

A QUANTITATIVE EXAMINATION OF THE RELATIONSHIP BETWEEN
WORKPLACE ENVIRONMENT, RELIGION, AND THE STIGMA OF MENTAL
HEALTH ON OPENNESS TO MENTAL HEALTH SERVICES

by

Cooper A. Hove (Smith)

Liberty University

A Dissertation [Proposal] Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

Liberty University

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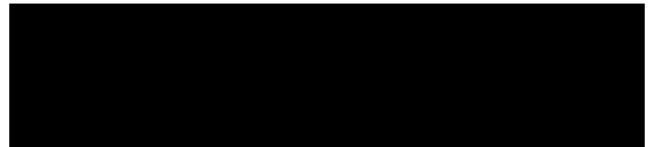
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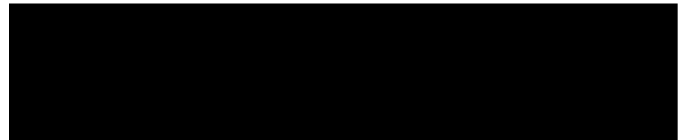
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ABSTRACT

Individuals within the workplace experience stressors that can negatively impact their health long term if not effectively managed. The level of stress within the workplace environment, religious beliefs, and mental health stigma may affect employees differently in their openness to receive mental health services. Research lacks data to understand the gap between employees struggling with mental health and unused, available resources in organizations. Most current research focuses on implementing mental health interventions, with the highest number of studies focusing on police officers' and nurses' experiences. This study was a quantitative, correlational study to gather participants with prior work experience of at least three years at more than one job. It investigated the relationship, if any, between an employee's level of stress within their workplace environment, religious beliefs, and stigma perception of mental health with the moderating effect of the dependent variable--an employee's openness to seek mental health services. This research used the following scales to gather data about the relationship between the dependent and independent variables: a Shortened Stress Evaluation Tool (Faragher et al., 2004), Self-Stigma of Seeking Help Scale (Vogel et al., 2006), Religious World Views Measure (Goplen & Plant, 2015) and the Stigma-9 Questionnaire (Gierk et al., 2018). This research used a regression analysis to interpret the data through SPSS. This study found a medium positive correlation between religious beliefs and workplace stress, a medium negative correlation between religious beliefs and stigma perception, and a relationship between stigma perception and openness to seek out mental health services. This study brings information that can result in relevant resources based on the findings of an employee's workplace environment and education about mental health resources.

Keywords: workplace environment, regression analysis, quantitative, survey, stress, well-being, beliefs, stigma, mental health, effort-reward imbalance model

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Dedication

I dedicate my research and this dissertation to my husband (Trenten) and my daughter (Ezrah) for their continued love, encouragement, and space to allow me to focus on my educational goals. I am grateful to the support of my parents, Dimple and Alan Smith, through this process. This is also dedicated to my great granddaddy, Leon Washington, who paved the way for me to accomplish all that I have achieved. Thank you to each participant who took the time to complete the survey. Thank you, God, for your love and guidance through this process.

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

The workplace environment consists of many moving parts such as employees, working conditions, different communication styles, and job demands that contribute to an individual's perceptions of their workplace setting. The workplace environment can cause strain on an employee's well-being (Goh et al., 2020). At the same time, stress on an employee can have long-term effects on their physical and mental state (Delgado et al., 2021). According to the Centers for Disease Control and Prevention (2021), having a mental illness is the most common health condition in the United States, with anxiety and depression being the most predominant.

According to the American Psychiatric Association public opinion poll (2019), companies have shifted to establishing more resources and implementing insurance health plans to include mental health resources. The number of resources available to support employees is not fully utilized based on the number of employees with a mental illness (Langer et al., 2020; Mental Health at Work Report—The Stakes Have Been Raised, 2021). Furthermore, when an employee is stressed, research has found that spiritual beliefs contribute to maintaining stress levels that do not negatively impact the individual (Zhang et al., 2022). The societal stigma of mental health continues to deter individuals from seeking additional resources when needed (Smith et al., 2022). This research investigates an employee's level of stress within workplace environment, religious beliefs, and stigma perception of mental health on the moderating relationship of openness to seek mental health services. Langer et al. (2020), Delgado et al., (2021), and The National Institute of Health (2018) reported that a company loses productivity

when an employee is not treated for their mental health. There not enough research on the relationship between the workplace environment, job strain, and mental health physical location, conditions, social interaction, support system, and policies and procedures of where individuals conduct their work (Bălău et al., 2019; McDermott et al., 2018; Timm et al., 2018). The number of tasks assigned, the level of support provided by the organization, and an employee's access to certain items such as bathrooms, private work areas, or printers can create perceptions of how employees view their workplace. Employees need to understand workplace expectations, which they can reach out to for support, and ways to create a balanced work-life to maintain healthier staff, resulting in higher productivity and a higher job commitment for the organizations individuals work for (Herr et al., 2019). When some aspects in the workplace setting are not to the expectations of the employee, it can further create a strain in an employee's life that can turn into health problems such as anxiety, depression, and immune system complications if not effectively managed (Heckenberg et al., 2018). Overall, understanding an employee's workplace environment can bring more information about if an individual is currently at risk of not effectively managing their health and how they perceive mental health resources.

Background

Stigmas in Mental Health

The stigma of mental health has created barriers for individuals seeking additional support (Smith et al., 2022). Research has suggested that the origin of the mental health stigma is dependent on an individual's support system and can come from groups, family members, friends, and coworkers. Institutional stigma creates barriers, such as

organizations having fewer services for mental health versus other health services in an employee's insurance health care plan (Mugisha et al., 2019). Evaluating how mental health stigma in an employee's life relates to their openness to receiving mental health services is essential. Employees with good health are better able to manage their daily expectations and responsibilities, including problem-solving, collaborating with other teammates, and timely submissions of their work tasks (Kim et al., 2019). Taking care of one's mental health is also essential to an individual's well-being because this is how an individual operates emotionally and socially (Kossek et al., 2017). Many interactions occur in the workplace that requires the capacity to communicate professionally. The National Alliance (2018) on mental health reported that employees are less likely to have to pay for health care when in good mental health because those that have poor mental health are twice as likely to have cardiovascular disease. Overall, these are the benefits of good mental health in existing research on mental health in the workplace.

Religion and Spirituality

The National Alliance on Mental Illness (2019) has found positive relationships in improving one's mental health when the individual is religious or spiritual such as better relationships with others and decreased stress. Other research suggests that religion can negatively interfere with an individual's health and impede treatment to have more positive mental health when there are many rituals, practices, or fulfillments to be completed (Cohen & Johnson, 2017). The current findings on the relationship between religious beliefs and mental health are mixed and need more exploring. It is essential to investigate this element to understand how religious or spiritual people manage their health and their openness to seeking additional resources outside their practices.

Research has also brought forward findings on an individual's religious beliefs related to their mental health (Sepahvand, 2019). Spirituality can help an individual understand the significance of a daily routine and can be used with specific activities such as yoga to obtain more inner peace and conscientiousness (Khan, 2019; Lizano et al., 2019). Research shows that mental health can be improved when an individual is religious because religion gives an individual something to believe in and a way to connect with other like-minded individuals. Scripture is a reminder that an individual's thoughts can turn into behaviors; even if not voiced, they will be visible to others in how we carry ourselves. Luke 8:17 states, "For there is nothing hidden that will not be disclosed, and nothing concealed that will not be known or brought out into the open" " (*New International Bible*, 1978/2011). Understanding the moderating variables impacting an individual's openness to receiving support is essential to effectively implementing relevant interventions and programs. Proverbs 3:13 states, "Blessed are those who find wisdom, those who gain understanding" (*New International Bible*, 1978/2011).

Biblical Views on Mental Health

Scripture further discusses how our religion can be something to lean on at times of challenges (*New International Bible*, 1978/2011, Philippians 4:13). Scripture states in 2 Timothy 1:7, " For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline" (*New International Bible*, 1978/2011). Scripture reiterates that stressing over an element, conflict, or challenge in the world is unproductive. When Christian leaders dwell on their fears and doubts about challenging situations, they lack faith in God's ability to propel them past their fears and doubt. When life becomes difficult to manage, prayer can ease our minds and provide peace within our

bodies when we meditate on it along with the word of God. Scripture states in 2 Corinthians 4:17-18, "For our light and momentary troubles are achieving an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen since what is seen is temporary, but what is unseen is eternal" (*New International Bible*, 1978/2011). Scripture is also clear that it is necessary to seek help from others when one needs assistance. Proverbs 11:14 states, "For lack of guidance a nation falls, but victory is won through many advisers" (*New International Bible*, 1978/2011).

Problem Statement

[Current research has shown that a hostile workplace environment has a positive relationship between an employee's well-being and stress (Kelloway, 2017) and can have long-term health effects on an employee if not treated (Kinman et al., 2017). Current research has also demonstrated an organization's importance in maintaining an employee's health by providing relevant resources to support healthy employees (Spännargård et al., 2022). Current research has revealed that healthy employees are more productive at work, perform better, and have higher job commitment (Herr et al., 2019; Lado et al., 2021; Seo et al., 2021). Current research has also attributed employees' spiritual beliefs to improving their mental health (Lizano et al., 2019). The stigma of mental health has been attributed to deterring individuals from seeking out resources due to common reasons reported in a study of mental health in the workplace about fears, embarrassment, and concerns with job stability (Langar et al., 2020).

The Centers for Disease Control and Prevention (2020) reports that in the United States, being diagnosed with anxiety or depression is common. While organizations have

increased programming dedicated to improving mental health (Arslan et al., 2020), employees are not using these available resources at the expected volume. The expected volume is based on the number of employees who report struggling with well-being, stress, and mental health in the workplace (Mental Health Myths and Facts | MentalHealth.Gov, 2022). Some current research reports that the resources allocated to mental health interventions in the workplace are either scarce in research, ineffective, or entirely relevant to improving the mental health of employees (Fikretoglu et al., 2021; Proper & van Oostrom, 2019; Saju et al., 2019). At the same time, other studies have reported that employees fear using these resources for concerns of retaliation (APA Public Opinion Poll – Annual Meeting 2019, 2019). There is little information and relevant research about the gap between those that need more support with managing their mental health and using available resources. Understanding the roles of the stress within the workplace environment, an employee's religious beliefs, and stigma perception of mental health will bring forth more information on what is moderating the relationship of an employee's openness to seeking mental health resources. More information allows for more relevant interventions to target the employees needing more support in managing their health.

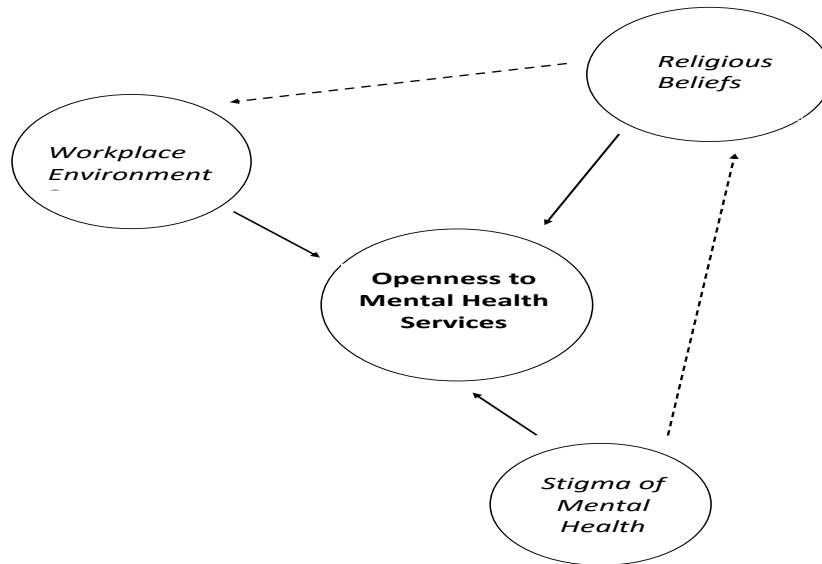
Purpose of the Study

This quantitative, correlational study examined how an employee's level of stress within their workplace environment, their religious beliefs, and the stigma of mental health moderate the relationship between openness to seeking mental health resources.

Research Question(s) and Hypotheses

Research Questions

- RQ1: Does an employees' workplace environment predict their level of openness to seek out mental health resources?
- RQ2: Is there a statistically significant relationship between an employee's religious beliefs and an employee's workplace environment?
- RQ 3: Does an employee's religious beliefs predict their openness to seek mental health resources?
- RQ 4: Does an employee's stigma perception of mental health predict their openness to seek out mental health resources?
- RQ 5: Is there a statistically significant relationship between an employee's stigma perception of mental health and their religious beliefs?

Figure 1**Hypotheses**

Hypothesis 1: There will be a significant prediction of openness to mental health services by an employee's workplace environment.

Hypothesis 2: There will be a statistically significant relationship between an employee's religious beliefs and workplace environment.

Hypothesis 3: There will be a significant prediction of openness to mental health services by an employee's religious beliefs.

Hypothesis 4: There will be a significant prediction of openness to mental health services by an employee's stigma perception.

Hypothesis 5: There will be a statistically significant relationship between an employee's religious beliefs and stigma perception

Assumptions and Limitations of the Study

When looking into the challenges and limitations of this study, it is essential to examine foreseeable items that can cause barriers in the study to interpret the data so that these factors can be problem solved and addressed before implementing the research study. Scripture reminds us that acknowledging issues is imperative to seek assistance from God. James 1:5 states, "If any of you lacks wisdom, you should ask God, who gives generously to all without finding fault, and it will be given to you" (*New International Bible*, 1978/2011).

This research used a survey when examining any challenging aspects of the research data collection. The type of wording used in the survey can appear challenging for participants (Hutchinson & Sutherland, 2019). The terminology must match the desired meaning while also being at the appropriate reading level for all participants involved in the research, ensuring consistent interpretation among all participants (Heckenberg et al., 2018). When examining surveys and their structure in the study, the order in which items are presented can influence how a person responds (de Oliveira et al., 2020) and lead to response bias (Meisters et al., 2020). To combat this challenge, this research used randomization in the survey questions for each participant. This research grouped related questions and change the order of those questions for each survey. Lastly, survey fatigue was another potential challenge with this study (Le et al., 2021).

When examining the statistical model, it is also essential to draw out the challenges or limitations that may be associated. When using a regression analysis, it is vital to note that outliers can have huge effects on the regression (Flatt & Jacobs, 2019). Flatt and Jacobs (2019) also discussed the linearity assumption with a presumption that

there will be a relationship between the dependent and independent variables. In some instances, the research may show not to have a relationship. The identified potential limitations and challenges are associated with the current study.

Theoretical Foundations of the Study

The theoretical framework for this study stemmed from the effort-reward imbalance model. When employees experience an unbalance between the efforts that they contribute towards their work and the rewards received from their effort, it creates adverse effects on their well-being (Cho et al., 202; Notelaers et al., 2021). Stress occurs among employees due to numerous reasons, such as poor working conditions, a lack of resources, and/or a lack of support from their organization (Landolt et al., 2017). Research also shows that the adverse effects of well-being on employees can be both mental and physical changes to the body such as anxiety, depression, suicidal ideation, and cardiovascular disease (Arapovic-Johansson et al., 2019; Eddy et al., 2017; Yang & You, 2017). This model thoroughly explains the relationship between workplace stress and health differences

One of the components of this model, over-commitment, details how employees can become at risk for ill-health with this imbalance of the amount of work that an employee contributes to their workplace and the output of the benefits they receive (de Sousa et al., 2019; Kinman, 2019; Kunz, 2019). Research focuses on using this model to help organizations to implement incentive programs to keep employees engaged and motivated at work (Huo et al., 2020). Research also focusses on reducing certain workplace barriers such as stress and burnout, while focusing on increasing employee

health, job satisfaction, and/or motivation (Brooks et al., 2019; Ge et al., 2021; Mo et al., 2020; Yuan et al., 2021).

Research also centers on factors that may buffer against the effort and reward balance to avoid ill-health (Weiß & Süß, 2019). This study builds on the previous research by evaluating the employee's religious beliefs to buffer against the development of ill-health found in employees. This study also builds on previous research to evaluate employee health and further investigate the employee's openness to seeking resources to address their health.

Definition of Terms

The following is a list of definitions of terms used in this study

Mental Health– Term two is defined as the individual's condition on their emotional well-being (King et al., 2020).

Religious beliefs– Term three refers to a set of attitudes, beliefs, commitments, practices, and or devotion to a higher power, such as a God or the supernatural, that has an institutionalized system of faith or worship usually shared by a group or community (Oxhandler et al., 2021; Papaleontiou - Louca, 2021). Term three also refers to the greater whole, the experience of a connection, and or belief of something greater than oneself about an individual belief of a sense of purpose, something sacred or significant (Zhang et al., 2022).

Stigma Perception– Term five refers to condemnation or disapproval of individuals who seek mental health services or are diagnosed with a mental health illness (Zamir et al., 2022).

Workplace Environment– Term six is the physical location, the conditions, social interaction, support system, and policies and procedures of where individuals conduct their work that are subcategories of where stress can derive from. (Bălău et al., 2019; McDermott et al., 2018; Timm et al., 2018).

Significance of the Study

The gap in the research of understanding workplace environments and employees seeking mental health services is understanding more about the difficulty employees may experience with recognizing the symptoms of poor mental health when in their work setting. Although more training and awareness programs in the workplace environments educate employees on the importance of their well-being, there are high expectations in a workplace that can create confusion between the symptoms linked to workplace stress and the expectations of the workplace setting (Lashewicz et al., 2020). For example, suppose an employee has an approaching deadline. Some symptoms such as anxiety, low energy, and sleep deprivation are confused as the need to meet the deadline instead of signs negatively impacting their mental health, leading to long-term health issues. Employees who work through stressful situations for extended periods can downplay symptoms causing health problems to continue for more extended periods (Kinman et al., 2017).

Another gap in this research is that all the programs in workplace on the need for self-care to improve mental health may not understand an employee's preference for self-reliance through their religion and spirituality. Current research has discussed the benefits of faith on mental health but not further depth into the relationship between an

employee's personal preference (King et al., 2020). Employees relying on their religion or spirituality to improve their mental health may be correlated to openness in obtaining other types of resources offered by a company or professional due to the individuals' practices within their religion or spiritual journey.

Summary

This study aimed to uncover more vital information to improve employee health. This research investigates the impact of an employee's level of stress within their workplace environment, religious beliefs, and the stigma perception of mental health on the relationship between an employee's openness to receiving mental health services. This quantitative, correlational study used a survey and regression analysis through SPSS to interpret the data. Participants in this study had prior work experience so that relevant information could be obtained. Limitations and challenges such as wording, the structure of the survey, and survey fatigue are barriers that can impact the data if not proactively addressed. The significance of this research can bring forth more relevant interventions and resources to organizations based on an individual's variables and preferences. Chapter two\ will go into more depth and discuss the current research in this area.

CHAPTER 2: LITERATURE REVIEW

Overview

This literature review discusses the existing research related to workplace environments and an employee's openness and access to seeking mental health resources and services. Findings discussed in this literature review an individual's religion and links between improving mental health, the stigma of seeking mental health services, and the relationship between an employee's stress on the job. It includes current research of the last five years. This chapter further discusses the advantages and outcomes of a positive workplace environment, the benefits of mental health services, the disadvantages of not taking care of one's mental health, psychological and physical links to workplace environments, and the research gap in this research area. Stigma, religion, stress, mental health, and the workplace environment are constructs that are defined and further discussed in this section. This chapter also explores constructs' significance and purpose for the current intended research.

Description of Search Strategy

The databases used to understand the current research includes peer-reviewed journals, books, and articles retrieved for this study: ProQuest Central and ProQuest Science Journals, Wiley Online Library, JSTOR, APA Psyc Net, PsycTests, Corsini Encyclopedia of Psychology, and Google Scholar. U.S. government agency websites and search engines for relevant statistics and data. Some of the keywords and phrases used to locate this research were *workplace stress and mental health*, *workplace well-being*, *mental health at work*, *institutional stigma*, *workplace environment*, *and stress*, *job performance and stress*, *workplace location*, *geographical location and mental health*,

working from home and mental health, working in multiple locations and mental health, mental health religion, and mental health, occupational stress, spirituality and mental health, mental health in the workplace, religion and spirituality, working conditions, acute stress in the workplace, mental health stigma, workplace setting, workplace environment, workplace stress, employee well-being

This research is limited to only scholarly research and peer-reviewed articles published within the last five years. The research findings of this literature will not be going into depth on disabilities, workplace injuries, medical and chronic illnesses, diversity issues, or special populations such as transgender issues related to mental health and workplace environments.

Review of Literature

The workplace environment is where many individuals allocate much of their time. The U.S. Bureau of Labor Statistics (2018), discussed in their most recent American Time Use Survey that employed individuals spend about 7.6 hours daily at work. If an individual begins working at 18 years old and retires at age 54, that is about 68,000 hours spent in the workplace setting. The Global Organization for Stress reported that 80% of workers feel stress on the job, while the American Institute said that 73 percent of people have stress that impacts their mental health (Boyd, 2022). The National Institute of Health reported that a company loses \$193 billion annually in productivity when employees do not treat their mental health. It is necessary to understand the relationship between the workplace environment and employees and their well-being. More information in this area leads to healthier employees that are more efficient and

effective in their workplace position (Nea et al., 2017) and more positive work outcomes of higher job performance, productivity, and longevity within a company (Nimon et al., 2021).

Organizations consist of various components, such as individuals of different socioeconomic statuses, experiences, ethnicities, cultures, religions, personalities, and age groups. When a group of diverse individuals is in proximity, it can further ignite different communication styles, ideologies, coping mechanisms, and work habits. Evaluating the relationship between an individual's workplace environment, religious beliefs, and perceptions of mental health can help bring more information and awareness about ways to incorporate healthy work habits (Cahill et al., 2021). Relevant interventions are needed to address workplace setting issues. Interventions cannot exist if little information exists within certain areas about employee perceptions within their workplace environment. This literature review discusses existing research about the workplace environment, the significance of an individual's ideology, and the stigma of mental health, including advantages and disadvantages of mental health self-care, psychological and physical health links to poor mental health, influences in the workplace environment, common constructs, and gaps in the research.

The Workplace Environment

The workplace environment is the physical location, conditions, social interaction, support system, and policies and procedures of where individuals conduct their work (Bălău et al., 2019; McDermott et al., 2018; Timm et al., 2018). This literature review will explore existing research on the relationship between employees and their workplace environment. Preferences among employees can vary depending on their expectations for

their workplace environment. However, understanding the general themes that can lead employees to form ideas and opinions on their workplace environment can lead to more education and awareness of how to implement change.

Physical Location

The physical location of the workplace setting can consist of an employee working out of their home, a client's home, an office, or a facility. The specific characteristics of the physical location of a workplace environment can consist of the size, indoor or outdoor area, and the layout. Some employees may have multiple designated physical locations that they can choose to go to based on the side of town they are on. At the same time, other employees have one physical place. The physical location's aspects can create different perceptions for an employee in terms of their satisfaction with their job. Research also discussed that the geographical location of a workplace has a relationship with retention (Boonluksiri et al., 2018). Habibi Soolas et al. (2022) researched spiritual coping among nurses working through the pandemic and found that their service location and type of employment had a positive relationship with their ability to cope with stressful situations. There was research about the area of the workplace and available resources in terms of certain employees not having access to employee assistance programs, paid leave, or access to telecommuting based on the location of where they work (Henning & Lahr, 2019).

Many studies about the physical location of the workplace brought forth findings based on the pandemic that caused many employees to change their working locations. Fiorenzato et al. (2021) conducted research on mental health during the COVID-19 lockdown in Italy. They found that females under 45 who work from home are at risk for

worsening mental health and young adults in general due to combining work and home life, less social interactions, and working habit changes. When someone works from home, it can pose barriers if an employee has others in the immediate area, such as children or pets, that can distract them from their work. Employees working from home may also have fewer social interactions than if they were in the same shared space as their coworkers in an office. Similarly, Alzueta et al. (2021) found that individuals working from home due to the pandemic increased their risk of poorer mental health. Ruiz et al. (2021) found that psychological distress results were similar among employees working from home and away from home during the pandemic, contributing to inadequate management. This research further suggests that two separate elements of location and support contribute to employees' perception of their workplace environment. Other research conducted during the pandemic found correlations between stress, depressive tendencies, and working from home among specific populations (Beri, 2021). While it was noted through current research during the pandemic that the workplace location can be an issue, this can be problem solved by building up relationships between staff and increasing communication for employees working remotely (Khanna et al., 2020).

Working Conditions

The conditions of the environment can include items such as break areas, lighting, restrooms, and or the temperature of the setting (Sithravel et al., 2018). Schram et al. (2021) found that health promotion programs used to educate employees on their health were less significant and that the priority should be to improve the working conditions of the workplace to create an overall healthier environment relevant to the employees'

preferences. Thus, employees who need frequent bathroom breaks could perceive their work environment to be poor if there are not enough bathrooms on their floor. In comparison, employees with natural lighting in their office space may perceive their work environment as satisfying. The conditions can also include an employee having a cubical, shared working space, or private office. These factors can significantly relate to the employee's perception and ability to complete their job tasks (Kwon et al., 2022). When an employee has a positive attitude about the conditions of their environment, it can result in increased health, engagement, productivity, and or creativity (Palacios et al., 2020; Seo et al., 2021; Teoh et al., 2021; Veitch, 2018).

Present research shows that personality does not have a direct relationship between perceptions of working conditions. Marin et al. (2020) researched trait anxiety and the work environment. They found that although trait anxiety influences an employee's perception of their working conditions, the actual workplace conditions are related to an employee having poorer health. Suppose employees were to attribute negative feelings to their workplace. In that case, it does not directly relate to employees' perception of the workplace compared to an employee who has negative work feelings and is also missing something from their workplace, such as resources to complete their job tasks. Research on taxi drivers shows that long hours, inconsistent employment, low compensation, and other work conditions such as limited breaks contribute to poorer mental health (Marani et al., 2020). Existing research has contributed to healthy workplace environments through strategies including enhancing management and creating training and programming to support employees (Petrie, 2018). Similarly, Chen

et al. (2018) find that employee support mediates the relationship between exhaustion and cynicism in the workplace and team reflexivity.

The shift in working conditions during the pandemic brought findings about employees' perceptions of their work environment. Mediavilla et al. (2021) conducted research during the pandemic on health care workers. They found that when job conditions such as their access to equipment, job tasks, and decision-making changed, it was directly related to psychological stress. Similarly, Han et al. (2021) found that when the operational demands changed, the working conditions of increased hours, less equipment, and the same compensation resulted in an increased risk of doctors' poor mental health. Present research shows that employees want their working conditions to match the responsibilities of their job. Görlich and Stadelmann (2020) conducted research on flying cabin crews during the pandemic and found that employees assessed their working conditions due to pandemic restrictions that created changes to their job duties, demands, and access to resources was related to symptoms of stress, anxiety, and depression. There are many aspects of conditions within the workplace setting that can have a relationship on an employee differently from their colleagues. Thus, recognizing the different elements can increase companies' awareness of how the workplace can directly link to an employee's well-being.

Social Interactions

The social interactions of the workplace setting can consist of the other individuals in the area, such as coworkers, managers, supervisors, interns, and other staff. Social interactions can also be associated with team-building exercises, work events, and work-related activities outside working hours. Employees can perceive their workplace

setting based on others in the immediate area. Research has shown that social interactions can enhance employees' ability to learn more while working (Rozkwitalska, 2019).

Existing research also discussed positive contributions to workplace environments with high employee social interactions. Gerards et al. (2018) researched new ways of working and found that social interaction and transformational leadership styles were attributed to increase worker engagement. Similarly, Arslan et al. (2020) found that workplace loneliness reduces when managers engage more with their direct support and have higher communication between employees.

Existing research shows that employees who engage with each other have better workplace perceptions. Furthermore, the collaboration between employees can assist newer employees in feeling more familiar and competent in their roles and reduce the likelihood of employees resigning (Shirrell, 2021; Zhou et al., 2022). Research also provides information on the relationship between employees that share frequent negative interactions. Thus, negative workplace interactions among coworkers can cause employees to consider terminating their employment with a company and can lead to poorer mental health (Bambu et al., 2019). Employees need not only positive interactions from peers at work but also emotional support. Nesher Shoshan and Venz (2022) researched deep acting and found that when employees received emotional support from their coworkers, it increased their perception of their end-of-workday check-in.

Support System

The support system of the workplace environment is essential to an employee's perception of their workplace. Ohadomere et al. (2021) discussed that the support system of the work environment could include the type of training, resources, and

programming an employee receives to complete their job duties. The support system of the workplace setting can also include leadership style, feedback, and support an employee gets from their direct supervisor or company. Existing research on employees' perceptions of support, such as organization, supervisory, and coworker support, shows that these factors help employees establish more positive attitudes toward their job (Dechawatanapaisal, 2022). Brais et al. (2022) investigated perceived social support. They found that workplace support is more beneficial than personal social support as the support employees obtain from work is timelier and more relevant. Employees want to be supported in the workplace by those that can attest if they are doing a satisfactory job. Organizational support also includes allowing employees to make mistakes with links to psychological well-being (Wang et al., 2020).

Research also shows that managerial support and relevant resources relate to an employee's perception of their work environment. Spännargård et al. (2022) found that when employees have relevant resources to manage their work environment, it can result in better stress management and an overall healthier workplace. In contrast, Kinman et al. (2017) found that one's mental health status did not have a significant relationship with support from an employee's manager or coworker alone. Recent research discusses that the support system in place for employees has a relationship between workers receiving help for barriers such as physical and mental health conditions and also bullying in the work setting. Thomas et al. (2022) investigated help-seeking behaviors among employees needing mental health support in the technology industry. They found that perceived employer-level support is a more significant sign than perceived organizational-level support that an employee will seek help. This study also found that women were more

likely to seek employee assistance programs than men. In comparison, Rodrigues et al. (2021) investigated the help-seeking behaviors of employees who experience workplace violence. They found that employees want to be validated when seeking help, want the stigma of help seeking reduced, do not want gaps in services provided, and want access to relevant and practical support and education. Language and wording are essential in creating inclusivity among employees when providing support. (Huffman et al., 2021; Rose & Oxlad, 2022). Gignac et al. (2021) researched communication support processes from the organizational perspective of supporting employees with physical and mental health conditions. They find that specific programming aimed at catching early signs of struggle among employees can indirectly make workers feel compelled to disclose health issues that they want to remain confidential when confronted in a meeting with HR or their direct supervisor.

Existing research discusses the importance of supervisor support in reducing burnout. Abraham et al. (2021) investigated supervisor mentorship and the relationship between job satisfaction and found a significant relationship. They also found that when employees were unsure of their roles, it increased their risk of emotional exhaustion. When employees feel confident in their role and the decision-making processes with tasks, they may perceive their work environment to be positive (Langer et al., 2020). Contemporary research shows that not all support directly correlates with more positive attitudes at work. Hughes et al. (2022) investigated unhelpful workplace social support and found links to behavioral strain. They find that how support is transferred from a supervisor to direct support can create more unintended stress if the support is not needed, makes the employee feel incompetent, or makes the environment

draining. Present research about the pandemic reiterates the need for organizational support to maintain employee longevity and reduce the risk of burnout. Reitz et al. (2021) investigated burnout during the pandemic and found that employees experiencing higher perceived organizational support had lower burnout and anxiety. They also found that when a crisis arises and organizations implement strategies to reduce the anxiety, this can indirectly reduce burnout among employees.

Policies and Procedures

The policies and procedures within the workplace environment help give the guidelines and standards for the expectations within the setting, including productivity requirements, job performance evaluations, and leave terms. Ricciardelli and Power (2020) discussed that when employees agree and feel supported with their workplace procedures, it can increase their mental health. Policies and practices in the workplace can eliminate miscommunication and confusion on how to proceed with specific work tasks (Björk Brämberg et al., 2020). Procedures and policies can also help with training employees, reducing the risks of mistakes, and increasing the confidence and competency of employees (Fang, 2018).

When employees are unaware of organizational policies, it can limit how much of themselves they bring to work. Jolliffe and Foster (2021) investigated workplace policies and procedures and found that employees' needs suffer when they do not know specific policies such as expressing spirituality and religion at work. They also found that when specific policies are implemented, it can indirectly create higher tolerance of those of different perspectives and that policies should assist leading supervisors and their direct support toward the values of the company. Existing research also shows that policies in

the workplace can provide more equal opportunities and benefits to all employees (Nadarajah et al., 2021; Marchiondo et al., 2019; Scarborough et al., 2019). When there are procedures and policies, such as anti-discrimination, it allows for inclusivity in the workplace. Specific policies can also help eliminate and reduce behaviors such as excessive drinking (Alfred et al., 2021) and workplace incivility (Jensen & Ravar, 2020). Policies can also eliminate challenges such as spillover and increase the balance between home and work life (Bouwmeester et al., 2021). These types of policies shape an employee's perception of their work environment.

Other research shows how policies can influence workplace perceptions for some employees. Newkirk et al. (2020) investigated employees that were single working mothers on their perception of workplace policies. They found that employees transitioning back to work after maternal leave is influenced by the level of spillover at work and the types of benefits they can receive for assistance with their mental health. They found that flexibility within policies helps employees to feel more supported. Similarly, other research has discussed how policies for life events are essential for employees' job security and have more positive perceptions of their workplace setting. (Collins, 2020; Guo et al. (2022; Ma et al., 2021)

The elements that define the workplace environment can significantly affect an employee's well-being. Although the perception of the workplace environment may be different for each employee, even when comparing the same type of elements, companies need to continue to assess and be aware of how the environment can influence an employee to maintain positive and satisfied perceptions (Martinez-Sanchez et al., 2018). One barrier resulting from an inadequate workplace environment can make an employee

stressed. When workplace stress is left untreated, it directly relates to that individual's perception. Overall, when an employee is stressed and cannot manage their stress effectively, it can lead to barriers to their mental health (Delgado et al., 2021).

Workplace Well-Being

Workplace well-being is the perception of how employees feel about their workplace environment about that individual's physical and mental health (Watson et al., 2018). Employees want to feel safe and satisfied at work, and their perception can have a direct relationship between the characteristics of the physical location, conditions, social interaction, support system, and policies and procedures within the working environment. Research has shown that employees who have good well-being do better at work. For example, reduced health risks can occur when an employee has good well-being (Oexle et al., 2018). When health risks such as chronic stress or insomnia reduce, employees, can focus more on their job tasks. Overall, good well-being attributes to higher engagement, company longevity, and fewer sick days (Carolan et al., 2017; Wheaton et al., 2019).

There is current research on the relationship between physical activity and well-being. Hallam et al. (2022) examined mental health and well-being and found that physical activity can influence mental health and well-being. Similarly, Ryan et al. (2021) reviewed previous studies about workplace interventions involving well-being initiatives and found positive relationships between physical activity interventions and psychological well-being. Organizations can enhance employees' well-being with additional resources and programming. Daniels et al. (2021) noted that implementing workplace health and well-being intervention does not mean it will be successful. They

find that the most successful health initiatives in the work setting include continuing the practices, learning among the employees, and effective direction over the interventions.

Other positive relationships link to an employee's well-being. Pérez-Nebra et al. (2021) found that performance and well-being had a positive relationship, and to maintain that relationship, policies and procedures should continue to promote well-being and performance. Employees who feel supported by their company demonstrate this through their work ethic. Similarly, Lado et al. (2021) attributed emotional balance and satisfaction with life to valid predictors of job performance. An employee that can be presented with a challenge and not overcome by their feelings toward a challenge or conflict at work is better able to have an outcome of higher productivity. There is also research about support systems in an employee's immediate area linked to their well-being. One study discussed coworker support's significance on an individual's well-being (Singh et al., 2019). Current research has also found that workplace well-being is influenced by certain workplace elements, such as workplace bullying (Törnroos et al., 2020). While

Research has also discussed how subjective the perception of employee well-being can be (Oexle et al., 2018). Research has also addressed the importance of understanding an employee's well-being to better assist with healthier employees in the workplace setting. Assessing employees' well-being can be challenging if they are not forthcoming or comfortable with sharing true feelings. However, research has discussed the importance of providing many different tools and resources to promote good well-being in the workplace (Cramer et al., 2020). Employee well-being improves through

ethical leadership, promoting team cohesion, and rewarding employees (Schwepker et al., 2021).

Recent research about the pandemic has significant findings about workplace well-being. Olagunju et al. (2021) find that an intentional investment towards finding relevant resources is needed to best support employees during times of crisis, such as counseling services, programming, screening tools to track mental health, and activities to reduce the stigma of mental health. Research from the pandemic also shows how workplace well-being can negatively change when a crisis occurs, such as employees having increased stress and lower job satisfaction (Aykanian, 2021).

Workplace Stress

Simply put, stress impacts each person differently and can be an emotional or physical response to something at work (Cahill et al., 2021). When stress affects each employee differently, it is essential to examine the parameters around what creates the difference in responses to the same type of element, such as workload or feedback given. When an employee is experiencing an event that may be stressful, it can create a physical, psychological, or behavioral symptom (Foster et al., 2020). Each type of symptom can create specific reactions within an employee's body. The symptoms that occur from an identified stressor can include a response to the professional expectations at work, the type of support offered within their role, the conflict between work-life balance, challenges that arise, and or compensation not being equal to the amount of work (Shields et al., 2021). How tasks are delivered can create stress. Current research finds that how employees receive their tasks, such as email, can have a significant

relationship between their job commitment and negative emotions toward their company (Stich et al., 2019). Stress can also impact other areas in an employee's life.

Relationships, burnout, and quality of work have significant contributions when discussing stress. Newman et al. (2020) measured burnout and workplace stressors among nurses and found that stressors were related to a conflict between other team members and their workload. They also found that this impacted their well-being, including the quality of their work. There are many signs an employee may display when stressed within their workplace setting. Kinman et al. (2017) found that an employee's observable work-related stress signs include performance changes and difficulty concentrating. While other noticeable symptoms of stress also can consist of absenteeism, mood swings, and increased emotional reactions (Foster et al., 2020; Ohadomere et al., 2021). These signs can negatively impact an employee and interfere with their ability to focus while at work. Furthermore, when employees become stressed, they can show signs of disengagement in the workplace and trickle to other areas of their life. Identifying, assessing, and problem-solving stress in an employee's workplace environment is crucial to maintaining a work-life balance. Employees who stress at work can take their stress into their family and personal life (Davis, 2020). Alonso et al. (2020) found that when employees are emotionally exhausted at work and stressed, it can impair their driving performance.

An employee's emotional intelligence has links to workplace stress. Cramer et al. (2020) found that an employee's thought process regarding problem-solving and handling emotions links to their mental health and burnout. Some employees may be able to conceal their emotions to finish their job tasks. In contrast, other employees may struggle

to concentrate on a work demand due to having intense feelings about their perception of the task resulting in a delay in being able to problem concentrate. Existing research has shown the importance of coping strategies to decrease stress. Jung et al. (2020) investigated emotional regulation, relationships, and stress. They found that for managers to help employees with their stress, they must first have a good working relationship and understand which interventions are more effective for decreasing stress and increasing coping skills. Abram and Jacobowitz (2021) investigated resilience and burnout amount healthcare students and nurses. They found that age or life experience was related to resilience and not to the work environment. These two studies show how certain elements can limit employees' ability to manage their stress at work.

Research has brought information about how workplace stress can affect the body. The physical symptoms of stress can include headaches, sleep deprivation, chest pain, and low energy (Osgood et al., 2021). These physical symptoms can result in a delay in the productivity of tasks. However, stress and similar signs are not always bad and can result in positive outcomes when received in short bursts, such as acute stress (Marin et al., 2019), when managed effectively. Stress can help individuals prepare for certain job activities such as a job interview, work presentation, or performance review. Stress can help employees quickly use their skill set to excel in everyday tasks. Stress is never permanently eliminated from an individual. However, stress can be addressed and decreased by redesigning the work environment, undergoing awareness training on coping with stress, talking with the direct supervisor or manager, human resources, and seeing a doctor.

Current research discusses specific interventions that can assist with decreasing workplace stress. Taylor et al. (2020) investigated how stress can be decreased in sedentary workers with a physical activity intervention and found that it requires funding, incentives, and partnerships for the intervention to be most effective. Miller et al. (2020) investigated self-care practices for decreasing stress among social workers. They found that a significant predictor of those employees participating in self-care was the demographic of race, with those white non-Hispanic social workers engaging in more self-care practices than their non-white counterparts. They recommend that organizations continue to promote diversity programming to ensure that all employees understand how they can manage their stress by incorporating self-care practices. Doyle et al. (2021) examined occupational stress and the roles of anger and resiliency and found that role boundary, role ambiguity, role responsibility, role overload, and insufficiency mediated these roles. They further recommended the need for interventions to help offset employees' anger when they are in a stressful situation at work. Other studies that focused on specific job positions indicated the need to individualize interventions to the barriers within that position, such as being mindful of sleep characteristics, specific occupational stressors, and indicators of burnout (Dyal et al., 2022; Kim et al., 2020). Other studies have found that when organizations incorporate interventions into the workplace, it can decrease absences and employees' stress while increasing their job satisfaction (Horan et al., 2018; Levett et al., 2019).

Stress and mental health

The American Institute of Stress has reported that millions in productivity are lost related to poor mental health related to workplace stress (Boyd, 2022). Employees

who stress at work struggle with completing the aspects of their job duties more significantly than their colleagues who are not experiencing stress that negatively impacts their health. This information also shows the need for stress and mental health to be understood and addressed for companies to have employees complete their roles within the setting effectively. Research has discussed how untreated chronic stress can negatively impact an employee. The long-term effects of chronic stress can affect hormones in the brain while also impacting the immune system and heart (Goh et al., 2020; Heckenberg et al., 2018). Thus, an employee that does not treat their chronic stress has a lower life span when compared to employees that are obtaining support for their chronic stress. Research has also found links between PTSD, anxiety, and depression from workplace stress (Cramer et al., 2020; Elsayed et al., 2018; Shah et al., 2017). Additional support to treat the factors outside the employee's expertise includes mental health services (Fox, 2021). There is also a link between substance abuse, stress, and workplace behaviors (de Oliveira et al., 2020). Unmanaged stress leads to poor mental health, creating more barriers for those individuals within their workplace environment, health, and family life (Paterson et al., 2021).

Workplace Stress Theories

Current research has worked to explain the parameters around employee stress. The person-environment fit model suggests that employees and their environmental elements should match because each variable is transactional and influences each other (Chi et al., 2020). For example, an employee with a premed background may be more suited for a position requiring the care of individuals than an employee with an engineering background. When the dynamics of an employee and their environmental

characteristics match, it can reduce stress and increase job satisfaction and performance (Andela et al., 2019). When employees have applicable skill sets to their positions, they are more competent in their roles. Klaic et al. (2018) examined the person-environment fit of supervisors while incorporating transformational leadership and found that employees' fit in their environment mediates job satisfaction and work-related strain. In the person-environment fit model, stress is considered a lack of harmony or correlation between an employee's skill set and values compared to their work environment's demands and supplies (Valenzuela & Rogers, 2021). Overall, this model explains how employees can excel when their environment corresponds to their personality, skill set, and values. Ybema et al. (2020) examined the work outcomes of employees with a disability. They concluded that if an employee's abilities match their environment, it can result in productivity and well-being.

The Job Demands–Control–Support Model suggests that employees' well-being influences their work environment. This model shows how job demands can create stress in relation to stress. Stress forms through the workload, role conflicts, and strain at work (Baka, 2020; Carvalho et al., 2018; Ellison & Caudill, 2020). Vassos et al. (2019) examined this burnout and job engagement model. They found that a higher workload with lower coworker support and job control creates higher burnout and lower employee work engagement. The Job Demands–Control–Support Model explains how employees manage their stressors. Specifically, an employee's stress and well-being can improve through programming, training, and workshops that show employees how to change their work habits to increase their well-being (Yu et al., 2019). Asif et al. (2018) found that supporting employees in their roles increases their job satisfaction and well-being.

The conservation of resources theory suggests that employees use different resources to complete their job tasks. The types of resources in this model can be conditions or values employee users to accomplish their tasks, such as their attention, time, or energy (Lin et al., 2021). As it pertains to stress, when employees cannot replenish their resources, it can decrease their psychological well-being (Darouei & Pluut, 2021). Biswas et al. (2022) found that work adjustment, spousal support, and organizational support are antecedents to an employee's well-being. Specifically, stress can occur for an employee when there is a loss of resources they use, a threat of a resource loss or the absence of a resource gained after investing in using resources for a task (Deen et al., 2020).

The Equity theory suggests that employees produce work based on their motivation and perception of fairness in the workplace. When employees negatively perceive their workplace, it can have a significant relationship to their psychological well-being (Cheng et al., 2020). As it relates to stress, if an employee's perception of their input does not match their perception of their output, it can negatively impact their psychological well-being (Kollmann et al., 2020). Sarwar et al. (2020) examined perceived organizational support and equity theory. They found that for employees to produce adequate levels of work, organizations must provide interventions related to alleviating stress that can support employees in having more positive perceptions of their work environment.

The diathesis-stress model suggests that an employee's environmental stress and interaction with that stress can affect the trajectory of a mental health disorder (Sassaroli et al., 2021). Chasiropoulou et al. (2019) examined employees in the military and the

onset of mental health disorders. They found that employees at higher risk of experiencing a mental disorder are those that appear to have a lower tolerance toward stress. Robillard et al. (2021) examined students transitioning to a university and found that concerning the diathesis-stress model, those students that engaged in higher self-criticism predicted a higher risk of depression, anxiety, self-harm, and suicidal ideation within their first month on a university campus. Similarly, Levine et al. (2020) found that striving toward perfectionism among students transitioning to a university was related to long term effects of poorer mental health over time. As it relates to the workplace environment, these studies give insight into the types of employees transitioning from college graduates to the workplace environment.

Workplace Advantages of good mental health

The advantages of an employee taking care of their mental health can improve their relationships, moods, and a reduced risk of depression (Hogg et al., 2021; Meunier et al., 2019). When employees have good mental health, they can manage the daily expectations and responsibilities within their role, including problem-solving, collaborating with other teammates, and timely submissions of their work tasks. Taking care of one's mental health is also essential to an individual's well-being because this is how an individual operates emotionally and socially. Many interactions can occur in the workplace that require the capacity to communicate professionally, and healthier employees meet communication standards. Research shows that good mental health employees have increased job commitment and productivity (Herr et al., 2019; Nea et al., 2017). Employees with a higher job commitment may be less likely to leave their organization, resulting in increased retention. There are also financial and health benefits

linked to good mental health. The National Alliance on mental health reported that employees are less likely to have to pay for health care when in good mental health because those that have poor mental health are twice as likely to have cardiovascular disease. Overall, these are benefits of good mental health identified in existing research on mental health in the workplace.

Religion, Spirituality, and Mental Health

Religion is a set of attitudes, beliefs, commitments, practices, and or devotion to a higher power, such as a God or the supernatural, that has an institutionalized system of faith or worship usually shared by a group or community (Oxhandler et al., 2021; Papaleontiou - Louca, 2021). Spirituality is the greater whole, the experience of a connection, and or belief of something greater than oneself about an individual belief of a sense of purpose, something sacred or significant (Zhang et al., 2022). Research has brought findings on the distinctions between religion and spirituality. Zhang et al. (2022) further detail that an individual can be spiritual without having a religion and vice versa. Religion can be classified as more objective and organized, consisting of rituals, a place to worship, and or book of scriptures (Wood, 2017). Spirituality is less structured and can consist of completing an external activity that obtains more awareness from this type of inward journey.

Research has also revealed the role religion and spirituality play in understanding an individual's mental health. Spirituality can help an individual understand the significance of daily routines such as going to work and can be used with specific activities such as yoga to obtain more inner peace and conscientiousness (Khan, 2019; Lizano et al., 2019). Research shows that mental health can be improved when an

individual is religious because religion gives an individual something to believe in and a way to connect with other like-minded individuals. There are similarities between religion and spirituality. Understanding the meaning of life is something that religion and spirituality aim to recognize.

There is also existing research on the benefits of religion and spirituality. The National Alliance on Mental Illness has reported that religion reduces drug use, suicide rates, and alcoholism. Spirituality incorporates practices that enhance the body and mind and significantly improve one's mental health (Sepahvand, 2019). There is also research on the conflict between an individual and their religion. Koenig and Al Zaben (2021) found that religion can impede mental health and complicate treatment when evaluating symptoms and an individual's thought processes. Cohen et al. (2017) similarly found that religion and spirituality could negatively affect one's well-being due to some rituals, practices, or rules associated with that practice. The existing research reveals how an individual's religion and spirituality can be a positive tool or hindrance when trying to improve one's mental health.

Mental Health Stigma

A stigma is a shame, disgrace, or humiliation toward an individual, condition, or circumstance. The mental health stigma is a condemnation or disapproval of individuals who seek mental health services or are diagnosed with a mental health illness (Yoshimura et al., 2018; Zamir et al., 2022). Research has suggested that the origin of the mental health stigma is dependent on an individual's support system. The stigma can come from groups, family members, friends, and coworkers. The stigma of mental health can result in individuals who need support not seeking it (Smith et al., 2022).

Further research has identified three types of stigmas: public, self, and institutional. Institutional stigma is where specific workplace environments have policies that limit employees from seeking mental health services, such as not including this service in a health benefits package (Mugisha et al., 2019). There can also be stereotypes formed from a stigma, such as those that seek services are crazy or are seeking attention. The American Psychiatric Association (2019) conducted a poll in 2019 and found that one in three employees feared a firing or retaliation for seeking mental health services. Employees may understand they need additional support but are refraining from seeking support due to their perceptions of their workplace environment. At the same time, one in five employees were comfortable talking about mental health issues in the workplace. This data demonstrates the discussion earlier in this literature review about employees not always being forthcoming about how they feel in their workplace setting. The National Institute of Health (2018) reported that 36% of employees felt their company had adequate resources to manage their stress.

The National Institute of Health (2018) also said that three to five percent of employees use the available employee assistance program services for those receiving mental health services. This information pinpoints a conflict of good mental health resources being in a company but remaining unused due to employee perception about their workplace. There appears to be a gap between the number of individuals seeking mental health services (*Mental Health Myths and Facts / MentalHealth.Gov, 2022*). Research shows that having a mental illness is the most common health condition in the United States, according to the Centers for Disease Control and Prevention (2020). Further information reveals that 1 in 25 adults have a mental illness, and more than 50%

of adults will need mental health treatment sometime during their lifespan (*About Mental Health*, 2021). However, available resources are not being used and do not match the need of the employees that may be struggling with their mental health in the workplace environment.

Significance and Research Gap

Current research has provided information about the workplace environments and their relationship to an individual's well-being. Hinojosa-Alcalde 2020 et al. (2020) found that poor mental health was related to high psychological demands at work. Recent research has also provided information on the positive outcomes on mental health from an individual's religion and level of spirituality (Papaleontiou - Louca, 2021; Zhang et al., 2022) when used effectively. We know from current research that stress affects each employee differently. Not all stress is bad (Jackson & Frame 2018; Potts et al., 2022), and if managed effectively (Su & Ng, 2019; Tonkin et al., 2018) can help prepare an employee for certain job aspects such as an interview presentation and or challenging tasks. We know that stress can have long-term effects that can impact one's mental health if not managed effectively (Kelloway, 2017). This current study will focus on antecedents of an individual's openness to receiving mental health services, such as their level of well-being, religion and spirituality, and stigma on mental health services.

The gap in the research of understanding workplace environments and employees seeking mental health services is understanding more about the difficulty employees may experience with recognizing the symptoms of poor mental health when in their work setting. Although more training and awareness programs in workplace environments educate employees on the importance of their well-being, there are high expectations in a

workplace that can create confusion between the symptoms linked to workplace stress and the expectations of the workplace setting (Lashewicz et al., 2020). For example, suppose an employee has an approaching deadline. Some symptoms such as anxiety, low energy, and sleep deprivation may be confused as the need to meet the deadline instead of signs negatively impacting their mental health, leading to long-term health issues. Employees who work through stressful situations for extended periods can downplay symptoms causing health problems to continue for more extended periods (Kinman et al., 2017).

Another gap in this research is that all the educational programs in workplace environments on the need for self-care to improve mental health may not understand an employee's preference for self-reliance through their religion and spirituality. Current research has discussed the benefits of faith on mental but not further depth into the relationship between an employee's personal preference (King et al., 2020). Furthermore, employees who rely on their religion or spirituality to improve their mental health may negatively relate to openness outside resources offered by a company or professional due to their practices within their faith or spiritual journey.

Lastly, another gap to discuss is the perceived stigma of mental health. Research such as the American Psychiatric Association (2019) has shown a gap and disconnect between the available resources at work for mental health and the large number of individuals reported to have a mental health condition. If the most common health condition in the United States is a mental illness, there are likely to be adults with this condition in the workplace environment. Although some employees may be using outside resources from their workplace setting to manage their mental health, it is essential to

explore those not to close the gap in this area on an employee struggling and using relevant resources to improve their health. Overall, this research will bring forth findings that close this gap between employees experiencing poor mental health that are struggling to independently manage them effectively and seeking mental health resources and services for additional support within their workplace environment.

Biblical Foundations of the Study

The literature review next section will discuss the biblical foundation within workplace habits, spirituality, and mental health. From the biblical perspective, relevant scriptures and journal articles examine certain constructs such as religion and spirituality, stress, mental health, and the workplace environment. The purpose of bringing forth the interpretations of the Bible and peer-reviewed research is to understand better the relationship between improving one's well-being from the Christian perspective. Christian thought leaders must recognize the knowledge and information provided from the word of God and how to use that information and incorporate it into the knowledge and information from today's current research that can improve organizational practices.

Religion and Spirituality

Religion is an institutionalized practice or system of worship to a higher power, such as a God or the supernatural, shared by a group or community (Ibrahim & Gillen-O'Neel, 2018). At the same time, spirituality is an individual belief in something greater than oneself about a sense of purpose, something sacred or significant (MahdiNejad et al., 2020). Scripture discusses how our religion can be something we can lean on at times of challenges (*New International Bible*, 1978/2011, Philippians 4:13). Scripture states in 2

Timothy 1:7, "For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline" (*New International Bible*, 1978/2011). Thus, when an individual has a conflict that directly relates to their stress or anxiety, God is whom one can lean on for guidance and support. Further demonstrated in the story of David and Goliath; when one feels as if their abilities do not stack up to others, through our faith, God can take away our doubt and do powerful and significant things through us (*New International Bible*, 1978/2011, 1 Samuel 17:45-47).

The Bible also reminds us that we have a guide or blueprint for one to be able to work towards good well-being through their religion (*New International Bible*, 1978/2011, 2 Timothy 3:16). When an individual is not sure how to proceed due to their overwhelming feelings that may be influencing their health, look toward scripture and use prayer as a resource to let go and give that anxiety away to God to handle. Matthew 17:20 states, "He replied Because you have so little faith. Truly I tell you, if you have faith as small as a mustard seed, you can say to this mountain, 'Move from here to there,' and it will move. Nothing will be impossible for you" (*New International Bible*, 1978/2011). religion and spirituality are tools to be utilized to accomplish more than we can imagine. Isaiah 40:31 states, "but those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint" (*New International Bible*, 1978/2011).

Religion and spirituality discuss the importance of recognizing when one's anxiety is impeding and interfering with their ability to trust that God will deliver on His promises. Scripture further shows the Christian leader to have faith and use the teachings from the Bible to stay on the direction and path that God has outlined for each Christian

leader. 1 John 4:16 states, "and so we know and rely on God's love us. God is love. Whoever lives in love lives in God, and God in them" (*New International Bible*, 1978/2011). Spirituality reminds us that we all have a purpose, which can propel us into a different mindset and enhance our mind and body of the spirit (*New International Bible*, 1978/2011, Exodus 3-14). Overall, the Bible reminds us that religion and spirituality are necessary more than ever for the Christian leader to overcome everyday situations and challenges.

Stress

Stress can be an emotional or physical response to something. Scripture reminds us to focus on prayer and the Lord during anxiety (*New International Bible*, 1978/2011, Romans 12:1; Psalm 118:5-6). Matthew 6:34 states, "Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own" (*New International Bible*, 1978/2011). Scripture reiterates that stressing over an element, conflict, or challenge in the world is unproductive. When Christian leaders dwell on their fears and doubts about challenging situations, they lack faith in God's ability to propel them past their fears and doubt. Stress is a hindrance and wasted time spent on something else (*New International Bible*, 1978/2011, Romans 8:18).

The Bible has various examples of how one's stress can be a hindrance to their success if allowed to consume them. The Bible discusses in the story with Peter walking out onto the water how when we are distracted and take our attention away from God, we can easily be consumed by everything around us, causing us panic and anxiety (*New International Bible*, 1978/2011, Mark 14:24-33). Overall, the Bible reminds us of the significant damage that stress can implement if one does not effectively manage it.

Mental Health

Mental health is an individual's condition about their well-being. Philippians 4:6 states, "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God" (*New International Bible*, 1978/2011). Thus, individuals cannot be anxious if they focus on something else, such as prayer. The Bible reminds each person that prayer is powerful and can be used to overcome many different types of conflict and challenges. Scripture has given us examples of people in the Bible that have struggled and dealt with intense feelings at specific points in their life (*New International Bible*, 1978/2011, Job 10:1; Job 30:15-17; Jeremiah 20:14; 1 Kings 19:4). When life becomes difficult to manage, prayer can ease our minds and provide peace within our bodies when we meditate on it along with the word of God. Scripture states in 2 Corinthians 4:17-18, "For our light and momentary troubles are achieving an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen since what is seen is temporary, but what is unseen is eternal" (*New International Bible*, 1978/2011).

Scripture reminds us that no barrier or shortcoming is impossible no matter how immense our issues may seem when we focus on God. Lastly, God has discussed through scripture that He does not want us to experience poor mental health that impacts our well-being He empathizes with the situations and challenges that can lead us to intense and negative feelings. God wants to be our light through the darkness. Hebrews 4:15-16 states, "For we do not have a high priest who cannot empathize with our weaknesses, but we have one who has been tempted in every way, just as we are—yet he did not sin. Let

us then approach God's throne of grace with confidence, so that we may receive mercy and find grace to help us in our time of need" (*New International Bible*, 1978/2011).

Stigma and Seeking Help

As discussed earlier in this literature review, A stigma is a shame, disgrace, or humiliation toward an individual, condition, or circumstance. Scripture is clear about not discriminating, being hateful, or judgmental towards others instead of showing love. Proverbs 10:11-13 states, "The mouth of the righteous is a fountain of life, but the mouth of the wicked conceals violence. Hatred stirs up conflict, but love covers over all wrongs. Wisdom is found on the lips of the discerning, but a rod is for the back of one who has no sense" (*New International Bible*, 1978/2011). Scripture is also clear that it is necessary to seek help from others when one needs assistance. Proverbs 11:14 states, "For lack of guidance a nation falls, but victory is won through many advisers" (*New International Bible*, 1978/2011).

Scripture further states that the need to seek help from a professional within their expertise is relevant (*New International Bible*, 1978/2011, Matthew 9:12). God acknowledges that there are times when we need advice from someone else and provides us with demonstrations throughout the Bible. (*New International Bible*, 1978/2011, Exodus 18:14-15; Matthew 8:5; 1 Kings 12:6-7). Scripture also discusses that those who do not seek help when needed are too prideful. Psalm 10:4 states, "In his pride, the wicked man does not seek him; in all his thoughts, there is no room for God." Lastly, God also discusses and has commanded Christians to help one another if we can do so.

Summary

Overall, the biblical foundation discussed in the previous section brings all the information and knowledge of mental health, religion and spirituality, and stress to a full circle. Throughout this literature review, there has been an examination on defining the workplace setting, stigma of mental health, and religiosity. In conjunction with scripture, this literature review has assisted with laying out the factors that contribute to good mental health, spirituality, and stress from the Christian perspective. As mentioned earlier in this literature, a Christian thought leader must have both the biblical perspective and current research to have the tools and abilities to create meaningful change in their research area. Understanding more about the direct relationships between an employee's mental health and relationships between the workplace environment helps create more awareness and knowledge about how to close the gap between those struggling with mental health in the workplace and those seeking mental health resources. Chapter three of this proposal will outline and describe the tools and strategies used to collect data and uncover new information about the relationship between an individual's religion and spirituality, workplace setting, the stigma of mental health, and openness to receiving mental health resources.

CHAPTER 3: RESEARCH METHOD

Overview

This chapter aims to discuss further how this research will examine an employee's stress level within their workplace, religious beliefs, and the stigma of mental health moderate the relationship between openness to seek mental health resources at work. Chapter two consists of a review of the research problem. This chapter discusses the research questions and describes the methodology used in the study. This chapter describes the quantitative and correlational methods and phenomenological design. This chapter also addresses the justification and motivation for choosing these elements. This chapter will then discuss the potential issues associated with this research and summarize and reiterate the significance.

Research Questions and Hypotheses

Research Questions

- RQ1: Does an employees' workplace environment predict their level of openness to seek out mental health resources?
- RQ2: Is there a statistically significant relationship between an employee's religious beliefs and an employee's workplace environment?
- RQ 3: Does an employee's religious beliefs predict their openness to seek mental health resources?
- RQ 4: Does an employee's stigma perception of mental health predict their openness to seek out mental health resources?
- RQ 5: Is there a statistically significant relationship between an employee's stigma perception of mental health and their religious beliefs?

Hypotheses

Hypothesis 1: There will be a significant prediction of openness to mental health services by an employee's workplace environment.

Hypothesis 2: There will be a statistically significant relationship between an employee's religious beliefs and workplace environment.

Hypothesis 3: There will be a significant prediction of openness to mental health services by an employee's religious beliefs.

Hypothesis 4: There will be a significant prediction of openness to mental health services by an employee's stigma perception.

Hypothesis 5: There will be a statistically significant relationship between an employee's religious beliefs and stigma perception

Research Design

This quantitative, correlational survey study will examine how an employee's stress level within their workplace environment, their religious beliefs and the stigma of mental health moderate the relationship between openness to seek mental health resources at work. This study will be non-experimental quantitative, correlational research, and the data will be collected using LimeSurvey online survey platform. This methodology is to understand better the general parameters of a participant's perceptions of receiving mental health resources in the workplace while also utilizing a large sample (Ponto et al., 2015). Having a larger sample using quantitative research can assist with more accurately generalizing the results (Rahman, 2016). Quantitative research can also lead to more objectivity and accuracy, with data collection being closer, with participants

making choices based on multiple choice answers (Depaoli et al., 2018). Correlational research finds the statistical relationship between variables (Okeke et al., 2022). This type of research is also anonymous, reducing the risk of false results. People are not required to identify themselves with specificity in the data collected. Some research participants are ashamed or disturbed about the subject discussions involving them.

Quantitative research offers reliable and repeatable information by providing consistent results when the same data points under randomized conditions (Zyphur & Pierides, 2020). The justification for using a survey is the ability to gather large amounts of information and greater statistical power (Jones et al., 2013). The data will be analyzed through Regression Analysis using SPSS software. This statistical model is to examine better an individual's openness to seek out mental health resources at work and the moderating relationship between their level of stress within their workplace environment, religious beliefs, and stigma perception of mental health. Multiple regression analysis can determine the influence of one or more predictor variables on the criterion value (Jamshidi et al., 2020). Using a Multiple regression will help determine if there are statistically significant correlations between the dependent variable of openness to seek mental health services and the independent variables of the stigma perception of mental health, religious beliefs, and the workplace environment (Cymbal et al., 2022). This statistical model can also determine outliers (Rubin et al., 2019) necessary to understand an employee's openness to seek help. For example, all three independent variables could correlate to seeking help except for certain elements seen among participants, such as their relationships with coworkers. This research plans to use a Pearson's r correlation to determine if there is a relationship between religious beliefs and the workplace

environment, coworkers' behaviors and the workplace environment, and stigma perceptions and religious beliefs. A Pearson correlation coefficient establishes the strength and direction between two variables (Liu, 2019).

Participants

Target Population

This study's target population is individuals who have worked at their company and stayed employed for at least six months in the United States. Participants must also have been in the workforce for at least three years. Recruitment efforts will include manual outreach, emails, social media, and announcement posts through my previous educational institutions to obtain participants of different ages, backgrounds, experiences, and ethnicities. Participants will be screened through the survey to exclude taking data from persons not meeting the requirements of the study.

The online survey will contain the informed consent form that will provide the participants with the parameters of the study, participant confidentiality, and the eligibility criteria used for the study. Participants will also click to indicate their consent to proceed with the research and access the 10 demographic questions and 50-item survey. The informed consent form will specify that clicking to continue will suggest that the participant has read and understood the terms and conditions. This study will protect participant anonymity. All responses will be saved electronically and are only accessible to the researcher.

Power Analysis

The number of participants required for this study determines using power analysis via G*Power 3.1.9.4 software. An F test, medium effect size ($p = .15$), will be

selected for this study. The alpha level sets at the traditional 5% ($\alpha = .05$) significance level used in quantitative research. The test's power level sets at F 80% ($1 - \beta = .80$). The minimum sample size required for this study is 55 participants ($N \geq 55$).

Study Procedures

This research's data collection for this quantitative, correlational study will collect from participants who meet the following eligibility criteria: worked at their current company and been employed for at least six months with three years total of work experience within the United States. This research will use Survey Monkey's electronic survey to include demographic survey items (SurveyMonkey - Free Online Survey Software and Questionnaire Tool, 2022). The scales in this research include a Shortened Stress Evaluation Tool (Faragher et al., 2004), Self-Stigma of Seeking Help Scale (Vogel et al., 2006), Religious World Views Measure (Goplen & Plant, 2015), and the Stigma-9 Questionnaire (Gierk et al., 2018). All survey instruments survey in this research consists of a total of include 64 items (Appendix A). The survey will take less than 40 minutes to complete. Participants in this study will remain anonymous.

The procedures in this study are to analyze the research data from participants (Choi et al., 2013; Dimoff et al., 2019; Faragher et al., 2004; Gierk et al., 2018; Vogel et al., 2006). Participants who voluntarily chose to participate began by answering the ten short demographic questions to collect information about participant age, education, race, ethnicity, parental status, marital status, religion, gender, and employment and work experience.

The second section of the survey will include 50 items using Likert-type scale questions, 12 items related to workplace stress (Faragher et al., 2004), 20 items related to

coworker behaviors (Dimoff et al., 2019), 19 items related to religious beliefs (Goplen & Plant, 2015), nine items relating to the stigma of mental health (Gierk et al., 2018), and nine items related to openness to seek out mental health services (Vogel et al., 2006). Self-reported data has historically caused participants to give socially desirable responses and not always the most truthful answer (Jackson et al., 2021). Therefore, it is vital to investigate and compare an employee's perception of their work setting and the observations that they have identified of their coworkers in the workplace setting. A worker's dissatisfaction with work may relate to what a participant in this research is experiencing. This part of the research will also give more information on an individual's ability to observe warning signs in others while also evaluating their health and symptoms of risks.

Instrumentation and Measurement

Instrumentation

Faragher et al (2004) Shortened Stress Evaluation Tool

The workplace environment will be measured using a shortened stress evaluation tool (Faragher et al., 2004). This scale consists of 12 items and is valid predictor work-related stress with a Cronbach's alpha ranging between .602 to .837 and convergent validity of $r = 0.579$, $p < 0.001$ (Faragher et al., 2004). This scale measures on a Likert-type and has three sections: job perceptions, organizational commitment, and health. This scale measures on a four-point Likert-type scale (4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree). Higher scores on this scale indicate high levels of stress (Johnson et al., 2019). This scale is open to the public and may be used for research purposes.

Vogel et al. (2006) Self-Stigma of Seeking Help Scale

Openness to seek out mental health services will be measured using the Self-Stigma of Seeking Help Scale (Vogel et al., 2006). This scale consists of 10 items and is a valid predictor of measuring individuals' perception of seeking out mental health services based on certain threats of the self: self-worth, self-confidence, self-satisfaction, and self-regard (Efstathiou et al., 2019). This scale has a Cronbach's alpha of .91, a test-retest reliability of .72, and criterion validity of ($r = -.63, p < .001$). This scale measures on five-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = agree and disagree equally, 4 = agree, 5 = strongly agree). Higher scores on this scale indicate a higher stigma and avoidance towards seeking out mental health services (Meniru, & Schwartz, 2018). This scale is open to the public and may be used for research and educational purposes.

Gierk et al.(2018). Stigma-9 Questionnaire

Stigma perceptions of mental health will be measured using the Stigma-9 Questionnaire (Gierk et al., 2018). This scale consists of 9-items and is a valid predictor of measuring how individuals perceive societal stigma among individuals diagnosed with a mental health illness. The Cronbach's alpha is .88 for internal consistency. Content validity was established and related to the labeling theory, while convergent validity was established by comparing self-reported data of similar measures and scales (Gierk et al., 2018). This scale measures items on a 4-point Likert scale (1 = disagree, 2= somewhat disagree, 3 = somewhat agree, 4 = agree). Higher scores indicate that there are more negative beliefs on how individuals perceive the societal views about individuals with a

mental illness. This scale is open to the public and may be used for research and educational purposes.

Goplen & Plant (2015) Religious World Views Measure

Religious views will be measured using the Religious World Views Measure (Goplen & Plant, 2015). This scale consists of 19-items and is a valid predictor of evaluating religious views from three items: knowledge, morality, and purpose in life. This scale has a Cronbach's alpha of .97 and construct validity has been established (Goplen & Plant, 2015). This scales measures items on a 7-point Likert-type scale (1= strongly disagree, 2= Disagree, 3 = slightly Disagree, 4 = neither agree or disagree, 5 =Slightly Agree, 6 = Agree, 7 = strongly agree). Higher scores indicate higher religious beliefs (Goplen & Plant, 2015). This scale is open to the public and may be used for research and educational purposes.

and confirmability.

Operationalization of Variables

Religious Beliefs

This variable is interval and measures by total score on 19-items of the Religious World Views Measure (Goplen & Plant, 2015). Religion is operationally defined as a set of attitudes, beliefs, commitments, practices, and or devotion to a higher power, such as a God or the supernatural, that has an institutionalized system of faith or worship usually shared by a group or community (Oxhandler et al., 2021; Papaleontiou - Louca, 2021). Spirituality is operationally defined as the greater whole, the experience of a connection,

and or belief of something greater than oneself about an individual belief of a sense of purpose, something sacred or significant (Zhang et al., 2022).

Workplace Environment

This variable is interval and measures by the total score on 12 item of a shortened stress evaluation tool used as a valid predictor work-related stress (Faragher et al., 2004). It is operationally defined as the physical location, conditions, social interaction, support system, and policies and procedures of where individuals conduct their work (Bălău et al., 2019; McDermott et al., 2018; Timm et al., 2018).

Stigma Perception

This variable is interval and measures by total score on 9-items, of the Stigma-9 Questionnaire used as a valid predictor of societal mental health-related stigma (Gierk et al., 2018). It is operationally defined as a condemnation or disapproval of individuals who seek mental health services or are diagnosed with a mental health illness (Zamir et al., 2022).

Openness to Mental Health Services

This variable is interval and measures by the total score on 10-items of the Self-Stigma of Seeking Help Scale used as a valid predictor of measuring individuals' perception of seeking out mental health (Vogel et al., 2006). Mental health is operationally defined as the individual's condition about their emotional well-being (King et al., 2020)

Data Analysis

This research plans to secure data in Survey Monkey and the SPSS platform (SurveyMonkey - Free Online Survey Software and Questionnaire Tool, 2022).

Participants will complete a ten-item demographic questionnaire and 49 survey questions to identify if there are any predictor variables of religious beliefs, the stigma of mental health, and workplace environment related to the dependent variable of openness to seek out mental health services. Participant responses will be categorized into reporting values to analyze data in SPSS. For example, a participant's selection of gender on the demographic's questionnaire may have the following reporting values: male = 1, female = 2, nonbinary = 3, Other = 4. Participants' workplace environment survey responses may have the following reporting values: 1 = strongly disagree to 7 = strongly agree. The collected data will allow the researcher to address the five hypotheses by providing data regarding the independent and dependent variables. The research involves three independent variables and one dependent variable so that a multiple linear regression will determine the statistical differences between the mean scores of the independent variables on the dependent variable (Jamshidi et al., 2020).

Multiple linear regression is an extension of simple linear regression and is used for quantitative data (Bhargav & Swords, 2022; Jamshidi et al., 2020). Multiple regression is suitable for determining how strong a relationship is between one dependent variable and two or more independent variables (Flatt & Jacobs, 2019; Gui et al., 2021). Using a regression also estimates the changes within a dependent variable based on the changes of the independent variables (Nan & Tsai, 2022); Tonsing & Tonsing, 2022).

A Pearson Correlation Coefficient will be used in this research because survey responses will use interval scales (Foster et al., 2020). Specifically, this research plans to use Pearson's r correlational statistics to determine the relationship between religious beliefs, workplace environment, mental health stigma, and religious beliefs. Pearson's r is

also suitable for quantitative data (Liu, 2019) for determining linear correlations (Foster et al., 2020). In this study, openness to mental health services is the dependent variable and analyzed for differences among the independent variables, workplace environment, stigma perceptions, and spirituality. Descriptive statistics will measure central tendencies, measures of variability, and standard deviation. All demographic data will be in charts and graphs for comparison and analysis.

Delimitations, Assumptions, and Limitations

Assumptions

One assumption is that all data gathered through surveys will accurately reflect each respondent's answers to the demographics questionnaire and the five scales contained in 49-item Survey. To mitigate risk, this research plans to analyze the data for potential errors that will impact the study's findings. This research intends to discard any incomplete survey. Using anonymous surveys will allow individuals to respond honestly to the survey without the assessments.

Limitations

This data collection method will not allow for the re-contacting of survey participants, limiting the analyses to the information already contained within the data. In addition, another limitation will be participants' willingness to answer questions that measure their stigma perceptions, openness' to receiving mental health services, and or spirituality and religion honestly. Many factors can impact the data results, such as a participant's circumstances interfering with their willingness to participate and answer

truthfully, such as a participant experiencing stress, leading to responses not fully representative of the participant's expected level of their workplace environment.

Delimitations

This study only plans to address employees' perception of their work environment on their mental health and the relationship between their openness to seeking mental health services. This research only focuses on participants who have worked at more than one company, been employed for at least six months at each organization, and have three years of total work experience. This study will not explore the workplace environment perceptions of individuals who have not remained employed past a probationary period. This study does not seek to produce an exhaustive exploration of factors that affect an employee's openness to seeking mental health services. Instead, this research focuses on how variables of the workplace environment, religious beliefs, and societal stigma of mental health affect an employee's intent to seek mental health services.

Summary

This study investigates the relationship between an individual's level of stress within their workplace environment and openness to receive mental health services among employees within the United States. Furthermore, this study seeks to identify the relationship between an employee's psychosocial work factors, including well-being and stress, spirituality, and perceived stigma on mental health on openness to receiving mental health services. Five scales will be used to assess the workplace environment and mental health. The survey will include a demographic questionnaire. Multiple linear regression determines how strong the relationship is between the workplace environment,

beliefs, and stigma to openness to mental health services. This research plans to discuss the findings of all statistical data analyses that will be included in chapter four.

CHAPTER 4: RESULTS

Overview

This quantitative, correlational study aimed to examine the relationship, if any, between an employee's stress level within their workplace environment, their religious beliefs, and the stigma of mental health moderating the relationship between openness to seek mental health resources at work. Concentration on this topic began with a literature review describing the relationships between employees and their workplace environment, religiosity, and societal perceptions of mental health. The literature presented a gap in employees experiencing poor mental health affecting the organization where they are employed. This chapter discusses the research components mentioned in previous chapters about the research questions and hypotheses. This chapter also discusses the study's measures, the demographics of the sample, the data analysis, the findings, the summary of results, and an evaluation of the research design.

Research Questions

- RQ1: Does an employees' workplace environment predict their level of openness to seek out mental health resources?
- RQ2: Is there a statistically significant relationship between an employee's religious beliefs and an employee's workplace environment?
- RQ 3: Does an employee's religious beliefs predict their openness to seek mental health resources?
- RQ 4: Does an employee's stigma perception of mental health predict their openness to seek out mental health resources?
- RQ 5: Is there a statistically significant relationship between an employee's

stigma perception of mental health and their religious beliefs?

Statistical Hypotheses

Hypothesis 1: There will be a significant prediction of openness to mental health services by an employee's workplace environment.

Hypothesis 2: There will be a statistically significant relationship between an employee's religious beliefs and workplace environment.

Hypothesis 3: There will be a significant prediction of openness to mental health services by an employee's religious beliefs.

Hypothesis 4: There will be a significant prediction of openness to mental health services by an employee's stigma perception.

Hypothesis 5: There will be a statistically significant relationship between an employee's religious beliefs and stigma perception

Procedure

Data from participants were collected through LimeSurvey online survey platform and exported to Statistical Package for the Social Sciences (SPSS) for manipulation. Participants' identities remained anonymous as the survey collected no identifiable information. Through a g*power analysis for multiple regression, it was determined that fifty-five participants were needed to maintain a power of .80 for three predictor variables. This study collected eighty-six participant responses.

Descriptive Results

One hundred and thirty-four participants-initiated completion toward the survey of this study. There was a removal of forty-seven participants because they needed to meet the study's requirements. Eighty-six participants fully completed the survey. Table 1

shows the frequency in age sub-ranges and other demographic data regarding the sample (n). Participants within the age range of 45-54 years were 38.4% of the sample population, with 1.2% of the sample from ages 65 and up.

Table 1

Age of Participants

Age Range	Frequency	Percent
18-24	8	9.3
25-34	21	24.4
35-44	12	14.0
45-54	33	38.4
55-64	11	12.8
65 and up	1	1.2

The reported gender of participants consisted of 66.3% reporting female, 31.4% reporting male, one reporting nonbinary, and one individual choosing not to respond.

Table 2

Gender of Participants

Gender	Frequency	Percent
Male	27	31.4
Female	57	66.3
Nonbinary	1	1.2
I do not wish to respond	1	1.2

Religion was another demographic gathered. For this question, participants could identify with the following options: Buddhist, Christian, Hindu, Muslim, No Religion, or Other. Most participants identified as Christian 69.8%, while 24.4% of the sample identified with no religion, 2.3% selected Other, one selected Buddhist, one selected Muslim, and one selected Hindu.

Table 3*Religion of Participants*

Religion	Frequency	Percent
Buddhist	1	1.2
Christian	60	69.8
Hindu	1	1.2
Muslim	1	1.2
No Religion	21	24.4
Other	2	2.3

Participants were given the choice of American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific, or White for identifying with a race—nearly 56% of the sample identified as Black or African American, and nearly 36% identified as White. American Indian or Alaska Native was reported at roughly 5%, while roughly 2% reported to be Asian, and one individual identified as Native Hawaiian or Other Pacific Islander.

Table 4*Race of Participants*

Race	Frequency	Percent
American Indian or Alaska Native	4	4.7
Asian	2	2.3
Black or African American	48	55.8
Native Hawaiian or Other Pacific Islander	1	1.2
White	31	36.0

Participants could identify as Hispanic or Latino, Non-Hispanic or Non-Latino, or Unknown ethnicity. Nearly 83% identified as Non-Hispanic or Non-Latino, with roughly 9% identifying as unknown and 8% identifying as Hispanic or Latino.

Table 5*Ethnicity of Participants*

Ethnicity	Frequency	Percent
Hispanic or Latino	7	8.1
Non-Hispanic or Non-Latino	71	82.6
Unknown	8	9.3

Education was another demographic gathered. For this question, participants could identify with the following options: Less than high school, high school graduate/ GED, associate degree, bachelor's degree, master's degree, or doctoral degree. Most participants chose a bachelor's degree, roughly 33%, while roughly 25% selected having a high school graduate/ GED, and nearly 19% of the sample selected a master's degree. About 14% of the sample chose an associate degree, nearly 7% chose a doctoral degree, and one chose less than high school for education.

Table 6*Education of Participants*

Education	Frequency	Percent
Less than High School	1	1.2
High School Graduate/ GED	22	25.6
Associate degree	12	14.0
Bachelor's Degree	29	33.7
Master's Degree	16	18.6
Doctoral Degree	6	6.9

The majority of the sample size identified with the career field option of business, management & administration at 17.4%. At the same time, one individual selected arts, culture & entertainment, and another participant selected public safety, corrections, & security.

Table 7*Career Field of Participants*

Career Field	Frequency	Percent
Arts, Culture & Entertainment	1	1.2
Business, Management & Administration	15	17.4
Communications and Information	3	3.5
Community, Human Services & Social Services	3	3.5
Customer Service	10	11.6
Education	10	11.6
Government	12	14.0
Health & Medicine	13	15.1
Hospitality & Tourism	4	4.7
Installation, Repair & Maintenance	4	4.7
Law & Public Policy	3	3.5
Marketing, Sales & Service	7	8.1
Public Safety, Corrections, & Security	1	1.2

Participants had the choice of six choices for identifying with the amount of work experience. Most participants selected having 6-10 years of experience, while nearly 5% selected having less than one year of experience in their current career field.

Table 8*Work Experience of Participants*

Work Experience	Frequency	Percent
Less than 1 year	4	4.7
1-5 years	22	25.6
6-10 years	22	25.6
11-15 years	8	9.3
16-20 years	11	12.8
20 years and more	19	22.1

Participants could identify with one of the following statuses as parents: No children, one child, two children, or three or more children. Much of the sample identified with no children at 33.7%, while 30.2% identified with two children, 23.3% selected three or more children, and 12.8% selected one child.

Table 9*Parent Status of Participants*

Parental Status	Frequency	Percent
No children	29	33.7
One child	11	12.8
Two children	26	30.2
Three or more children	20	23.3

Marital status was another demographic gathered. For this question, participants could identify with the following options: divorced, married, single, or widowed. Most participants identified as married 48.8%, while roughly 33% identified as single, nearly 12% identified as divorced, and nearly 6% identified as widowed.

Table 10*Marital Status of Participants*

Marital Status	Frequency	Percent
Divorced	10	11.6
Married	42	48.8
Single	29	33.7
Widowed	5	5.8

Study Findings

To determine the relationship, if any, between workplace environment, religious beliefs, and stigma perceptions on the moderating effects of openness to mental health services, the researcher used a multiple regression and a Pearson r . A multiple regression was run to predict openness to mental health services from religious beliefs, workplace environment, and stigma perception. There was linearity as assessed by partial regression plots and a plot of studentized residuals against the predicted values. Residuals were independent, as assessed by a Durbin-Watson statistic of 1.735. There was

homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized residuals greater than ± 3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1. The assumption of normality was met, as assessed by a Q-Q Plot. Multiple regression was run to predict openness to mental health from the workplace environment, stigma, and religious beliefs. The multiple regression model statistically significantly predicted openness to mental health, $F(4, 83) = 5.001, p < .005, adj. R^2 = .12$. Stigma perceptions were statistically significant to the prediction, $p < .05$. Regression coefficients and standard errors can be found in the figures below.

Figure 2 Q-Q Plot of Openness to Mental Health

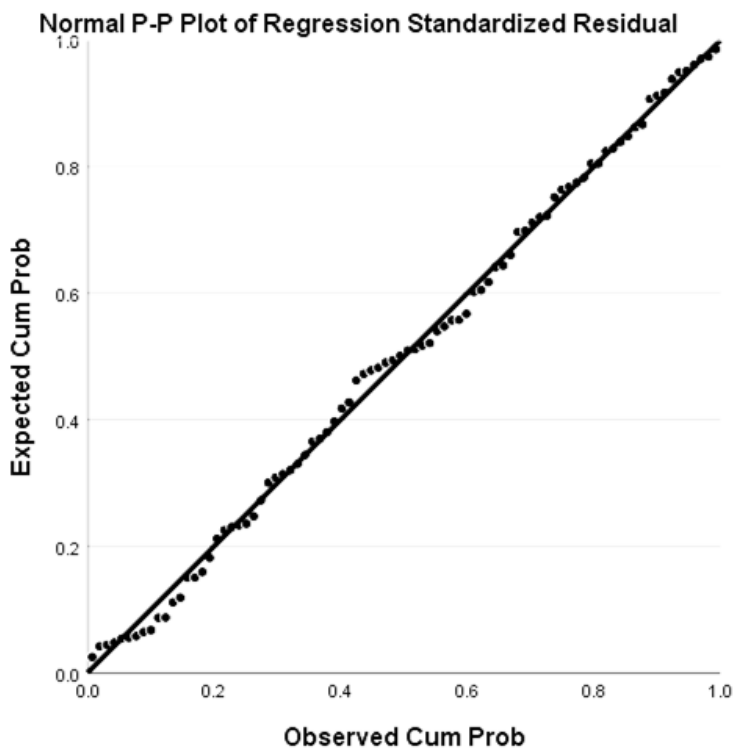


Figure 3 Histogram of Openness to Mental Health

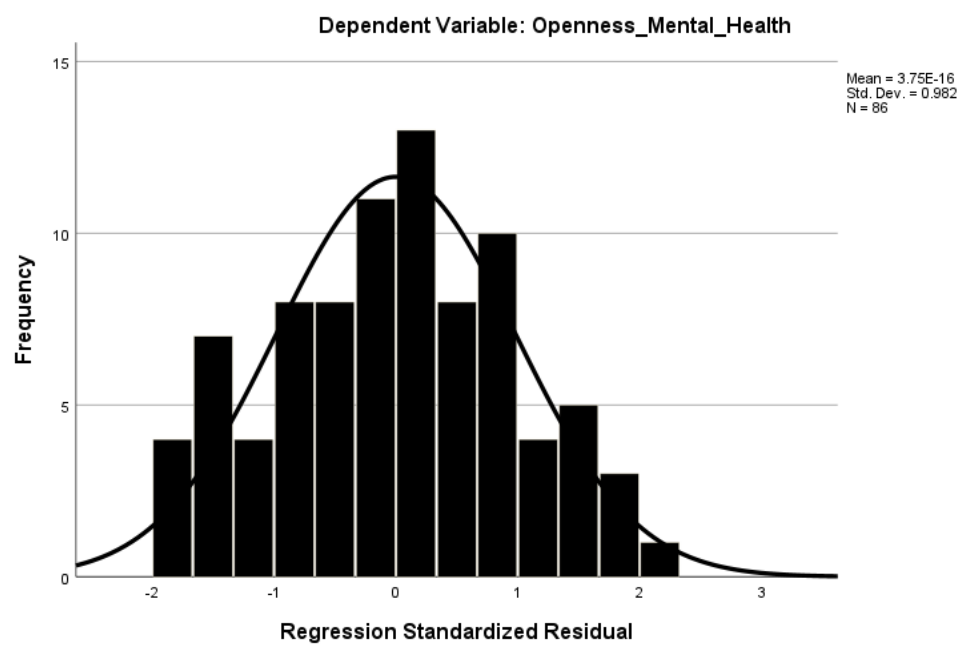
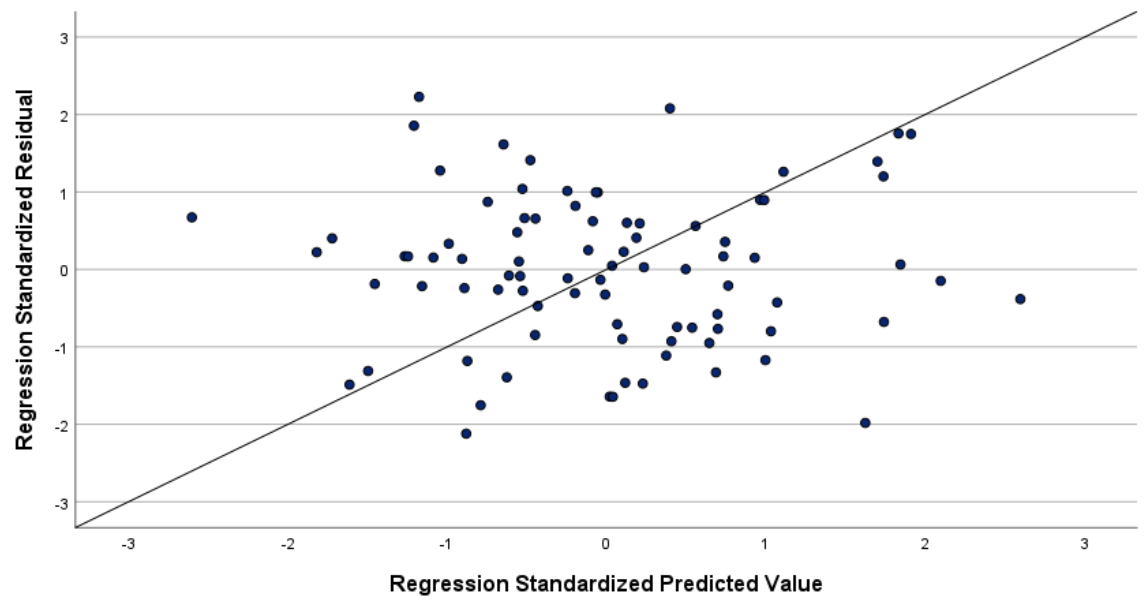


Figure 4 Homoscedasticity Test



Research Question 1

Research question one sought to determine if employees' level of stress within their workplace environment could predict their openness to seeking mental health resources. Multiple regression was computed, and there was no statistical significance between workplace environment and the moderating effect of openness to mental health services; therefore, the null hypothesis is rejected.

Table 11

Multiple Regression Result for Workplace Environment by Openness to Mental Health

Openness to Mental Health	B	80% CI for B		SE B	β	R^2	ΔR^2
		LL	UL				
Model						.155	.124
Constant	21.186	17.099	25.273	3.163			
Workplace Environment	-.026	-.137	.085	.086	-.039		

Note. Model = "Enter" method in SPSS Statistics; B = unstandardized regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; SE B = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; ΔR^2 = adjusted R^2 . * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 5 Scatter Plot for Openness to Mental Health Services and Workplace Stress



Research Question 2

Research question two sought to determine if there is a statistically significant relationship between an employee's religious beliefs and an employee's workplace environment. A Pearson r was computed to assess the linear relationship between religious beliefs and workplace environment. The two variables had a medium positive correlation, $r(86) = .447, p < .001$. The null hypothesis was not rejected. Figure 6 shows that an employee with higher religious beliefs also identified with having a more stressful work environment.

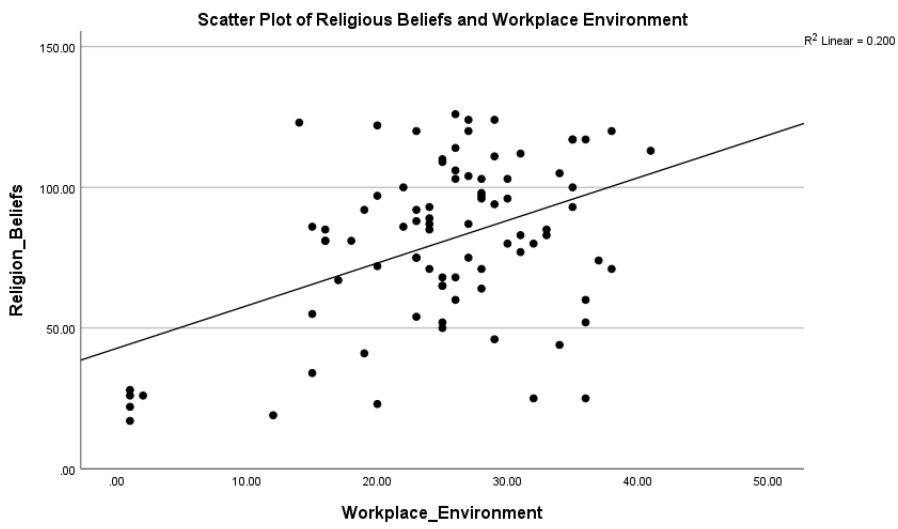
Table 12

Correlations for Religious Beliefs and Workplace Environment

		Religious Beliefs	Workplace Environment
Religious Beliefs	Pearson r Correlation	1	.447**
	Sig. (2-tailed)		<.001
	N	86	86
Workplace Environment	Pearson r Correlation	.447**	1
	Sig. (2-tailed)	<.001	
	N	86	86

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

Figure 6 Scatter Plot for Religious Beliefs and Workplace Stress



Research Question 3

Research question three sought to determine if an employee's religious beliefs could predict their openness to seek mental health resources. Multiple regression was computed, and there was not statistical significance between religious beliefs and the moderating effect on openness to mental health services; therefore, the null hypothesis is rejected.

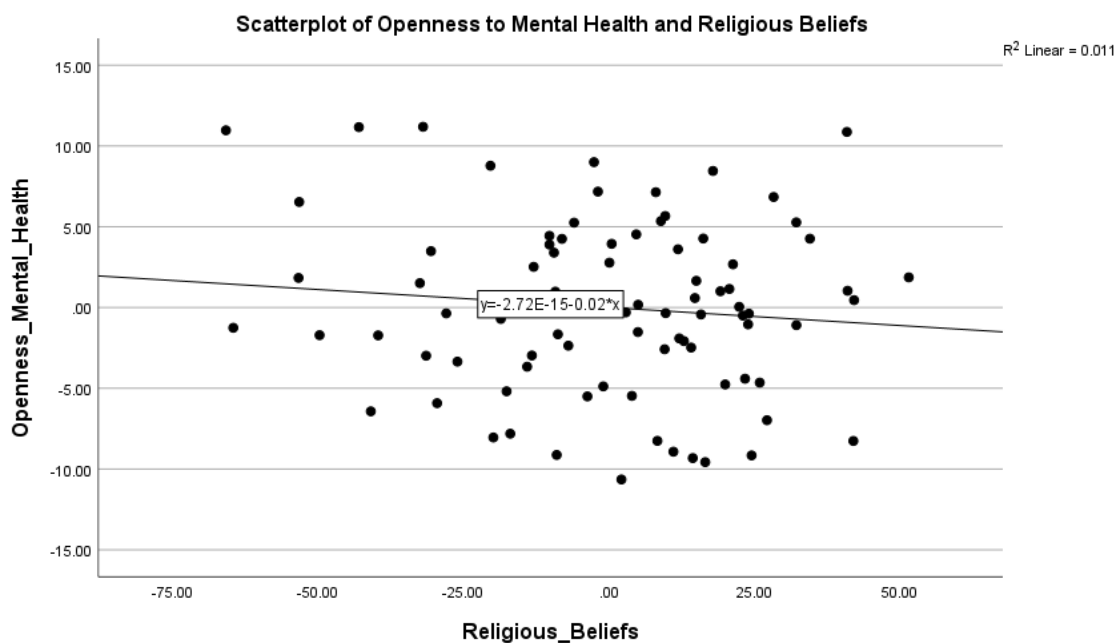
Table 13

Multiple Regression Result for Religious Beliefs by Openness to Mental Health

Openness to Mental Health	B	80% CI for B		SE B	β	R^2	ΔR^2
		LL	UL				
Model						.155	.124
Constant	21.186	17.099	25.273	3.163			
Religious Beliefs	-.022	-.052	.007	.023	-.113		

Note. Model = "Enter" method in SPSS Statistics; B = unstandardized regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; SE B = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; ΔR^2 = adjusted R^2 . * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 7 Scatter Plot for Openness to Mental Health Services and Religious Beliefs



Research Question 4

Research question four sought to determine if an employee's stigma perception of mental health could predict their openness to seek out mental health resources. A multiple regression was computed, and there was a statistical significance between stigma perception and the moderating effect on openness to mental health services; therefore, the null hypothesis is not rejected.

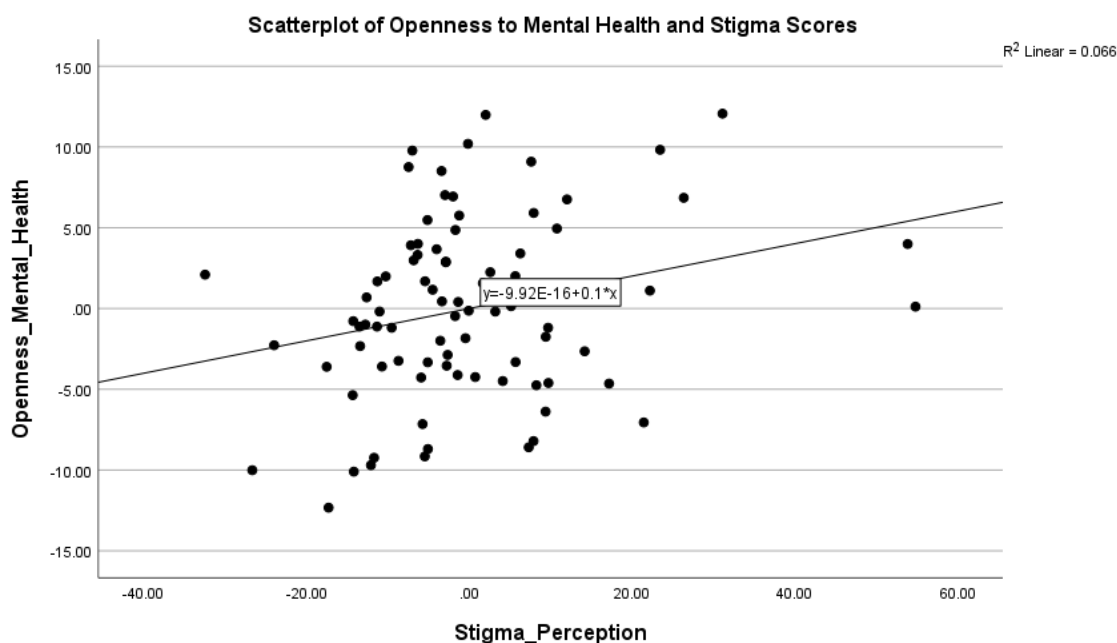
Table 14

Multiple Regression Result for Stigma Perception by Openness to Mental Health

Openness to Mental Health	B	80% CI for B		SE B	β	R^2	ΔR^2
		LL	UL				
Model						.155	.124
Constant	21.186	17.099	25.273	3.163			
Stigma Perception	.100**	.047	.154	.042	.306**		

Note. Model = "Enter" method in SPSS Statistics; B = unstandardized regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; SE B = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; ΔR^2 = adjusted R^2 . * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 8 Scatter Plot for Openness to Mental Health Services and Stigma Perception



Research Question 5

Research question five sought to determine if there was a statistically significant relationship between an employee's stigma perception of mental health and their religious beliefs. A Pearson r was computed to assess the linear relationship between stigma perception of mental health and religious beliefs. The two variables had a medium negative correlation, $r(86) = -.423$, $p < .001$. The null hypothesis was not rejected. Figure 9 shows that an employee with higher religious beliefs has a lower stigma perception of mental health.

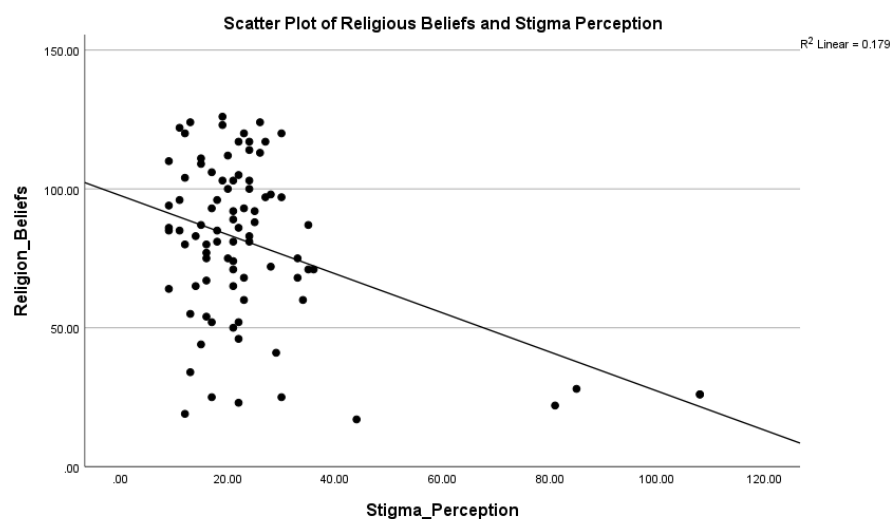
Table 15

Correlations for Religious Beliefs and Stigma Perception

		Religious Beliefs	Stigma Perception
Religious Beliefs	Pearson r Correlation	1	-.423**
	Sig. (2-tailed)		<.001
	N	86	86
Stigma Perception	Pearson r Correlation	-.423**	1
	Sig. (2-tailed)	<.001	
	N	86	86

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

Figure 9 Scatter Plot for Religious Beliefs and Stigma Perception



Summary

Key findings in this study include medium positive correlations between religious beliefs and workplace environment and medium negative correlations between religious beliefs and stigma perception. In addition, this study found a statistical significance between stigma perceptions and the moderating effect on openness to mental health services. This study found no significant differences in workplace environment and religious beliefs on the moderating effect on openness to mental health services. The data collection method did not allow for the re-contacting survey participants, which limits the analyses to the information about the correlations made from one out of the three independent variables on the dependent variable. Chapter five will review the summary of findings, implications, limitations, and recommendations for future research.

CHAPTER 5: DISCUSSION

Overview

This non-experimental, quantitative correlational study aimed to investigate the relationship, if any, between level of stress within the workplace environment, religious beliefs, and stigma perceptions on the moderating effects of openness to mental health services. Concentration on this topic started with a literature review describing the workplace environment and how it can create stress for employees, leading to mental and health issues if left unaddressed. The literature presented a gap between employees experiencing poor mental health who struggle to manage them effectively independently and seeking mental health resources and services for additional support within their workplace environment.

The design of this study was to collect self-report survey data from individuals who have worked at their company and stayed employed for at least six months in the United States while being in the workforce for at least three years. This researcher used multiple regression and Pearson r to analyze the data gathered from participants. The findings from this study contribute to the literature on the stigma of mental health by providing empirical evidence that a relationship exists between stigma perceptions and openness to mental health services. Additional findings in this study contribute to the literature on religious beliefs by providing empirical evidence that a relationship exists between religious beliefs and the workplace environment and religious beliefs and stigma perceptions.

This chapter will commence with summarizing this study's findings and then transition to the significance of the results from the study. Some of the theory of

constructs and biblical foundations discussed in Chapter 2, will be reviewed in this chapter and compared to this study's findings. This chapter will also examine the implications and findings of the study and the impact on the workplace environment. Lastly, this chapter will review the limitations and recommendations for future research that may occur, focusing on the workplace environment, religious beliefs, and stigma perception on openness to mental health services.

Summary of Findings

The purpose of this quantitative, correlational study was to assess if and to what extent openness to mental health services is related to an employee's workplace environment, religious beliefs, and stigma perception on mental health. There were five research questions:

- RQ1: Does an employees' workplace environment predict their level of openness to seek out mental health resources?
- RQ2: Is there a statistically significant relationship between an employee's religious beliefs and an employee's workplace environment?
- RQ 3: Does an employee's religious beliefs predict their openness to seek mental health resources?
- RQ 4: Does an employee's stigma perception of mental health predict their openness to seek out mental health resources?
- RQ 5: Is there a statistically significant relationship between an employee's stigma perception of mental health and their religious beliefs?

The null hypothesis was rejected for research questions one and three. No statistical significance was found between religious beliefs on openness to mental health services. There was also no statistical significance found between workplace environment and openness to mental health services. The null hypothesis was not rejected for research questions two, four, and five. There was a medium positive correlation between religious beliefs and workplace. There was also a negative correlation between religious beliefs and stigma perception. There was a statistical significance between stigma perceptions and the moderating effect on openness to mental health services. Chapter four presented details of these findings. This chapter summarizes findings, implications, and recommendations for future research.

Discussion of Findings

This section discusses the evaluation and interpretations of the five research questions and hypotheses and explains whether the null hypothesis was rejected or not rejected. The analysis of the study findings occurs from the perspective of the literature presented in Chapter 2.

Research Questions and Hypotheses

Research Question 1

The first research question was about level of stress within the workplace environment and openness to mental health services. A multiple regression did not find a statistical significance between workplace environment and openness to mental health. The null hypothesis was rejected for research question one, and the alternative hypothesis

was accepted due to the findings. This means that an employee's workplace environment did not predict their openness to seeking mental health resources.

It is important to note when participants were asked about being stressed within their workplace environment, the average score was a twenty-four or them indicating not to be stressed in their current workplace . When looking at participants that indicated any stress within their workplace environment, this study found that about 60% of participants indicated some type of stress. This means that the participants who were not stressed had extremely low scores, creating a lower overall average. However, more participants in this study indicated some workplace stress. Findings from this analysis align with the literature presented in chapter two about most individuals currently employed endorse some stress within their workplace environment (Global Organization for Stress, 2018).

It is also important to note that when participants were providing information about their workplace environment, 50% indicated that they agreed with the following survey statement: I have had poor psychological health symptoms while working at my current organization. This finding also aligns with the literature presented in Chapter 2, which discusses how stress can impact an individual's mental health (Boyd, 2022). Over 50% of participants also agreed that their pay and benefits were not as good as others doing the same or similar work. The literature presented in the chapter suggests that stress symptoms can occur in response to negative work feelings when employees feel they are missing something from their workplace (Marani et al., 2020). This study is also consistent with the biblical foundations presented in Chapter 2, where employees of faith are not excluded from experiencing or displaying stress symptoms. The Bible discusses

that there are no issues too immense within an employee's workplace setting that are not unmanageable, no matter how vast it appears when the focal point is on God.

Research Question 2

The second research question focused on employees' level of stress within their workplace environment and religious beliefs. A Pearson r found a medium positive correlation between the two variables with $r(86) = .447, p < .001$. The null hypothesis was not rejected. This means the participants with higher religious belief scores reported being more stressed in their workplace environment. Although the finding indicates a correlation between these variables, it does not prove that religion causes an increase in stress in the workplace. The data indicates a positive relationship between workplace environment and religious beliefs.

This finding also aligns with the literature presented in Chapter 2, about the person-environment fit model or the importance of an employee's values, skills, and abilities matching their work environment to reduce stress (Andela et al., 2019; Chi et al., 2020). Literature from Chapter 2, that is aligned with this study also discussed how Cohen et al. (2017) found that due to some of the rituals, practices, or rules that are associated with religion and spirituality can negatively impact an individual's well-being.

Research Question 3

The third research question was related to religious beliefs and openness to mental health services. A multiple regression did not find a statistical significance between religious beliefs and openness to mental health. The null hypothesis was rejected for research question three, and the alternative hypothesis was accepted due to the findings.

This means that an employee's religious beliefs did not predict their openness to seeking mental health resources. It is important to note that about 73% of participants identified with having a religion, and 67% of those participants agreed with the following survey statement: *I often look to my religion for directions when making important life decisions*. Suppose 67% of participants from this study seek guidance from their religion. In that case, future research could examine if resources outside of an individual's religion are excluded or were seeking out mental health services fall within an individual's religion.

Research Question 4

The fourth research question was about stigma perception and openness to mental health. A multiple regression found a statistical significance between stigma perceptions and openness to mental health services. The null hypothesis was accepted, and the alternative was rejected due to the findings. This means that stigma perception can predict an individual's openness to seek out mental health resources. This finding also aligns with the literature presented in Chapter 2, that discusses the more that an individual's support system, including their family members, friends, groups, and coworkers, are supportive of mental health services, the more open that individual will seek out those type of resources if needed (Smith et al., 2022).

Research Question 5

The fifth research question pertained to stigma perception and religious beliefs. A Pearson r found a medium negative correlation between the two variables with $r(86) = -.423, p < .001$. The null hypothesis was not rejected. This means that the participants with higher religious beliefs also had a lower stigma perception of mental health. Although the

finding indicates a correlation between these variables, it does not prove that religion causes a decrease in stigma perception about mental health. The data indicates a negative relationship between religion and stigma perception about mental health.

This finding also aligns with the literature presented in Chapter 2, where research on the origin of mental health stigma is dependent on an individual's support system discussed by Smith et al. (2022). If an individual is religious, they are typically part of a larger community or group, that share common interests (Oxhandler et al., 2021; Papaleontiou - Louca 2021). This study is also consistent with the biblical foundations presented in Chapter 2, where the Bible mentions teachings surrounding being nonjudgmental and non-discriminative towards others due to their differences.

Implications

This study highlights the importance of understanding the function of workplace stress, religious beliefs, and stigma perceptions in employees to increase openness to mental health services or usage towards additional support when needed. This study also highlights the majority of reports of stress among employees currently in the workforce, which is consistent with the findings of The Global Organization for Stress, which have indicated that most employed individuals are stressed at work.

Theoretical Implications

The theory of the effort-reward imbalance model guided this study. This theory was chosen to guide this study because of the current research from Cho et al. (2021) and Notelaers et al. (2021) that discuss how stress at work can occur for several reasons; it occurs when an employee is experiencing an imbalance between the effort they input to their workplace and the output of rewards they receive for their effort. The component of

over-commitment from the effort-reward imbalance model can bring forth more information from findings within this study about the positive relationship between religion and workplace environment for future research.

Practical Implications

Organizations can derive a couple of practical implications from this study. The statistically significant relationship between stigma perceptions of mental health and openness to seek out mental health resources may raise awareness among companies and leadership to promote mental health resources and provide education about mental health to decrease the stigma around mental health. The medium positive correlation between religion and workplace stress may increase programming among companies to incorporate resources for employee's whose spiritual beliefs may create conflict in their workplace setting to decrease stress among this population.

Future Implications

Implications for future research are derived from some findings of this study. No statistically significant relationship was found between religious beliefs and openness to mental health services. Future research might look at recruiting participants from the same religion and examine how resources outside of the scope of an individual's religion are incorporated into their lifestyle. No statistically significant relationship was found between workplace environment and openness to mental health services. Future research might want to focus on the support system within the workplace environment to determine if an employee's environment allows the opportunity to be introduced to specific resources.

Limitations

This study has some strengths. This study is a quantitative, correlational design, and the strength of choosing this type of design is that it can be replicated in other settings and populations. The study also used valid and reliable instruments supporting validity and reliability within this study. Some other strengths of this study to note from using a regression analysis were that the linearity assumption was valid where there was a relationship between the dependent and independent variables, and there were no outliers in the data.

One limitation is that the sample size was smaller than the research intended. The research had to remove forty-seven participants, which decreased the sample size from one hundred and thirty-four participants to eighty-six. The participants that were removed from the study did not fully meet the requirements, including not fully completing the survey. The smaller sample size may not accurately reflect an employee's religious beliefs, stigma perceptions, and workplace environment on the moderating effect of openness to mental health services. The larger sample size would have added more information to this study. Le et al. (2021) advised that a survey fatigue was a potential challenge for participants when conducting a study.

Another research limitation that may have contributed to recruitment limitations was the research design. This study focused on individuals in the United States currently employed in their company for six months with at least three years in the workforce. This study excluded individuals with at least three years of work experience and less than six months at their current place of employment. Participation also limited individuals that

were owners of a business and those that didn't have a direct supervisor to report to, limiting their ability to complete certain portions of the survey.

Recommendations for Future Research

Future research should focus on understanding where an employee's stress is derived from when examining the workplace environment subcategories such as physical location, working conditions, social interaction, support system, and policies and procedures. Future research should investigate how individuals utilize their religion to tackle stress versus mental health resources when needing additional support. The study contributed to the understanding that stigma perceptions can predict an individual's openness to mental health services. More information is needed about the role of religion and support systems in the workplace environment.

Summary

This study found a statistically significant relationship between stigma perception and openness to mental health resources. Additional findings include a medium positive correlation between workplace environment and religious beliefs. Another finding from this study was a medium negative correlation between stigma perception and religious beliefs. Most participants in this study indicated some stress at work, and future researchers must consider utilizing a larger sample size and investigating more about specific subcategories of the workplace environment and how religion is used to manage workplace stress when outside resources are provided to employees.

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APPENDIX A: PERMISSION



D [Redacted]
 [External] IRB-FY22-23-245 - Initial: Initial - Exempt
 To: [Redacted]

October 14, 2022 at 1:02 PM

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

October 14, 2022

Cooper Smith
 Rebecca Lindsey

Re: IRB Exemption - IRB-FY22-23-245 A Quantitative Examination of the Relationship Between the Workplace Environment, Religion, and the Stigma of Mental Health on Openness to Mental Health Services

Dear Cooper Smith, Rebecca Lindsey,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at

Sincerely,

[Redacted]
 Administrative Chair of Institutional Research
 Research Ethics Office

APPENDIX B: RECRUITMENT MATERIALS

Social Media Announcement - Facebook Announcement

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a doctoral degree at Liberty University. The purpose of my research is to examine the relationship between the workplace environment, religion, the stigma of mental health, and openness to seeking out mental health services. To participate, you must be 18 years of age or older, currently employed in the United States, have at least three years of paid work experience, and have been at your current company for at least six months. Participants will be asked to complete a survey. It should take no longer than 20 minutes for you to complete the survey. If you would like to participate and meet the study criteria, please click the link provided at the end of this post. Your participation will be completely anonymous, and no personal, identifying information will be required. A consent document will be provided as the first page of the survey. Please review this page, and if you agree to participate, click the “proceed to survey” button at the end.

To take the survey, click here:

Email

Dear *First and last name of potential participant*

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to examine the relationship between the workplace environment, religion, the stigma of mental health, and openness to seeking out mental health services. I am writing to invite you to participate in this study.

To participate, you must be 18 years or older, currently employed in the United States, have at least three years of paid work experience, and have been at your current company for at least six months. Participants will be asked to complete a survey. It should take no longer than 20 minutes for you to complete the survey. If you would like to participate and meet the study criteria, please click the link provided at the end of this post. Your participation will be completely anonymous, and no personal, identifying information will be required. A consent document will be provided on the first page of the survey. The consent document contains additional information about my research. Please review the document, and if you agree to participate, click the “proceed to survey” button at the end.

To take the survey, click here:

APPENDIX C: CONSENT

Consent Form

Title of the Research: A Quantitative Examination of the Relationship Between the Workplace Environment, Religion, and the Stigma of Mental Health on Openness to Mental Health Services

Principal Investigator: Cooper A. Smith, Doctoral Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, currently employed in the United States, have at least three years of paid work experience, and have been at your current company for at least six months. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to examine the relationship between the workplace environment, religion, and the stigma of mental health on openness to seek out mental health services.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Complete an online, anonymous survey, including pertinent demographic information, to assess your workplace environment, your perspective on religion, and thoughts about mental health. This survey should take less than 20 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society may include more information about factors impacting the workplace environment that can lead to more implementation of strategies and practices to enhance the well-being of employees and provide a more inclusive working environment.

What risks might you experience from being in this study?

The risks involved in this study are minimal to none, meaning there is no more risk from participating in this study than you would encounter in your daily life.

How will personal information be protected?

The records of this study will be kept private. The researcher of the study will not know the identity of the participants. The surveys will be completed anonymously using Lime

Survey. Research records will be stored securely, and the researcher and dissertation committee will have access to the records.

- A participant's name will not be included in the survey information collected.
- Data from this research will be stored on a password-protected computer for three years after the completion of the study. Data from this research may be used in future presentations. After three years, all electronic records will be deleted.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to withdraw at any time before submitting the survey without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please exit the survey, and close your internet browser. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Cooper A. Smith (Hove), MS. If you have questions, you are encouraged to contact the researcher at casmith44@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Rebecca Lindsey, at rtlindsey@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records. If you have questions about the study later, you can contact the researcher using the information provided above.

APPENDIX D: SURVEY QUESTIONS

Instruments: Survey Questions**Part 1: Preliminary Questions**

1. Are you 18 years of age or older?
2. Are you currently employed in the United States?
3. Do you have at least three years of paid experience in the workforce?
4. Have you been employed at your current company for at least six months?

If a participant does not qualify to continue the survey announcement:

Thank you for your interest in participating in this study. Unfortunately, the answers in the screening question indicate that you do not meet the necessary criteria of either being 18 years of age or older, being currently employed in the United States, being in the workforce for three years, or being employed at your current company for six months.

Part 2: Demographic Questions

Please select the best option you most closely identify with for each question. You may only select one option.

5. Which option below best represent your age?
 - 18 - 24
 - 25 - 34
 - 35 - 44
 - 45 - 54
 - 55 -64
 - 65 and over

6. Which option below best represents your gender?
 - Male
 - Female
 - Nonbinary
 - I do not wish to respond

7. Which option below best represents your religion?
 - Buddhist
 - Christian
 - Hindu
 - Jewish
 - Muslim
 - No Religion

- Other
 - I do not wish to declare
8. Which option below best represents your race?
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
9. Which option below best represents your ethnicity?
- Hispanic or Latino
 - Non-Hispanic or Latino
 - Unknown
10. Which option below best represents the highest level of education completed/
degree received?
- Less than High School
 - High School Graduate / GED
 - Associate Degree
 - Bachelor's Degree
 - Master's Degree
 - Doctoral Degree
11. Which option below best represents your current career field?
- Agriculture, Food & Natural Resources
 - Architecture, Construction & Environmental Design
 - Arts, Culture, and Entertainment
 - Business, Management, & Administration
 - Communications and Information
 - Community, Human Services & Social Services
 - Customer Service
 - Education
 - Government
 - Health & Medicine
 - Hospitality and Tourism
 - Installation, Repair & Maintenance
 - Law & Public Policy
 - Marketing, Sales & Service
 - Public Safety, Corrections & Security
12. Which option below best represents your amount of experience in your current
career field?
- Less than one year

- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 20+ years

13. Which option below best represents your parental status?

- No children
- One child
- Two children
- Three or more children

14. Which option below best represents your marital status?

- Divorced
- Married
- Single
- Widowed

Part 3: A Shortened Stress Evaluation Tool ASSET (Faragher et al., 2004)

Likert Scale (4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree)

This section of questions inquires about your current workplace environment. Please select the option that most closely relates to your experience at your current place of employment. You are selecting answers based on the quotations in each question.

Perceptions of your job

Work relationships

15. Degree of support from colleagues and peers (e.g., "My relationships with colleagues are poor.")

Work-life balance

16. Extent to which the demands of work interfere with personal life (e.g., "I work unsociable hours.")

Overload

17. Experienced workload and time pressures (e.g., "I do not have enough time to do my job as well as I would like.")

Job security

18. Level of job security (e.g., "My job skills may become redundant in the near future.")

Control

19. Amount of control over work (e.g., "I am not involved in decisions affecting my job.")

Resources and communication

20. Adequacy of the available equipment and resources (e.g., "I do not have the proper equipment or resources to do my job.")

Pay and benefits

21. Adequacy of pay (e.g., "My pay and benefits are not as good as other people doing the same or similar work.")

Your job

22. Stressors relating to the nature of the job itself (e.g., "My physical working conditions are unpleasant.")

Attitudes towards your organization

23. Perceived commitment of employee to organization. Extent to which the employee feels committed to the organization (e.g., "I am proud of this organization.") **(R)**

Perceived commitment of organization to employee

24. Extent to which the employee feels wanted by the organization (e.g., "I do not feel valued and trusted by the organization.")

Health

25. Psychological well-being Occurrence of poor psychological health symptoms (e.g., "panic or anxiety attacks")

Physical Health

26. Occurrence of poor health symptoms (e.g., "lack of appetite or overeating")

Part 4: Self-Stigma of Seeking Help Scale (Vogel et al., 2006)

Likert Scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *agree and disagree equally*, 4 = *agree*, 5 = *strongly agree*).

This section of questions inquiries about your personal thoughts about you seeking out mental health services. Answer each question based on your personal reasonings for choosing to or not to receive mental health services.

- 27. I would feel inadequate if I went to a therapist for psychological help.
- 28. My self-confidence would NOT be threatened if I sought professional help. (R)
- 29. Seeking psychological help would make me feel less intelligent.
- 30. My self-esteem would increase if I talked to a therapist. (R)
- 31. My view of myself would not change just because I made the choice to see a therapist. (R)
- 32. It would make me feel inferior to ask a therapist for help.
- 33. I would feel okay about myself if I made the choice to seek professional help. (R)
- 34. If I went to a therapist, I would be less satisfied with myself.
- 35. My self-confidence would remain the same if I sought help for a problem I could not solve. (R)
- 36. I would feel worse about myself if I could not solve my own problems.

Part 5: Religious World Views Measure (Goplen & Plant, 2015)

Likert Scale (1 = *strongly disagree*, 2 = *Disagree*, 3 = *slightly Disagree*, 4 = *neither agree or disagree*, 5 = *Slightly Agree*, 6 = *Agree*, 7 = *strongly agree*).

This section inquires about your views on religion. Respond to the questions in this section based on your current belief system including whether you identify with a religion or do not identify with one.

- 37. .My religious scriptures (e.g., Bible, Torah) are a reliable source of knowledge.
- 38. My morals come from my religion.
- 39. The purpose of my life is to do my God's work on earth.
- 40. My religious leaders give me important information about the world.
- 41. I try hard to live my life the way my religion tells me to live it.
- 42. I believe science is the only way that one can obtain knowledge about the universe. (R)

43. When I am unsure whether an act is right or wrong, I often look to my religion to give me the answer.
44. My purpose in life is NOT determined by my religion (R)
45. There are some things about the way the world works that I can only come to understand through religion.
46. My religion gives me a clear, stable set of morals
47. The meaning of life actually lies in what is beyond this life.
48. My sense of right and wrong does NOT come from my religion. (R)
49. My religious beliefs will NOT influence the career I choose for myself. (R)
50. My religion has taught me how to lead a moral life.
51. I often look to my religion for directions when making important life decisions.
52. I believe my religion has a plan for my life.
53. I believe that my religion holds the answers as to how the universe was created.
54. If I were considering who to vote for in a political election, I would NOT look to my religion to help me decide. (R)
55. I believe my life is controlled by my God.

Part 6: Stigma-9 Questionnaire (Gierk et al., 2018)

Likert Scale (1 = disagree, 2 = somewhat disagree, 3 = somewhat agree, 4 = agree)

This section inquires about what you think the majority/society as of today views those who identify with having a mental illness. Examples of a mental illness can include Depression, Anxiety Disorders (PTSD, GAD, and OCD), Bipolar Disorder, Schizophrenia, Borderline Personality Disorders, ADHD, Eating Disorders, and or Dementia.

I think that most people...

56. ...take the opinion of someone who has been treated for a mental illness less seriously

I think that most people...

57. ...consider someone who has been treated for a mental illness to be dangerous.

I think that most people...

58. ...hesitate to do business with someone who has been treated for a mental illness.

I think that most people...

59. ...think badly of someone who has been treated for a mental illness

I think that most people...

60. ...consider mental illness to be a sign of personal weakness.

I think that most people...

61. ...hesitate to entrust their child with someone who has been treated for a mental illness.

I think that most people...

62. ...do not even take a look at an application from someone who has been treated for a mental illness.

I think that most people...

63. ...do not enter into a relationship with someone who has been treated for a mental illness.

I think that most people...

64. ...feel uneasy when someone who has been treated for a mental illness moves into the neighborhood.