, and R^2 values for each model are reported in Table 10.

Table 10. PROCESS Model 4 Mediation Results

Path	B	SE	t	p	95% CI	R ²
a: SC $\rightarrow$ SE	0.1785	0.0098	18.1454	< .001	[0.159, 0.198]	.505
b: SE $\rightarrow$ MH	0.0892	0.1806	0.4939	.622	[-0.265, 0.443]	.091
c: SC $\rightarrow$ MH (total)	0.2737	0.0450	6.0800	< .001	[0.185, 0.362]	.103
c': SC $\rightarrow$ MH (direct)	0.2578	0.0454	5.6833	< .001	[0.169, 0.347]	—
Indirect (a $\times$ b)	0.0159	0.0328	—	—	[-0.048, 0.083]*	—

Note:

SC = social connectedness; MH = mental health; SE in the path column = self-esteem, SE column = standard error. $N = 324$; 5,000 bootstrap resamples. * The bootstrap 95% CI for the indirect effect includes zero, so the indirect effect is not statistically significant. The estimates for the SC $\rightarrow$ SE model use heteroscedasticity-consistent (HC3) standard errors. The coefficients shown are unstandardized (B).

4. CONCLUSION AND RECOMMENDATIONS

This study's results show that social connectedness significantly predicts the mental health of employees in Greater Jakarta. This finding is consistent with the research by McLoughlin et al. (2019), which found that social connectedness can reduce the adverse effects of cyberbullying on the mental health of adolescents, making it an important protective factor in individual psychological well-being. In addition, research by Schwartz and Litwin (2017) conducted on an elderly population in Europe also shows that social connectedness has a reciprocal relationship with mental health and contributes significantly to improving mental health. These two findings reinforce that social connectedness is a strong predictor of mental health, not only in adolescents and the elderly, but also in employees in an organizational context.

The study further found that connectedness is significantly involved in self-esteem. This is supported by the work of Monson et al. (2023), which shows that low social connectedness can damage self-esteem, such that self-esteem plays a central role in connecting social experiences with individual psychological vulnerability. The research by Wickrama et al. (2025) also supports this finding, showing that strong social connectedness is closely related to optimal self-esteem patterns in young adults. Thus, the results of this study are consistent with the literature that individuals who are more socially connected tend to have more positive self-evaluations.

In contrast, self-esteem had no significant effect on mental health, which puts this study out of step with earlier work that found a positive association. For example, Carlén et al. (2023) reported that self-

esteem can forecast mental well-being in adolescents. The divergence here may stem from the different time profiles of the two constructs. The literature reviewed in this work frames self-esteem as stable and slow to develop (Orth & Robins, 2014), whereas mental health tends to shift and respond to short-term events (Luhmann et al., 2012). The findings of Diener and Diener (1995) likewise show that the link between self-esteem and life satisfaction, one marker of mental health, is not universal but shaped by culture; therefore, it does not correlate strongly in every population. Moreover, Alaviani et al. (2025) found that although the relationship between self-esteem and mental health is significant, it is very weak, supporting the possibility that the relationship between the two is indeed not strong or consistent across populations. Kusnanda's (2025) results, which uncovered a significant negative effect of self-esteem on social anxiety among Generation Z, likewise show that the self-esteem–mental health relationship can shift with context and with the outcome being measured.

Because self-esteem was not significant, it cannot mediate between social connectedness and mental health. This is in keeping with several earlier studies pointing to the limits of self-esteem as a mediating variable. Sachs-Ericsson et al. (2010) found that even though adverse childhood experiences predict internalizing disorders, self-esteem does not mediate that effect. In the same vein, the longitudinal study by Plackett et al. (2022) found that the mediating effect of self-esteem in the relationship between social media use and adolescent mental health became insignificant after adjusted analysis of demographic and other background variables. In this study, bootstrapping results also showed that the confidence interval for the indirect effect included 0, indicating that the mediating effect was not significant.

In general, the study is consistent with connectedness being associated with mental health directly, rather than by way of raised self-esteem, although the cross-sectional design does not permit causal conclusions. In a work setting, that is, social support, a sense of belonging, and positive interpersonal ties weighs more heavily on mental health than a person's self-appraisal. Practically, this suggests that organizations should direct their efforts toward cultivating a supportive, collaborative social climate.

This study does carry limitations worth weighing. First, its use of convenience sampling means that the results do not represent the entire employee population of Greater Jakarta. Second, the participant mix was uneven, leaning toward women and early adulthood, which may limit the generalizability of the findings. Third, differences across demographic groupings such as age, gender, or place of residence were not tested, although these could affect levels of connectedness, self-esteem, and mental health. Such points call for cautious interpretation and leave room for later research to broaden the population sampled and pursue more detailed comparative analysis.

This study aimed to establish the relationship between connectedness and mental health, with self-esteem as a mediator, among employees in Greater Jakarta. The analysis led to the conclusion that connectedness significantly predicts mental health in the regression model, making it a notable correlate of employees' psychological well-being. The study also found that connectedness significantly affects self-esteem, such that positive interactions and a sense of belonging at work are associated with higher self-evaluation. Self-esteem, however, has no significant effect on mental health and therefore cannot mediate between connectedness and mental health. This implies that mental health improves among employees more directly through connectedness than through any gain in self-esteem. In summary, the study confirms that connectedness plays a direct and meaningful role in strengthening mental health, whereas self-esteem does not mediate the link between the two. This provides fresh insight into how socio-psychological factors shape mental well-being in contemporary work life.

Ethical Approval

This study was conducted in accordance with the ethical principles of psychological research involving human participants. The research procedures followed the ethical requirements established in the Indonesian Code of Ethics for Psychology or *Kode Etik Psikologi Indonesia (KEPI)*. All research activities were conducted responsibly, considering participants' welfare, privacy, and confidentiality throughout the data collection and analysis processes. The study involved employees in the Jabodetabek area who

participated through an online questionnaire. No sensitive personal information was collected, and all collected data were used solely for academic research purposes.

Informed Consent Statement

Informed consent was obtained from all participants prior to data collection. Participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to provide responses freely, without coercion. Participants were also informed that their responses would be treated confidentially and used only for academic research. All participant information was protected throughout the study.

Authors' Contributions

SZP contributed to the conceptualization, methodology, validation, formal analysis, data interpretation, and preparation of the manuscript. Z contributed to the research design, methodology, validation, analysis, manuscript review and editing. RF contributed to the conceptualization, methodology, validation, interpretation of the findings, and manuscript refinement. All the authors have reviewed and approved the final version of the manuscript.

Disclosure Statement

The authors declare that there are no competing or conflicting interests related to this study. No financial, personal, professional, commercial, or institutional relationships influenced the research design, data collection, analysis, interpretation, or reporting of the results.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable requests. Owing to privacy and confidentiality considerations regarding participant responses, the raw dataset is not publicly available.

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