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Research Article

Psychological well-being is aligned to the ethical theory of flourishing

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ABSTRACT

Flourishing, an ethical theory founded in Stoic philosophy, centers around emotional control and learning how to live well. It connects strongly with the modern construct of psychological well-being (PWB). PWB programs are increasingly included in workplaces and factors contributing to their success can include individual motivations, accountability and responsibility, organizational support systems and design, and an understanding of mental health conditions. Anxiety, the most commonly experienced mental health condition, is an emotional state that can directly affect PWB, yet it is often neglected in research, as is the concept of who is responsible for PWB. This paper outlines a study to test the hypotheses that: emotional states can affect PWB: emotion can be considered an ethical construct; improving PWB benefits both individuals and organizations and that shared responsibility can optimize organizational PWB program outcomes. Existing information was gathered from a systematic literature review and new information was gathered from a study conducted with the Australian Institute of Health and Safety (AIHS). Mixed method research incorporated quantitative and qualitative data collection, testing occupational health and safety (OHS) practitioners' views on anxiety, and perceptions of factors affecting success or failure of PWB programs. Findings included strong indications that: anxiety can affect PWB and impact performance and productivity; shared responsibility between employees and organizations may improve the outcomes for PWB programs; information and education around self-care, and motivational principles connected to virtue ethics can all assist individuals and organizations to assume responsibility for their role with PWB initiatives.

Keywords: anxiety; emotion; agency; responsibility; self determination

1. Introduction

Australian businesses lose over \$6.5 billion AUD each year by failing to provide early intervention for employees experiencing mental health conditions including those related to feelings of anxiety, the most commonly experienced mental health condition[1].

Anxiety levels have increased in frequency by 25% during the COVID-19 pandemic[2,3]. Anxiety is different from stress which is a shorter-term condition, and it can manifest subtly leading to it being dismissed, misunderstood, misdiagnosed and under reported as a condition. If undiagnosed or not addressed, it can lead to longer-term more debilitating and costly depression[4].

Despite its impact on workplace productivity, anxiety has been rarely factored into workplace mental health and wellbeing programs, and there is a lack of empirical research published in journals dealing with organization design, human resource management (HRM), business and occupational health and safety (OHS).

OHS practitioners are often charged with the responsibility of developing and implementing psychological well-being (PWB) programs in organizations; however, their effectiveness in this area has been brought into question[5].

As productivity continues to be a challenge for organizations and regulation for OHS in the area of psychological safety and wellbeing is increasing[6,7], peak accreditation bodies for OHS professionals are seeking input from researchers around solutions to improve effectiveness in this area, this includes the Australian Institute of Health and Safety (AIHS), the peak body for OHS practitioners in Australia, a partner in this study.

This national study conducted during 2021 and 2022 included a literature review undertaken to determine existing knowledge and evidence regarding PWB and the effect that anxiety has on productivity with a particular focus on responsibility, agency, and program success factors.

Sources used for the literature review included general integrative research related to management as well as psychological, sociological, and economic reviews in the area of PWB, anxiety and theories around agency, responsibility, and self-regulation.

From the final journal articles and peer reviewed material ($n = 51$), analysis was conducted to surface trends and developments in the area of anxiety and PWB related to individuals, OHS, management, organizational strategy, systems, regulation, and assessment.

There was a recognized gap in information related to anxiety as a condition to be considered in PWB workplaces programs, as well limited research on the role of individual responsibility and regulation of personal PWB within organizational settings.

The absence of information in this area was considered a research gap, leading to the study with the Australian Institute of Health and Safety (AIHS). This was established to assess within the Australian environment how individual employees and OHS practitioners view anxiety as well as their own personal agency and responsibility towards PWB, in parallel determining what impact that may have on organizational PWB success and productivity.

1.1. Productivity challenges

PWB development offers an opportunity for productivity improvement as it can reduce costs and improve performance for organizations[8].

Australian businesses lose over $6.5 billion AUD each year by failing to provide early intervention for employees experiencing mental health conditions, and organizational pressures to maximize profit, minimize costs and remain competitive continue the demand for higher productivity in the public sector, and greater profitability in the private sector.

Risk mitigation around building higher margins, and the bottom line are increasingly making their way into OHS organizational systems and this includes requests for improvement in PWB programs that advance the efficiency of the workforce and reduce costs associated with employee health issues.

Although anxiety is the most commonly experienced psychological challenge, it appears to be the least evident factor focused on within PWB research.

The impact anxiety has on performance is outlined in the Yerkes Dodson model (**Figure 1**). Anxiety can

negatively affect function by decreasing attention control over a performed action, in turn impacting efficient processing of information and storage capacity of working memory, reducing the resources available for a given task, and also potentially increasing attention to threat stimulus[9,10]. It is most applicable to tasks that place high cognitive demands on performers, particularly with regard to complex tasks.
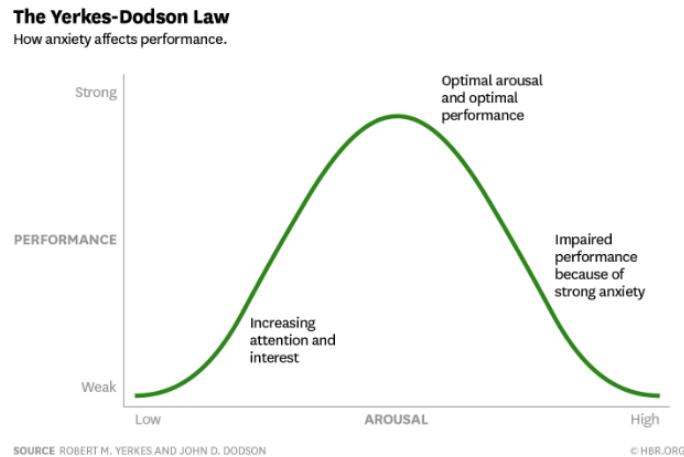

Figure 1. Yerkes Dodson Law outlining connection of performance to anxiety levels[11].

A lack of prioritization or implementation of effective PWB programs may increase the risk of workplace problems, such as stress, bullying, conflict, alcohol and drug abuse and mental health disorders.

Employees suffering mental health issues, including anxiety can experience sleep disturbance, impaired job function, avoidance of co-workers, decreased job satisfaction, and during times of great change seek alternative employment resulting in high employee turnover in turn increasing recruitment costs and reputational risk for organizations[1].

Organizations are in heated competition for talent and talent retention is a high priority as is building an attractive employee value proposition (EVP). Aon's 2022–2023 PWB survey indicated that employees who agree strongly that their organization care about their PWB are 1.5 times more likely to stay with that employer[12].

PWB programs can positively influence career development, work environment and company culture, as well as reducing organizational medical costs, insurance premiums and workers compensation claims[13].

These points should be reinforced with organizational leaders to ensure that there is continued investment in PWB programs. Employee wellbeing is considered to be a top priority for the next five years as seen in **Figure 2**.

To improve PWB programs, investment will be needed to ensure that organizations have: suitable, qualified specialists, training, up to date information, resources, and the preparedness to act with an appropriate risk and response plan in place[14]. This need is further reinforced by the increased regulation around psychosocial safety in Australian organizations.

1.2. Regulatory shifts

Regulatory requirements are increasing in the area of workplace psychosocial safety, which can include wellbeing, and this is driving change around standards and governance in a number of countries[15].

In Australia, the management of psychosocial safety in workplaces has historically been unregulated[16]. However, in response to multiple OHS policy and legislative reviews[17], additional regulations were introduced
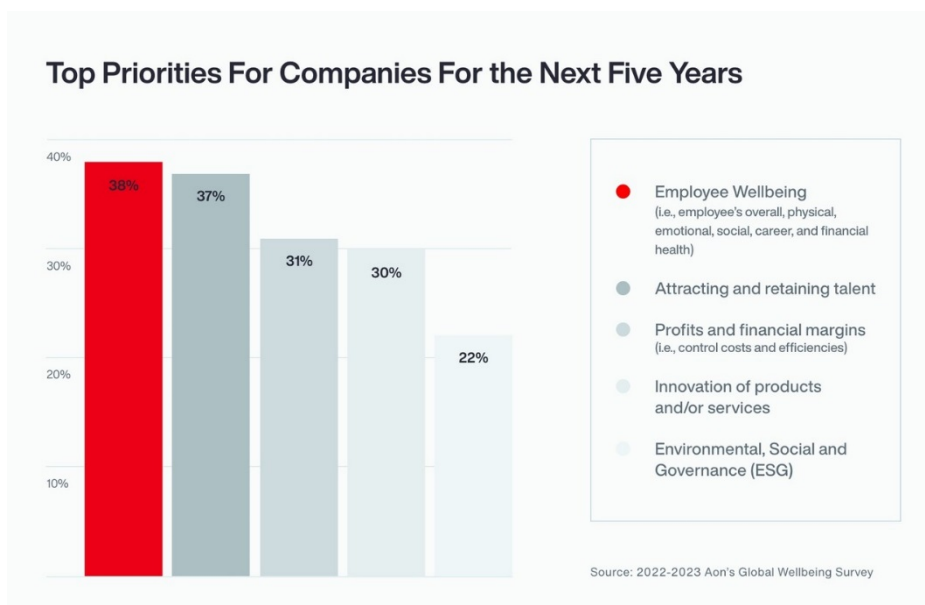
Figure 2. Wellbeing ranks highly as a top priority[12].

from 1 October 2022[18] and dictate that from March 2023, employers have increased responsibility to prevent psychosocial risk in the workplace by designing effective, proactive mental health and wellbeing workplace systems.

Under the *Australian Occupational Health and Safety Act*, employers must provide and maintain a working environment for employees, including contractors, which is safe and without risk to health, as far as is reasonably practicable.

A psychologically safe workplace is one where every reasonable effort is made to prevent harm to mental health through negligent, reckless, or deliberate conduct[16]. These new regulations recognize that risks to psychological health are no less harmful to employees' safety and wellbeing than physical hazards, promoting the importance of psychological health, safety, and wellbeing in the working environment.

Wellbeing falls within the parameters of psychological safety, but the profession of OHS has historically been focused on physical safety; hence, there is great interest in learning more about mental health and psychological wellbeing.

1.3. COVID-19 considerations

During this study, the impact of COVID-19 further reinforced the importance of this research.

The pandemic impacted mental health with indications of increased anxiety[19].

Employees and organizations have been affected by stifled career planning, work, and income precarity, health and wellbeing constraints, social isolation as well as dynamics around social media proliferation, peer pressure around "to vaccinate or not to vaccinate" and survivor syndrome for employees post redundancies[20].

These pressures have subsequently increased feelings of fear and anxiety, and overall psychological wellbeing (PWB) has declined as a result, which has impacted organizational productivity[3,20,21].

With increased levels of anxiety, emphasis on mental health and wellbeing, and impact on organizational productivity, there has been increased interest within many management fields in how to address the issue through the development of effective PWB programs.

1.4. Theory

Understanding the problem to be researched in this study required knowledge of theories that connect the constructs of PWB to productivity and performance. There remains a gap in research in the area of OHS[6,22], but organizational theories and research that do exist have been used to inform this study, including self-determination theory (SDT), psychological safety climate theory (PSC), and ethical theories.

1.4.1. Organizational theory

PWB is researched within many fields including psychology, health and safety, and organizational management studies. It is considered an important antecedent of employee and organizational performance and plays an important role in influencing employee motivations, emotions, and behaviors at work, as well as organization design[11,23–26].

PWB of individual employees is a multi-dimensional construct conceptualized in various ways by scholars.

Table 1. Perspectives on concepts important for PWB.

Concept	Outline	Reference
Wellness	A progression of continued growth across the life course including dimensions of self-acceptance, personal growth, purpose in life, positive relations with others, environment mastery, and autonomy	[27]
Affect	Presence of positive affect, and absence of negative affect	[28]
Dimensions	Satisfaction-dissatisfaction, enthusiasm-depression, and comfort-anxiety	[29]

Concepts of psychological wellbeing and mental health problems include distress, emotional exhaustion and anxiety connected with performance and productivity through relationships with individual job demands (work pressure and emotional demands).

PWB skills that can be considered beneficial in the development of OHS programs include a range of emotional constructs such as anxiety awareness and controls, positive thinking, resiliency, coping mechanisms, and personal responsibility for self-care.

By developing these skills, individuals can better manage emotions, cope, and live satisfying and meaningful lives. Organizations can support this by implementing appropriate frameworks, policies, and management capability.

1.4.2. PWB: 80/20 rule and anxiety

In business, a common construct is the 80/20 rule, where efforts are focused on an area that might have the greatest impact, and therefore deliver the greatest gain.

Using the 80/20 principle when dealing with mental health, you cannot afford to ignore the most frequent mental health condition experienced. Anxiety, which as shown in **Figure 1**, can directly impact performance and productivity.

Understanding anxiety might be seen as the first step in dealing with it.

Anxiety is an everyday emotional state and needs not be diagnosed to impact an individual and those around them[30]. We bring our emotions and anxieties to work; they do not stop as we enter our workplace, and they may not be caused by work, but they do affect how we behave at work[31].

Anxiety rests on the mental health continuum between stress and depression. If undiagnosed—and it often is—and chronic, lasting more than 100 days, it can lead to the condition of depression which is harder and more costly to deal with.

If anxiety is ongoing, it can impede daily activities, impacting an individual's performance and an organization's productivity. Early intervention into anxiety and containment can avoid lengthy and unnecessary absences from work reduction cost and inefficiency.

Dealing with anxiety through workplace PWB programs may help maximize productivity and profitability and if anxiety is the most common condition experienced within the mental health realm, we should give more consideration to this condition.

As anxiety is an emotional state, and emotions play a key role in ethical theory, we must consider it as a critical factor in the development, design, and implementation of workplace PWB programs[32].

1.4.3. PWB: Emotions and ethical connections

Anxiety is not a new concept, but has been with us all as long as we have been alive, and there is an opportunity to learn from the historical views around this condition.

Ancient philosophy details how individuals have sought wellbeing, and self-care techniques predating modern the concept of "PWB".

Philosophical theories such as ethical pluralism outline the obligation to promote well-being alongside duties like fidelity, gratitude, and justice, with self-improvement outlined as the act to promote one's own good, i.e., one's own health, security, wisdom, and happiness with connected concepts of "moral virtue[33,34]".

Emotions were often used to describe anxiety, and PWB is outlined in virtue ethics in different ways by three ancient philosophers, Socrates, Plato, and Aristotle with theories related to the concepts of moral agency, responsibility and the experience emotions bring to our mental status and health shown below.

1) Plato recognized that "moral emotions" like anger, empathy, rage, and lust can override control rational thought.

2) The Scottish philosopher David Hume felt that emotions led reason; we don't choose to do something due to reason; emotion drives us to act.

3) Aristotle believed that the wise, virtuous person would experience the right emotions at the right times, with empathy and concern at the heart of a good person. Virtue advanced the good of others and our own good with self-mastery at its core.

4) Hume and Adam Smith developed a theory of moral sentiment with emotion as the basis for their ethics, proposing that we can get "moral pleasure" from acting well.

5) John Rawls focused on individuals as moral agents, articulating a system in which actions are "good" if they advance fairness and remediate disparities for individuals.

6) For Immanuel Kant, emotions constituted a disease in our thinking and his theory on moral agency suggests that individuals can discern between right and wrong and be held accountable for the consequences of their actions. Moral agency encompasses not only the moral competency of the person or organization, but the normative framework on which ethical behavior is based, and the situational constraints that influence decision-making.

7) Utilitarianism presents the view that morality comes from the pain or pleasure that actions cause. The British philosopher Jeremy Bentham thought that pain and pleasure were the most obvious and most basic motivations for humankind. Psychotherapy principles developed by Freud are linked to the pain/pleasure motivation theory.

8) Free will and responsibility have direct relevance to psychotherapy. Many of the issues that are

discussed during psychotherapy have a moral nature. Any mental disorder can be characterized as a certain loss of freedom and psychotherapy can be regarded as a tool for people to regain freedom in their agency and daily life. Psychoanalysts like Sigmund Freud have often linked emotions with moral ethics and at times encouraged thinking that motivation is driven by unconscious urge. Anxiety is often associated with subconscious conditions involving rumination, worry, and emotional turmoil. Contemporary neuroscience has revealed the role unconscious bias and heuristics play in our beliefs, thinking and decisions[31,35].

These philosophical theories focus on the impact that emotions (anxiety) can have on our wellbeing, the concept of responsibility to self and others, and the need for awareness, choice and decision-making skills. How we develop the right emotional responses at the right time and what level of responsibility we have to ourselves can be explained through agency and moral obligation.

If we consider the hypothesis that self-awareness, self-determination, self-care, and personal responsibility play a role in the success of PWB for both individuals and for organizations, then the concept included in agency theory, autonomy, could be considered the most important in the PWB context.

Autonomy, competence, and relatedness all play a role in the motivation towards agentic action (agency) and self-determination[36] as outlined in **Figure 3**.
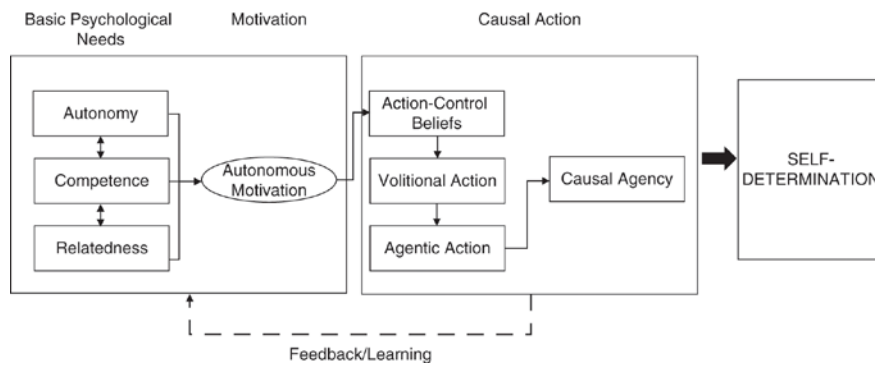

Figure 3. Causal Agency Theory: connection of autonomy to agency and self-determination[37].

1.4.4. Self-determination and agency

The self-determination theory (SDT) emerged from the field of motivational psychology. Wehmeyer's "functional" model of self-determination is founded on autonomy (acting according to one's own priorities or principles), self-actualization (the full development of one's unique talents and potentials) and self-regulation (cognitive or self-controlled mediation of one's behavior)[37].

Causal agency is an antecedent towards self-determination[38] providing a theoretical framework for developing and enabling goal setting and attainment strategies. In causal agency, free will is important, sometimes referred to as a "causal power" and largely considered as a necessary condition for moral responsibility. This concept is not explored deeply in this study, but worthy of further exploration as it has direct connection to psychotherapy which might be considered important in the exploration of PWB and mental health.

The concept of self-awareness, self-determination, self-control and agency are all critical to be explored in studies on PWB, reinforcing that individuals often act on their own motivations to show responsibility for their own health and wellbeing.

1.5. Responsibility

Individuals are the most affected by PWB and therefore could be considered the most responsible agents

in the PWB campaign.

Early traditions used to define life, but in modern society, freedom and restrictions co-exist, and an individualized society has led to an emphasis on greater personal responsibility.

Individual responsibility is viewed as an obligation to act in a manner that suits others, or a personal choice to act with the individual holding accountability for the consequences of the choices[39].

Organizational responsibility is often contextualized through liability, frequently of a moral nature, measured in consequences and most often discussed in healthcare[40–42]. Organizations can seek to impose regulatory standards and enforce them with either punitive action or a goal to create the right environment, but ultimately it requires individuals to be in charge of their own mind and make choices of how they follow these regulations.

Co-responsibility (shared responsibility) blends individual and external party responsibilities with a focus on issues that support healthy living instead of discussing accountabilities or liabilities[43].

A regulator or organization cannot impose that an individual will be healthy, be well or flourish. That can only be achieved through personal choice and individual action.

From the literature review, success for PWB development appears to be predicated on self, autonomy, choice, and responsibility rather than meeting imposed regulations, and an emphasis on a positivist approach rather than a punitive, liability-based approach.

This is highlighted in a precis from a Finnish national study[44] which invited citizens to evaluate and record their PWB journey. 94% of the participants considered responsibility for their own PWB important.

1.5.1. PWB Finnish case study

Themes emanating from this study focused on personal choice and individual responsibility related to doing things for oneself such as: deciding on personal goals and aspirations, defining lifestyle suitability to goals, and taking others into account in decisions. Leading factors enhancing PWB were social relations, listening to self, feeling good, right attitude (virtue ethics), sleep, exercise, and self-realization.

Responsibility was portrayed as a positive concept, connected to free will and choice in contrast with having an obligation to meet an imposed standard, and moral agency was highlighted as an important factor to take charge of your life, to lead the life that you want, which included responsibility for self-care.

1.5.2. Self-care

Self-care is a concept grounded in ethics and involves taking the time to do things that help you live well, in turn improving both physical and mental health. It is aligned to moral agency and self-determination and PWB. It can assist with managing stress and anxiety, lowering risk of illness, increasing energy, boosting self-esteem, protecting mental health and leading to better relationships.

If individuals encounter challenges of a personal or work nature and do not have external systems of support, with a gap in self-care, they may fall back and rely on internal coping mechanisms that do not provide a sustainable or healthy long-term solution and in fact exacerbate PWB issues. Internal personal strategies can include denial or repression and coping mechanisms are known to consist of consuming caffeine (31%), smoking (27%), exercising more frequently (25%), taking over the counter or prescription medication (23%), and consuming alcohol (20%)[4,45].

Promoting reliance on personal responsibility and self-care with the right organizational support structure, education and systems in place would be an ideal shared goal, with positive outcomes for the individual and for organizations.

Organizations can establish policies and frameworks that can support an individual in pursuit of PWB. These can be led by and supported by a number of parties.

1.6. Stakeholders

There are many and varied stakeholders affected by the conditions surrounding psychological wellbeing, and equally as many parties who serve to gain by improving management of workplace settings and an understanding of responsibility around care and support.

These include, but are not limited to: policy makers, organizational managers including HRM and OHS professionals and associated service providers, individual employees and their families and the professional regulators of the mental health field.

1.6.1. Organizational leaders/managers

Sharing fundamental organization and business principles can be important when promoting PWB investment in organizations in order to gain support from leaders at all levels.

Mental health can be seen as a common shared goal and commitment for everyone in a workplace supporting productivity, profitability, and regulation.

Business ethics encompass the moral rules that govern how businesses operate, how business decisions are made and how people are treated by the business.

The culture of an organization is led by all, and from the top a positive culture can be seen as a measure of an organization's success.

Health and wellbeing programs can positively influence employee benefits, career development, work environment and company culture, as well as reducing significant medical costs, insurance premiums and workers compensation claims[13].

These points should be reinforced with organizational leaders to support the continued development and investment in these programs.

Investment includes ensuring that their organization has suitably qualified specialist expertise, training, information, tools, and the preparedness to act with an appropriate risk and response plan in place[14].

There are certain functions that carry a heavier load with regard to moral responsibility when it comes to the development and implementation of PWB. The functions that have increasingly been held accountable and responsibility for the development and implementation of psychological health and safety are occupational health and safety (OHS) and human resource management (HRM).

1.6.2. OHS and HRM

There is an overlap in HRM and OHS where productivity, safety and engagement are connected[46–49], and there has been an increased galvanization of the two functions during the pandemic, with a growing shared responsibility towards employee health and wellbeing becoming more of a norm.

As such organizational decision makers in the field of OHS and HRM are increasingly interested in studying how interventions affect social or organizational climates[49] and although attempts to address mental health conditions through OHS have been tried in many countries[50], there remains a need to tackle root causes and support systems for employees who are experiencing a mental health condition.

Although OHS and HRM are increasingly responsible for the design and management of mental health and PWB systems, gaps remain in HRM and OHS literature describing the workplace impact of existing mental health programs[6,51].

Having specialized knowledge gives OHS professionals power, balancing the use of this power for individual and public good obliges professionals to behave ethically[52]. OHS professionals are required to draw on their ethics to make lifesaving decisions and act as "moral" agents in their role. At times, this can be difficult given they are bound by legal obligations to ensure a safe workplace and eliminate risk as far as reasonably practicable and in parallel support their company to ensure productivity and profit. What is moral and what is legal can sometimes differ, and situations can create circumstances where an individual decision may become necessary.

Ethical behavior for any profession is often considered to be captured in codes of ethics published by professional bodies; however, these codes are sometimes treated with cynicism by the public[53] and at times followed tokenistically by the actual professionals.

Ethical professional behavior is much more than having a code of ethics; it requires the ability to use personal systems of logic, pragmatism, and knowledge. That knowledge extends to understanding moral and ethical constructs and role responsibility.
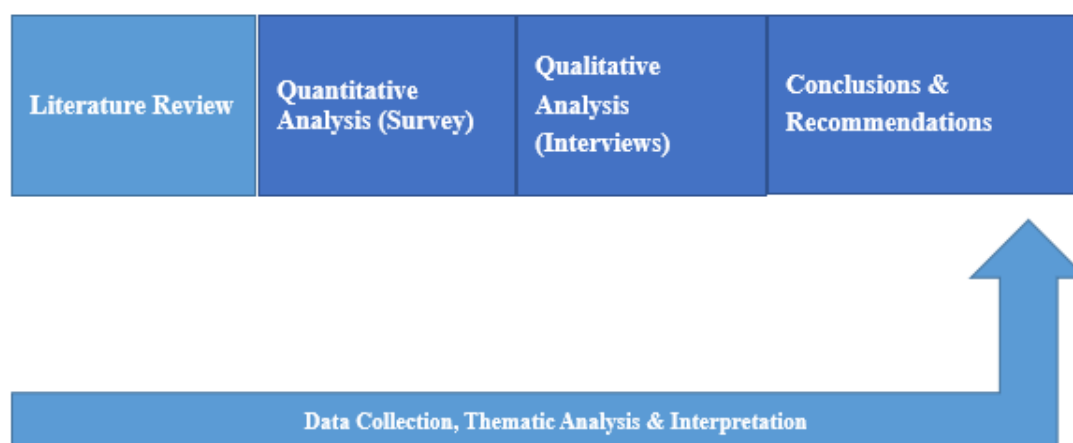
2. Research model

| Literature Review | Quantitative Analysis (Survey) | Qualitative Analysis (Interviews) | Conclusions & Recommendations |

Data Collection, Thematic Analysis & Interpretation

Figure 4. Research method.

2.1. Aim

Testing hypotheses is normal practice in research and in this instance, the following hypotheses were developed during the literature review and referred to during the study.

H1: Anxiety is an emotional state and condition that affects PWB.
H2: Improving PWB benefits individuals and organizations.
H3: Shared responsibility can optimize organizational PWB program outcomes.

2.2. Research questions

Several key questions were formed to focus the research.

1) Does anxiety affect PWB, individual and organizational performance?
2) Does shared responsibility between OHS policy makers and individuals improve success of programs?
3) What factors enhance or inhibit shared responsibility in PWB programs?

2.3. Research philosophy

Qualitative methodology aims to study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them[54]. It is considered suitable when the

researcher investigates new fields of study or intends to ascertain and theorize prominent issues[55]. In this study, it afforded the opportunity to explore in depth the ways in which people felt about the topic and determine matters that were important or unique to the experience of the interviewees, allowing insights into how different phenomena of interest were experienced and perceived[56,57].

Each focus group (interview) participant's interpretation of anxiety and PWB in the workplace helped build and balance the credibility of other participant's interpretations[58]. This strengthened the trustworthiness of the original interpretation of the quantitative data, reflected by the real-life experience of the interview participants. Rephrasing key points during the interviews allowed the participants to recall additional details to attach to the overall understanding of anxiety in the workplace.

In order not to limit findings to preconceived ideas, this study was set up to not over emphasize manufactured data as much as use inductive and deductive reasoning around patterns or themes that formed during the research. That included analysis of data from the quantitative study as well as the qualitative interviews which included discussion notes and observations, followed by triangulation of all sources of data including the literature review findings.

Triangulation is a technique used to validate one source of data with another to strengthen findings and reflect interpretation that reflects real-world situations[58].

Themes were allowed to emerge from data points without any a priori classification. This was enabled by thematic analysis, a commonly used approach to combine and review qualitative and quantitative data which can then be collated, curated, and communicated to others in a meaningful way[59].

2.4. Materials and methods

The literature review surfaced data regarding anxiety, and also highlighted the gap in research within this field in OHS and HRM peer review journals. Due to the lack of information, gathering new information became important.

New information was gathered using mixed methods research which included:

- Quantitative methods: A self-administered questionnaire (SAQ) was distributed to examine the complex issues of anxiety and PWB, PWB programs effectiveness in workplaces, responsibility, and coping mechanisms.

- Qualitative methods: Semi structured interviews were conducted with focus groups and individuals; the questions were kept open ended but followed the format of the SAQ.

Participants included in the study were OHS practitioners who are members of the Australian Institute of Health and Safety (AIHS). These practitioners are at the "coal face" of mental health and wellbeing programs within organizations and live with the day to day reality of increased regulation in the PWB space as well as the operational issues involved.

AIHS provides a strong research foundation for its members, in order to aid the development and education of the profession and has its own research council that assisted with study design.

To add weight to the statistical data and information from the quantitative study, qualitative interviews were conducted with focus groups from AIHS to ascertain if there were themes arising around the key questions being studied.

In conjunction with the OHS focus, HRM practitioners from leading organizations within Australia were included in the focus groups for the qualitative interviews. This was considered important as the responsibility for PWB is often shared by these two functions, increasingly so during the COVID-19 pandemic.

3. Results

3.1. Quantitative data

3.1.1. Does shared responsibility between policy makers and individuals improve program success?

Employee perceptions are a strong antecedent of the impact on organizational practices including PWB and performance[60]. Using the quantitative data collected from the SAQ, a series of multi variant analysis tests were conducted to determine if there was any correlation between employee participation and organizational PWB success.

Several factors were tested to determine if there was any correlation between employee encouragement to participate (agency), management agency, PWB impact on productivity and perceived importance of PWB.

Pearson correlation tests were conducted to measure the strength of the linear relationship between variables. Pearson correlation tests have a value between −1 to 1, with a value of −1 meaning a total negative linear correlation, 0 being no correlation, and +1 meaning a total positive correlation. Pearson correlation tests indicate relationships not causation[61].

Results from the Pearson correlation model are outlined in **Table 2**.

Table 2. Pearson correlation between PSC, wellbeing and productivity.

Correlations

		Employees are encouraged to become involved in psychological safety and wellbeing matters.	Management considers employee psychological wellbeing to be as important as productivity.	Management acts decisively when a concern of employee psychological wellbeing is raised.	Management considers psychological safety of employees to be of great importance.	Management acts quickly to correct issues that affect employees' psychological safety.	Management has the skills to recognise when psychological wellbeing is an issue.
Employees are encouraged to become involved in psychological safety and wellbeing matters.	Pearson Correlation	1	.251**	.217**	.447**	.133	.165*
	Sig. (2-tailed)		.001	.003	.000	.073	.026
	N	183	183	183	183	183	183
Management considers employee psychological wellbeing to be as important as productivity.	Pearson Correlation	.251**	1	.379**	.524**	.323**	.307**
	Sig. (2-tailed)	.001		.000	.000	.000	.000
	N	183	183	183	183	183	183
Management acts decisively when a concern of employee psychological wellbeing is raised.	Pearson Correlation	.217**	.379**	1	.377**	.597**	.226**
	Sig. (2-tailed)	.003	.000		.000	.000	.002
	N	183	183	183	183	183	183
Management considers psychological safety of employees to be of great importance.	Pearson Correlation	.447**	.524**	.377**	1	.338**	.296**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	183	183	183	183	183	183
Management acts quickly to correct issues that affect employees' psychological safety.	Pearson Correlation	.133	.323**	.597**	.338**	1	.244**
	Sig. (2-tailed)	.073	.000	.000	.000		.001
	N	183	183	183	183	183	183
Management has the skills to recognise when psychological wellbeing is an issue.	Pearson Correlation	.165*	.307**	.226**	.296**	.244**	1
	Sig. (2-tailed)	.026	.000	.002	.000	.001	
	N	183	183	183	183	183	183

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

"Management considered PWB important to productivity": there was a positive relationship to "Employees were more involved".

"Management considered PWB important to productivity": there was a positive association of "Action to correct issues".

"Management had the skills to identify issues surrounding PWB": there was a positive association to consider "PWB more important" and an association of management to act quickly to address issues.

3.1.2. Association of employee involvement to organizational culture

There is moderate association between employees who are encouraged to become involved in psychological safety and PWB matters and organizational listening to their concerns as shown in **Table 3**.

Table 3. Association of concern to involvement-Pearson correlation.

		My contribution to mental health concerns in the organization are listened to.	Employees are encouraged to become involved in psychological safety and PWB matters.
My contribution to occupational health and safety concerns in the organization are listened to.	Pearson Correlation	1	0.980**
	Sig. (2-tailed)		0.000
	N	998	998
Employees are encouraged to become involved in psychological safety and PWB matters.	Pearson Correlation	0.980**	1
	Sig. (2-tailed)	0.000	
	N	998	998

**: Correlation is significant at the 0.01 level (2-tailed).

This would reinforce the idea that employee participation can improve the organization outcomes of a PWB program.

3.1.3. Overreliance on EAP in organizations

Ensuring that program design is centered around delivering an appropriate solution to the problem is critical.

From the survey quantitative data in relation to the individual and wellbeing, there is a bewildering diversity of PWB programs, and a wide range of designs as shown in **Figure 5**.
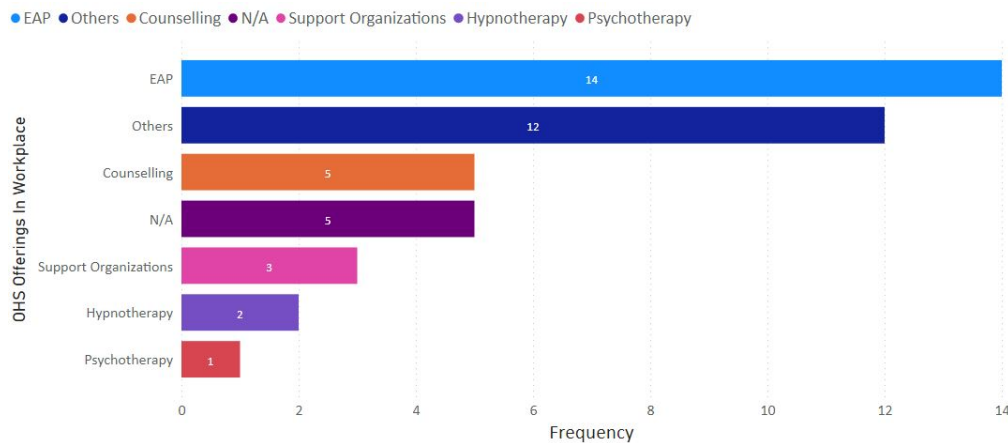

Figure 5. PWB offerings.

Organizations often engage EAPs to assist employees experiencing psychological distress, yet EAPs primarily focus on individual remedies rather than addressing the context of the problem (e.g., the corporate climate), which may render them limited in effectiveness[62].

If PWB program offerings do not match the situation or problem, low receptivity and utilization rates may render them ineffective[63].

3.2. Qualitative data and thematic analysis

The research questions of: "Does shared responsibility between policy makers and individuals improve

success of programs?" and "What factors enhance or inhibit shared responsibility in PWB programs?" were analyzed against the data collected from the survey and literature review as well as input from qualitative interviews conducted with OHS focus groups (*n* = 20).

The results of triangulated data are outlined in themes with italicized statements selected to capture and reinforce the principle of pragmatism and lived experience important in research.

3.2.1. Personal responsibility

"I don't think anyone can achieve PWB without personal effort."

"I would like to think that work offers me support for my own PWB, but in reality, it is up to me."

During the interviews, all participants were asked to consider what they themselves can do to enhance their own PWB.

It was recognized that individual responsibilities and co-responsibilities are critical, that meant individuals were motivated to be responsible and act responsibly for self and others.

They did not consider it the responsibility of, for example, the healthcare sector to take care of their PWB. A multitude of different ways to enhance PWB are described, such as being social interaction, exercising and taking time for oneself.

Personal responsibility was defined as being active and taking charge.

3.2.2. Social participation

"I think my PWB is impacted positivity and negatively buy others."

"My wellbeing is improved when I can get support from others, and they support me."

Although doing things for the sake of personal PWB was highlighted in the discussions and data, examples showed that other motives exist such as doing things for the good of loved ones or for society in general. The role of society to support PWB was considered rather marginal but being with and doing things with others was considered an important part of PWB. This could be considered as a link to utilitarian theory in ethics.

PWB was also associated with a sustainable lifestyle. Taking care of the planet develops PWB for individuals, and taking care of self means that one can give more back to the world. This is a virtuous cycle.

3.2.3. Stigma

"Stigma of having an ongoing health matter, let alone a mental health issue, can trigger feelings of anxiety, so addressing stigma's first, as with could have widespread benefits." OHS survey participant.

"I would like more engagement at all levels with no fear of repercussions."

"Workers will never fully open up as they will feel it will impact their career or job prospects. I would study companies that are trying to implement programs and learn from them."

"Paint it as something other than psychological help."

Capturing the data from the qualitative interviews and collating that with open questions included in the SAQ derived a set of information related to stigma reinforcing the ongoing problem of under reporting of mental health conditions, in this case anxiety.

Being able to design programs that reduce stigma around mental health should continue to be a goal for organization and policy makers.

3.2.4. Self-care[31]

"Why is the employee not asked to take more responsibility, why does the organization have to do it all— we don't manage their life."

If we return to the theory of self-determination and causal agency and consider that PWB can be best achieved through individual commitment and personal responsibility then the principles of self-care, used in many professions seem appropriate to consider and could provide a simple, pragmatic framework for organizational leaders and OHS to implement.

The ability to translate these principles to any organization offered few barriers, with the possibility of good outcomes, and no perceived risks.

Ethical principles outlined in the self-care model are summarized in the guidelines below.

• Respect for the dignity and worth of self: a violation lowers your integrity and trust.

• Responsibility of self-care: ultimately, it is your responsibility to take care of yourself—and no situation or person can justify neglecting this duty.

• Self-care and duty to perform: there must be a recognition that the duty to perform cannot be fulfilled if there is not, at the same time, a duty to self-care.

The established standards of humane practice of self-care are:

• Universal right to wellness: every employee, regardless of her or his role or employer, has a right to wellness associated with self-care.

• Physical rest and nourishment: every employee deserves restful sleep and physical separation from work that sustains them in their work role.

• Emotional rest and nourishment: every helper deserves emotional and spiritual renewal both in and outside the work context.

• Sustenance modulation: every employee must utilize self-restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since improper consumption can compromise their competence as a helper.

Commitment to self-care includes:

• Make a formal, tangible commitment: written, public, specific, and measurable promises of self-care.

• Set deadlines and goals: the self-care plan should set deadlines and goals connected to specific activities of self-care.

• Generate strategies that work and follow them: such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

The simple model below in **Figure 6** outlines the key factors associated with self-care.

Figure 6. Key factors associated with self-care[51].

A number of these factors relate to organization responsibility, in particular the variables of workplace environment, supervision and professional purpose. Again, shared responsibility plays a role, even with the self-care model. The induvial can be enabled by the right environmental conditions.

3.2.5. Shared responsibility

"I would like a bit more support."

The concept of co-responsibility[43] envisions a society where the focus is on making healthy living easy instead of discussing whether the individual or society has a liability responsibility for ill health (as they both do).

To pursue such a society may look like creating a culture that enables PWB for individuals on their own terms; the second step might be to offer support to figure out what those terms are.

Most support seemed to come from family and friends; ways to strengthen personal social support systems might be of importance to enterprise/organizational leaders.

In **Figure 7** below, a conceptual framework outlines the interaction between the workplace and the worker with regard to what they bring to PWB.
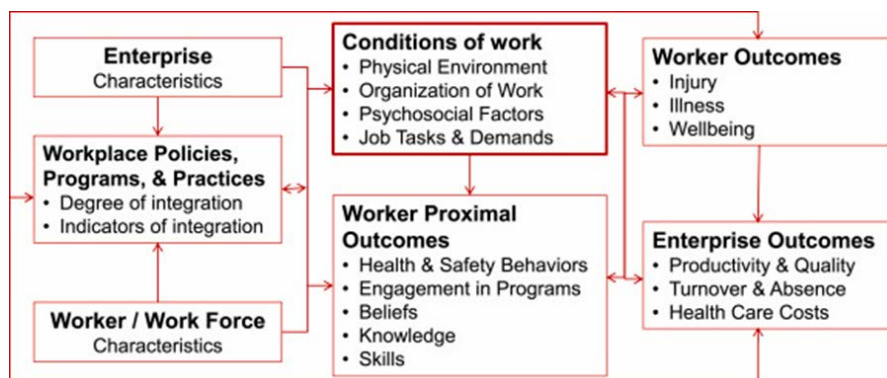

Figure 7. Enterprise and individual worker characteristics are both important[64].

3.2.6. Clarity and quality of programs

"Deal with the internal issues that exist including HR and OHS practices and education."

"Organizations need to manage change better, to try to decrease change-related or uncertainty related anxiety."

"A code of conduct and week-long focus on mental health once a year is not working."

It was established within the literature review that many practices aimed at increasing employee PWB and organizational performance conflict and even contradict one another, with views that: there are too many disparate offerings with "off-the-shelf" OHS PWB products; individuals' needs are not met; there is a lack of clarity around benefits, outcomes or impact on individual or organizations productivity; and OHS often delivers a single component of a comprehensive solution, resulting in a patchwork of uncoordinated programs, which can be delivered by multiple vendors, with limited consistency or integration[8,63].

Employers find it difficult to be informed purchasers around OHS PWB services when there is a wide range of delivery modalities including online, telephonic, and face-to-face products that they cannot differentiate.

OHS has an obligation to design programs that suit the specific company's needs, to be familiar with and offer different models of delivery to increase impact, and to be able to monitor and measure program

performance. This will only increase the measure of success and interest in further investment.

3.2.7. Return on investment

"In many organizations this will be a 'nice to have' and budgets will be prioritized around other areas."

The efficacy of occupational health services as measured by organizations can vary enormously, with more than 40% of employers unsure how employees benefit and 40% concerned about the cost implications. Only 25% of HR directors believe that programs offer good support for those who are stressed or anxious[22]. However, research is indicating that PWB can improve performance, productivity and a better bottom line[8,65–67].

4. Conclusions

The original hypotheses in this study have been addressed.

H1: Anxiety is an emotional state and condition that affects PWB.
H2: Improving PWB benefits individuals and organizations.
H3: Shared responsibility can optimize organizational PWB program outcomes.

PWB is a concept that many individuals and organizations are pursuing, yet empirical research is nascent.

Anxiety is a constant emotional condition that can impact personal and organizational performance and productivity, yet it appears to be under researched and under reported in the PWB field. More research is required.

PWB is as much a regulatory requirement as it is an ethical requirement, and a common goal for PWB design should be to complement traditional OHS systems to make sure workers are safe, healthy, satisfied and engaged at work.

There are many factors that can enable and inhibit PWB program success, focusing on what is important, impactful, and effective is critical.

Concepts grounded in history and philosophy that assist with the goal of flourishing and social participation can assist in outlining roles, responsibilities, and success factors for PWB.

Organizational leaders cannot prescribe a perfect set of conditions or circumstances in which all factors that affect an individual's PWB can occur, but organizational leaders can engage with individuals, listen, support, learn and commit to ensure that investment in systems and programs that meet individual needs exist.

The more skilled and open to listening organizational managers are, the more participatory employees will be in the pursuit of PWB.

For investment and research to continue, return on investment and success measures will be important to emphasis with organizational leaders.

Individuals are critical in making choices and taking personal responsibility. Self-determination and self-care play a prominent role in the successful pursuit of PWB for individuals and for their organizations. Providing the right culture and environment for these individuals to flourish and feel like they are in control of their own wellbeing will be important in PWB program design.

The pursuit of PWB is a win-win game that takes shared responsibility, with the goal of shared outcomes.

Conflict of interest

The author declares no conflict of interest.

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