CONSTRUCTING MENTAL HEALTH - FACTORY WORKERS' PERCEPTIONS ON ISSUES AND PRACTICES

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ABSTRACT

The study explores how factory workers in New Zealand (NZ) understand, experience, and perceive mental health within industrial workplace settings. Grounded in a critical realist paradigm, a qualitative case study approach with thematic analysis was adopted. Data were collected through semi-structured interviews from three factory workers, enabling in-depth exploration of their lived experiences. The data were analysed using thematic analysis to identify recurring patterns, meanings, and workplace influences shaping mental health perceptions and their mental health issues.

The findings reveal that mental health is predominantly understood by the three participants in functional terms, associated with stability, resilience, and the ability to continue working despite stress, rather than as a holistic concept involving emotional well-being. Workplace culture, particularly masculine norms, strongly influenced emotional expression, promoting silence, self-reliance, and stigma around help-seeking was identified by the participants. Structural factors such as high production demands, limited job control, financial pressures, lack of recognition, and restricted career progression were identified as key contributors to mental distress among the participants. The findings suggested these pressures are often normalised, leading participants to internalise stress and continue working while experiencing emotional strain, sometimes adopting unhealthy coping mechanisms. The participants perceived that communication about mental health is further constrained by power dynamics, fear of judgement, and lack of psychological safety, making disclosure a risky decision. The study also suggests that although organisational support mechanisms exist, they are often perceived as inaccessible or ineffective, resulting in reliance on individual coping strategies. The participants' accounts also helped identify a gap between formal workplace mental health initiatives and the participants' lived realities, suggesting the need for cultural change, improved communication, and more accessible, context-sensitive support systems.

Keywords: Workplace mental health, Factors affecting mental health at work, Productivity, Shift work, Factory workers, Psychosocial risk factors, Workplace culture, Employee well-being, NZ.

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CHAPTER 1

INTRODUCTION

1.1 Context

The perception of mental health in the workplace has dramatically changed in the last few years (Rajabzadeh et al., 2021). The major change has been moving from seeing mental illness as a pathological issue of an individual to a model that recognizes the social and environmental factors that impact mental health. Consequently, the workplace has been considered as a vital social determinant of psychological well-being (Compton & Shim, 2020). The condition of the New Zealand (NZ) work environment is, therefore, affected by a growing emphasis on the total well-being of a person which is backed by the "Mental Health at Work" program and the recognition of employer obligations under the law such as the Health and Safety at Work Act 2015, that deals directly with psychosocial risks along with physical risks (Brabant, 2024).

However, this expansion of knowledge poses a big question on whether mental health is given equal importance in every workplace equally to physical health and safety or is physical health and safety given more priority in some workplaces. For example, Rani et al. (2022) emphasises that organisations in construction have always prioritised physical well-being over mental health. There is a focus on reducing injuries rather than finding solutions to support workers with their stress due to long working hours or increased workloads. Factory workers similarly are prone to various workplace hazards that have an effect on their well-being and their productivity. They are exposed to long working hours, shift work, exposure to harmful chemicals, work in poor conditions, and experience task overload (Seidu et al., 2024). Seidu et al. (2024) also emphasised the need for further investigation into mental health issues of workers to provide an insight into the impact of mental health issues on their overall well-being and thereby productivity. They stated that such investigations will help organisations to provide the necessary support to workers to improve the quality of their life and work.

1.2 Background of the study

The manufacturing and industry sectors remain an important part of the NZ economy (Ministry of Business, Innovation & employment, 2020), but research has increasingly shown that occupational health risks at work not only encompass physical hazards but also have

significant psychosocial stressors (MacDonald et al., 2001; Kortum et al., 2011). While traditional occupational health practice has concentrated on reducing injuries from machinery and hazardous substances, high job demands, low job control, repetitive work, and shift work are now known to be major contributors to chronic stress, burnout, and poor psychological well-being (Harker et al., 2016; Siegrist & Li, 2024). The rise of non-standard and precarious work arrangements further adds to these pressures by undermining work-life balance, reducing social support, and promoting job insecurity (Kalleberg & Leicht, 2021; Walker et al., 2019). Moreover, the dominant cultural values of the blue-collar culture, especially those of stoicism and self-reliance, have come to stigmatize vulnerability and help-seeking, thereby promoting the internalization of mental health stigma (Dunlop et al., 2022). While organizations have implemented programs such as Employee Assistance Programs, their usefulness is often contingent on workers' perceptions and cultural acceptability rather than availability (Kelloway et al., 2023). Thus, there is a need for a more in-depth analysis of the experiences of factory workers with mental health in order to provide contextually appropriate support in the workplace.

1.3 Problem Statement

While the conversation of workplace mental health in NZ is undoubtedly on the rise (OECD, 2018; WorkSafe, 2021), the establishment of support systems seems to be still largely influenced from the top by a managerial perspective based on the Hierarchical Model of Socio-technical Systems by Rasmussen (1997, as cited in WorkSafe, 2022), which does not often reflect the industrial realities. Such an approach deepens the gap between formally approved wellness programs and the real, everyday experiences of workers who are at the factory floor, a place that is distinctively influenced by production demands, physical work, and even more so by the already existing cultural norms. As a result, understanding is deficient among the factory workers regarding mental health concepts, their experience, and the ways they find to cope with it. The separation is large enough that the interventions which are good in intention but poorly aligned with the workers' needs, become ineffective; services that the workers cannot reach or even oppose. Thus, ill-prepared workers remain without the support they deserve, while the resources are being allocated for the solutions which are not at the core of the problem (WorkSafe, 2022).

1.4 Significance of the Study

WorkSafe (2022) states that it is necessary to focus on preventing mental health issues by promoting better work culture, environment, work design, and other factors that influence mental health of workers. Therefore, this research could be considered to be important to help with understanding how factory workers construct issues of mental health in the workplace. It goes through different layers such as academic, practical, and social domains. From an academic point of view, this study will start the effort to fill a research gap in NZ research literature on factory workers and mental health. It aims to provide an outcome that is rich in qualitative meaning providing a foundation to start further research. WorkSafe's (2022) focus is to monitor and manage 13 factors that includes organisational culture, psychological and social support, leadership and expectations, psychological demands. This study can contribute to the basis for this understanding to support factory workers, while also being a step towards discarding the one-size-fits-all wellness models that are currently prevailing. It also aims to give a more nuanced insight of the interaction of the industrial work culture with mental well-being.

1.5 Objectives

To explore how factory workers define and understand mental health in their own words and experience. To investigate cultural norms that shape these perceptions in their workplace.

To identify the specific workplace factors that these workers believe impact their mental well-being. To understand how these challenges manifest and the barriers to discussing them openly.

To examine the formal and informal strategies these workers use to manage their mental health at work. To assess their perceived value, accessibility, and effectiveness of these existing practices.

1.6 Research Questions

How do factory workers define and discuss mental health, and what are the prevailing workplace norms and cultural factors that shape these understandings?

What specific workplace factors do workers identify as the primary causes of mental health challenges, how do these struggles manifest in their daily work lives, and what are the perceived barriers to open communication?

What formal and informal strategies do workers currently use to manage their mental well-being, and how do they perceive the accessibility, effectiveness, and overall value of these support systems?

1.7 Scope of the Study

The study aims to include three factory workers as case studies from a manufacturing organisation in NZ, in order to collect a range of different experiences. The main source of data will be detailed, semi-structured interviews, a method that has been selected specifically to enable elaborate thematic analysis to identify themes that will help in the understanding of complex, sensitive issues as outlined in the methodology chapter.

1.8 Rationale of the Study

The central logic behind this research is the urgent need for a genuine, bottom-up understanding of workplace mental health in an industrial setting, without relying solely on quantitative data and assumptions (Badger, 2023). Although surveys can show the extent of a problem, they are not able to explain an individual's experience that can help explain complex cultural dynamics, unwritten social rules, and subtle language that influence the mental health on a factory floor. Hence, a qualitative method is indispensable to serve as a kind of investigative lens, which is able to open the "black box" of factory culture and disclose the subjective, lived realities of the workers. This research will contribute to a growing but still limited qualitative evidence on the mental health experience of factory workers in NZ.

1.9 Thesis Organisation

The following chapter will start with the literature review that will provide a review of the relevant existing literature related to workplace mental health focusing mostly on industrial settings. The literature review will help in giving a strong background for the thesis along with literature to support the analysis. Next, an explanation of the methodology used for this research will be justified along with the ethical considerations in the methodology chapter. This will be followed by a clear account of the findings. A case study of each participants' account is explained followed by the themes found through thematic analysis for that participant. The next chapter discusses the findings of the case study and thematic analysis to answer the research questions. Lastly, the conclusion summarises the main findings, reflects

on what the research contributes to knowledge and practice, acknowledges its limitations, and suggests directions for future research.

1.10 Summary

This thesis aims to examine how factory workers in NZ perceive, understand, experience, and cope with mental health issues in their workplace. It also aims to understand the discrepancies between organisational mental health policies and the lived experiences of employees. It will review the literature on mental health, workplace mental health, culture, and psychosocial hazards. The thesis will also analyse the data collected, review it, discuss it with the existing literature, and provide suggestions for future research.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

All around the world, mental well-being at work has become an important aspect of health, both for researchers and policymakers. Well-being at work is not just about physical safety now; it focuses on a holistic approach that includes emotional and psychosocial well-being. This was emphasised by the World Health Organisation (WHO, 2022), which highlighted the relationship between an employees' productivity and their mental health. WHO (2022) stated that promotion of mental well-being can be done by providing a safe and healthy environment, which in turn can help improve productivity. In contrast, an unsafe and unhealthy work environment can impact both the mental well-being of an individual and their ability to be productive. Though this statement is quite significant, it portrays mental health as related to loss in the economy rather than loss in an individual's well-being. The focus on productivity fails to reflect the moral and social aspects of mental well-being at work. A large proportion of an individual's life is spent at work, and thus the International Labour Organisation (2022) emphasised that providing a safe and healthy environment is important.

WHO (2024) also states that 60% of the total global population constitutes the working class and that 15% of working adults are living with a mental disorder. Although these data help us in understanding the severity of mental disorders among working adults, they do not identify the industries in which these adults were employed. Statistics from WHO (2024) also show that more than one trillion US dollars is lost every year due to the reduction in productivity, which is due to an estimated loss of 12 billion working days every year to anxiety and depression. According to Statistics NZ (2019), one in five NZ workers reported being stressed at work in 2018. Statistics from WorkSafe NZ (2024) show that 30% of workers experienced some kind of well-being or mental health issue that was related to work. In 2020, a survey done by Southern Cross Health Insurance and Business NZ showed that NZ lost NZD1.85 billion due to the loss of 7.3 million working days because of absenteeism. In 2023, an Umbrella Well-being Report, which included 7,000 NZ workers, showed that there was an increase from 10% in 2021 to 14% in 2023 in workers who felt pressured to work long hours; 43% of them felt that the workload was too much and hence neglected some of their work, while 44% of them worked very hard to achieve their deadlines (Umbrella, 2023). It also shows that those who reported increased workloads had twice the chance of experiencing

significant levels of mental distress and three times the chance of intending to leave their jobs within six months (Umbrella, 2023). Though this quantitative data records the economic losses, it fails to capture the experiences of the workers behind these numbers.

The discussions around the world on mental health, well-being, and work are thus often determined by policies or frameworks that do not focus on variations in the environment or the hierarchy. It is therefore important to understand the experiences of factory workers and how they understand mental health, rather than only recognising the risk factors for poor mental health in factories, in order to help frame policies, frameworks, and organisational structures and culture accordingly.

2.2 Statement of the problem

As mentioned earlier, though mental health has been acknowledged and has evolved to be a critical dimension of well-being in workplaces, there has been very little focus on the individualistic experiences of workers in factories. Bialowolski et al. (2023) noted that though the industrial workforce is necessary for the growth of the economy, working conditions can have negative impacts on workers' well-being and life. Along with this, Shankar and Famuyiwa (1991) provided a list of risk factors associated with workplace stress, such as poor illumination, heat, noise, increased physical exertion, job insecurity, the hierarchical level of employment, work overload or underload, and career expectations. They also included role ambiguity and role conflict along with interpersonal conflict that arises due to leadership styles, pressure among the group they identify with, and compatibility. Finally, insufficiency in job qualities such as opportunity for self-utilisation, self-development, value, and autonomy were also identified. Along with the above identified factors, WHO (2024) included work schedule, lack of influence over job design and job description, violence, bullying or harassment, discrimination, and conflict between work and home demands as other risk factors for mental health problems at work.

The findings of Shankar and Famuyiwa (1991) on risk factors were from an era of urbanisation and industrialisation. The question was therefore raised whether the risk factors identified remain suitable in the present day, where globalisation, casualisation, and automation are redefining industrial work. Further investigation of the literature showed studies such as those by Dong et al. (2017), Wang et al. (2023), and Lu et al. (2020), also support the finding that these risk factors lead to mental health issues. They related physical, biological, chemical, and other risk factors to issues such as anxiety, depression, burnout, and

job stress. Though this connection is established, it is necessary to understand the interaction between institutional power, social identity, and job insecurity in the current factory environment. Also, the question arises as to whether the approach towards mental health issues needs to be considered as an individual worker's issue, or whether it is the result of poor structure and management.

In addition, a study by (Dartey et al. (2023) shows that job stress could cause different physical issues such as cardiovascular issues, occupational injuries, metabolic disorders, and musculoskeletal issues, which could lead to poor quality of life. Research by Ornek and Esin (2020) and Dartey et al. (2023) also shows that there are distinct outcomes in relation to the organisation, such as reduced motivation, increased absenteeism and presenteeism, reduced job performance, quality of work, and productivity. These outcomes can thereby increase resignation and employee turnover and reduce productivity.

Thus, this literature review aims to further investigate the past and current evidence on the mental health of factory workers around the world, to set the basis for this study in NZ. The review will define different structural factors that could contribute to the mental health risks associated with a factory environment. It will also explore the effects mental health problems have on workers and their workplaces, how gender, migration status, race, and socioeconomic status intersect with the outcomes of mental health among workers, and interventions and supports. This literature review will thereby provide a background and literature to help with the analysis of this study.

2.3 Definitions

2.3.1 Mental health versus Mental disorder or illness

Mental health is defined by WHO as "a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities" (WHO, 2022, p. 8). It is also stated that mental health is an intrinsic part of health and well-being and is not just the absence of any mental health disorder. This definition becomes significantly relevant within the context of factories where different factors affect the mental health of workers, such as increased physical demands (Lu et al., 2020), role conflict and role ambiguity (Shankar & Famuyiwa, 1991), and repetitive work structure (Dong et al., 2017). This emphasises the importance of moving away from the usual definition of mental illness when dealing with workplace mental health issues.

LaMontagne et al. (2014) commented that this definition opposes the claim that mental health is important at work by relating mental health to productivity and economy rather than to the well-being of the individual. This suggests that a holistic approach is necessary to understand mental health at work and to include ways to reduce risks, build resilience, and improve support within the workplace.

Mental disorder or illness can be distinguished from mental health by identifying significant changes in cognition, emotional regulation, and behaviour of an individual (WHO, 2022). Lu et al. (2020) and Ornek and Esin (2020) state that though job stress, psychological strain, and burnout experienced by factory workers cannot be diagnosed as mental illness, they do emphasise that the mental health and job performance of the worker are affected. Thus, taking this into consideration, it is necessary to include distress, mental fatigue, and other psychosocial hazards when defining or diagnosing mental illness and impacts associated with it.

2.4 Psychosocial Risks

Psychosocial risks were defined by the ILO and WHO in 1984 as the connections between and amidst the work environment, work content, conditions at the organisation, capacity of the worker, the culture, needs, and other personal considerations that affect the health, job performance, and satisfaction of the worker through experience and perceptions (ILO, 2016). Fernandes and Pereira (2016) argue that psychosocial risks remain a significant challenge within workplace well-being. They stated that this could be due to the constant changes and growth in organisations that have an impact on policies, organisations, communities, and people. Some psychosocial risks identified are job demands, social relationships, job–individual interface, leadership, organisational values, offensive behaviour (Fernandes & Pereira, 2016), workload, work schedule, control, organisational culture, career development (Amponsah-Tawiah et al., 2016), increased work pace, and lack of autonomy (Pousa & Lucca, 2021).

Fernandes and Pereira (2016) also identified that these psychosocial risks are associated with poor and destructive leadership practices that focus on productivity and efficiency over well-being. This impacted the psychosocial environment of the organisation in a harmful way. For example, factory workers in a Bangladesh garment factory experienced long working hours, maximum production targets, fear of job loss, no or few breaks at work, only a few weekends off, and mandatory overtime (Kabir et al., 2023). These risks are mostly seen as challenges in

operations rather than as indicators of poor organisational structure. According to Fernandes and Pereira (2016), good and effective management could have helped these workers develop and perceive a healthier and improved psychosocial environment.

The study by Kabir et al. (2023) is also an example of how poverty and gender can increase vulnerability to exposure to psychosocial risks. This raises the curiosity and the need to explore the same within developed countries like NZ. Industries in NZ and their workers can face different challenges and may not be related to economic pressure, but could share similar patterns in organisational control, job insecurity, or career development. NZ is also a country with broad ethnic diversity, and according to Fernandes and Pereira (2016), ethnicity and socioeconomic status of employees are considered two important factors that can influence the perception of psychosocial factors. Hence, it is important to consider this when conducting this study.

2.5 Physical Environment

Studies such as those by Russo et al. (2019) and Carrino et al. (2022) have acknowledged that the physical environment — poor posture, chemical exposure, lighting, noise, and temperature are risk factors that can affect the mental health of workers. Though the physical and psychological factors are studied, their relationship is not well established in most studies. Noise is said to be associated with disruption to sleep, headaches, annoyance, depression, and suicidal considerations (Stansfeld & Matheson, 2003; Yoon et al., 2014). While Yoon et al. (2014) established that this association was not reduced when adjusted for personal characteristics such as BMI, alcoholism, age, and smoking habits, or social characteristics such as occupation, education, or income, Russo et al. (2019) raised the question of whether any other environmental factors affected the mental health of workers.

Lin et al. (2014) found that there was a correlation between past chemical exposure and depression and anxiety among older retired workers, but the mechanism behind this was not established. Similarly, heat exposure and mental distress were also related even after being adjusted for personal and social characteristics; however, the study could not directly confirm that the mental distress arose as a result of heat exposure (Russo et al., 2019; Tawatsupa et al., 2010).

2.6 Job Insecurity

Organisations have to adapt to changes in the economic and social environment and implement changes including labour layoffs (Huang et al., 2013; Lee et al., 2018; Muñoz Medina et al., 2023). These changes resulted in workers experiencing increased levels of job insecurity (Wilson et al., 2020). Job insecurity has been conceived as both a multidimensional and a unidimensional construct. The multidimensional aspect addresses not only the loss of a job but also the loss of other features of a job such as personal development, while the unidimensional aspect focuses only on job loss (Muñoz Medina et al., 2023).

Helbling and Kanji (2018) and Schnall et al. (2017) identified the relationship between job insecurity and life satisfaction and depression among workers. Helbling and Kanji (2018) found that there was a scarring impact of subjective insecurity (referring to an employee's feelings regarding their job) that was similar to that found among unemployed employees. This was of concern as it had a negative impact on young individuals and is beyond the impact of objective insecurity (referring to conditions of fixed-term contracts). Though this was established, the study did not analyse the reason behind why subjective insecurity had a greater impact than objective insecurity. This was contradicted by Brooks and Greenberg (2022), who stated that job insecurity was a strong predictor of fatigue, and that insecurity experienced by contract or temporary workers was a contributing factor for depression.

The study by Helbling and Kanji (2018) included the fact that job insecurity does not affect educated and uneducated employees equally and acknowledged gender differences; however, it did not analyse those gender differences, nor did it include competitive work cultures, constantly changing employment norms, or global economic stability. It did mention that education acted as a protective factor against insecurity.

The study by Law et al. (2020) emphasised that there are other factors that can affect the mental health of young workers, stating that job insecurity is one among various other job stressors that can have a negative impact. Job insecurity in this study was also included as one of the poor psychosocial conditions at work associated with poor mental health. Similarly, Chan et al. (2020) mentioned job insecurity as one of the risk factors related to welfare, thereby indicating increased levels of anxiety. This study also contradicted the finding that young workers were more affected by job insecurity, as suggested by Helbling and Kanji (2018) and Law et al. (2020), by stating that older employees were more concerned about job insecurity, as young people had more knowledge and skills associated with the

latest technologies. Lim et al. (2017) and Chan et al. (2020) also found that married employees have increased job insecurity in relation to the welfare of the family, financial burden, and the need to care for the family.

2.7 Social and Cultural Factors

The work-related factors are seen to play an important role in influencing mental health problems, whereas the social and cultural factors could increase the risks by intensifying them, based on the definition of social determinants by Falgas-Bague (2023). Social determinants of health are defined as the non-medical factors that influence health outcomes. These include age, gender, socioeconomic status, education, ethnicity, and stigma (Falgas-Bague, 2023).

Mahmud et al. (2018), Kabir et al. (2023), and Shamsi (2024) establish that female employees in garment factories in Bangladesh experienced multiple social factors such as gender discrimination, sexual harassment, financial hardship, living away from family, social isolation, lack of social support, and poor living conditions. These studies also included work factors such as repetitive tasks, increased job demands, low income, and work location, and identified that these might be the reason for mental distress, stress, boredom, anxiety, lack of sleep, fear, and sadness. This acknowledges that work factors caused the mental distress while the social determinants increased the risk of mental distress.

However, studies on migrant workers by Sterud et al. (2018) and Mucci et al. (2019) demonstrate how socio-environmental factors such as discrimination due to gender or ethnicity, loss of social status, and family separation increased the risk of anxiety, psychotic disorders, and post-traumatic disorders. These studies also included the strenuous and dangerous jobs migrant workers performed without any social or legal protection. They were also exposed to work factors such as low income, poor quality of work, and long working hours, which were seen to influence mental health problems. These studies stated that working conditions act as a prospective mediator between migrant workers and mental distress; however, this was not established, in contradiction to the above finding where work factors were identified as the reason for mental health issues.

Organisational culture is said to affect the happiness of employees and their job satisfaction significantly. Aldamman et al. (2019) and Monteiro and Joseph (2023) associate supportive work environments with achieving increased levels of job satisfaction, productivity, and

better psychological outcomes for workers. They suggested this supportive environment could be provided by developing a friendly team, encouraging healthy conversations, personal development, work–life balance, and providing purpose and meaning to the work of an employee while acknowledging their contribution. This can be achieved through good leadership, according to Follmer and Jones (2018), who suggested that mental health and well-being can be improved if leaders are open, respectful, and supportive. On the contrary, critical, dictatorial, and careless leaders tend to develop a toxic work environment that can be detrimental to employees' mental health (Follmer & Jones, 2018).

Similarly, a toxic environment or unfavourable organisational culture is seen to have harmful effects on both employees and the business (Boudreau, 2022; Colquitt et al., 2007; Lutgen-Sandvik et al., 2007; Monteiro & Joseph, 2023). Boudreau (2022) and Monteiro and Joseph (2023) argue that an unsatisfactory work environment increases stress, encourages toxic behaviour, anxiety, sadness, and conflict among employees, which can result in poor mental health. Lutgen-Sandvik et al. (2007) and Colquitt et al. (2007) explained that this impact on mental health can lead to attrition, absenteeism, and reduced organisational performance. It also affects how workers perceive loyalty, trust, and justice in relation to the organisation. These studies also associate poor organisational culture or a toxic environment with poor leadership, bullying, or employees being valued only for their productivity. This is relevant within the context of factories where repetitive work, long working hours, a focus on production, and fear of losing one's job are common (Dong et al., 2017; Kabir et al., 2023).

2.8 Stigma and Mental Illness

Stigma is considered one of the biggest barriers to mental health support and is seen to affect all aspects of life, including work (Szeto & Dobson, 2010). It is a multi-factorial concept that includes social exclusion, discrimination, labelling, loss of status, and stereotyping (Link & Phelan, 2001). A study by Hogg et al. (2023) shared that stigma can be noticed from the social environment, can be self-labelled, or can come from healthcare professionals. The consequences of this can include social rejection, reluctance to seek help or treatment, and low self-esteem, and can affect those who are associated with the stigmatised individual. New Zealand is one of the countries that led the way in developing and implementing anti-stigma initiatives among the public to reduce stigma (Szeto & Dobson, 2010).

Duckworth et al. (2024), in their systematic review, observed that the construction industry — which is mostly dominated by male staff, had standards regarding masculinity that

prevented workers who were suffering from seeking help. The masculine cultures tend to focus on toughness, self-reliance, dominance, emotional restriction, and discrimination towards sexual minority groups. Confirming this, the review found that construction workers who suffer from mental health issues saw themselves as incompetent and weak, and felt ashamed, thus avoiding seeking help by not participating in health promotion programs or calling in sick. Roche et al. (2016) suggested that though women had increased prevalence of mental health issues compared to men, lack of knowledge on health among men could be the reason why they are less likely to seek support from their doctor, use mental health support services, or discuss matters related to mental health.

Likewise, Ran et al. (2021) shared that stigma associated with mental illness is also experienced across different cultures and societies. Cultural factors play an important role when stigma is considered. Culture shapes the beliefs, attitudes, and values in relation to mental health. Mental health problems are considered a burden in some cultures because people with mental illness are considered dangerous, strange, out of control, and unpredictable. The stigma and shame felt by men was also experienced by individuals from some Asian cultures in the context of maintaining social image, social capital, and social value. Ran et al. (2021) also observed that in some cultures, mental illness is associated with family issues, issues with spirituality, and poor moral character. Individuals with mental illness were considered unworthy of respect and dignity, leading to self-stigmatisation. They also emphasised that this could lead the whole family to experience mental distress.

Ran et al. (2021), Hogg et al. (2023), and Soeker et al. (2024) argued that organisations hesitate to hire individuals with mental illness due to stigmatising behaviours. Soeker et al. (2024) stated that this stigmatising behaviour created a barrier to applying for jobs. Hogg et al. (2023) and Soeker et al. (2024) also demonstrated that disclosing mental health problems led to discrimination and created a barrier to career growth and promotion. They also observed that individuals were worried about gossip and exclusion at work. It was also found that stigma was a contributing factor to healthcare services or employee assistance programs being underutilised at work (Hanisch et al., 2016).

2.9 Impact of Mental Health Problems on Employees and Workplace

It has been established by the literature above that various work, and socio-cultural factors have an effect on the mental health of an individual. This section will review the impact of mental health problems on the work of an employee and their workplace.

2.9.1 Productivity

The WHO (2022) definition of mental health associated increased productivity with good mental health of employees, and WHO (2024) statistics (discussed earlier in the introduction) explained the relationship between reduction in productivity, economy, and depression and anxiety. Ornek and Esin (2020) and Dartey et al. (2023) observed productivity as an impact of the symptoms of workplace stress. Research by de Oliveira et al. (2023), Kelloway et al. (2023), and Seidu et al. (2024) demonstrated a definitive relationship between reduced productivity and poor mental health. De Oliveira et al. (2023) defined lost productivity as a loss in both absenteeism and presenteeism.

The fundamental idea that businesses may boost productivity by investing in employees' growth and establishing a positive work environment is widely accepted, but the precise mechanisms, particularly concerning mental health, need to be carefully examined (Ahmed, 2020). Ahmed (2020) highlights that employee mental health has a substantial impact on both individual and organisational productivity, yet because of enduring stigma, these problems frequently go unreported and untreated, which lowers output. Comparing public and private sector organisations, this study finds that while jobs in the private sector are frequently more demanding and stressful, which can harm mental health and cause performance to decline when stress reaches a threshold; the more relaxed public sector environment demonstrates that psychological well-being does not pose the same threat, leading to the conclusion that workers who were happy perform better. This emphasizes how crucial good physical and mental health are for retention and high performance, indicating the necessity of routine interventions to evaluate mental health and create plans that strike a balance between institutional pressures and high-performance expectations (Ahmed, 2020).

When looking at particular high-pressure industries such as transportation and construction, where mental health conditions like depression and anxiety are common and have a direct influence on worker productivity, the emphasis on well-being is further highlighted (Rouhanizadeh & Kermanshachi, 2021). Work pressure, emotional and physical demands, and bullying and harassment were found to be the top three causes of these problems. It also showed that supervisor support and good communication among co-workers are effective ways to reduce these problems and their negative effects (Rouhanizadeh & Kermanshachi, 2021).

2.9.2 Absenteeism and Presenteeism

de Oliveira et al. (2023) found that among mental disorders, depression was most common, followed by anxiety, and there was a positive association with absenteeism, while Kelloway et al. (2023) noticed that when comorbidity was present, increased and more severe symptoms were seen, including increased absenteeism, compared to those with only depression or anxiety. Bipolar disorder, drug abuse, and severe depression were the main conditions also related to lost working days. However, in comparison, the presence of anxiety or depression alone was seen to increase presenteeism (Kelloway et al., 2023).

Employee health conditions are important problems that affect not just the individual but also businesses and society by affecting medical expenses and overall productivity; the main indicators of this impact are presenteeism and absenteeism (Nawata, 2024). A complex network of predictors for long-term absenteeism was uncovered by a large-scale analysis of over 15,000 observations from a major corporation. These included not only physical health markers such as diastolic blood pressure, HbA1c, and smoking status, but also psychosocial factors such as high workload, fatigue, and irritability. Environmental factors such as seasonal changes were also found to be significant (Nawata, 2024). Beyond these personal and environmental factors, workplace culture — specifically stigma and discrimination related to mental illness, emerges as a significant contributor to presenteeism and absenteeism, particularly among vulnerable groups such as postgraduate researchers, where unfavourable work environments have a direct negative impact on attendance and productivity (Berry et al., 2021).

Examining Common Mental Disorders, which have been demonstrated to result in considerable loss of work productivity, reveals the serious economic ramifications of these problems. Importantly, studies show that presenteeism, being at work but not working fully, is frequently a more costly productivity drain than absenteeism, even though both can be considerably reduced with treatment for these conditions (Kondapura et al., 2023). Additional research on the causes of these behaviours reveals that personal stigma is a major contributor to absences, and that a personal or family history of mental health problems considerably raises presenteeism and absenteeism (Monroy & Michel, 2024). The relationship is nuanced, though, as presenteeism was correlated with both business size and family openness. However, the most promising result is that therapy is linked to a significant decrease in

presenteeism of at least 36 percentage points, indicating a clear pathway to rehabilitation and intervention (Monroy & Michel, 2024).

2.9.3 Employee Turnover and Intention to Leave

Ramadhanty (2025) explains that the relationship between employee turnover intention and job stress is a complicated issue. Job stress is said to occur when employees are unable to cope efficiently with job demands, and leads to various negative mental, physical, and emotional outcomes. These can include anxiety, burnout, low job satisfaction, reduced commitment to the workplace, and intention to leave. Environments with increased stress often develop feelings of frustration and helplessness, making leaving an escape route for employees.

Maintaining employee well-being, which includes both physical and mental health as well as a healthy work–life balance, is crucial for organisational stability, particularly during times of global crisis that increase workplace stress (Elrayah & Zakariya, 2023). This study found that workers' views about their physical and mental well-being, as well as their work–life balance, have a direct and substantial impact on their performance levels and intentions to leave their current jobs (Elrayah & Zakariya, 2023). This dynamic is especially noticeable in high-stress occupations, where turnover can be primarily caused by the workplace.

Such difficulties have an impact not only on healthcare but also on other sectors such as hospitality, which has been severely affected by the pandemic. In contrast to their furloughed counterparts, working employees reported higher levels of psychological distress and increased drug use, according to the study by Bufquin et al. (2021). Increased inclinations to change careers were directly predicted by this anxiety. Additionally, there was a widespread desire to work in other industries, indicating significant instability in the sector (Bufquin et al., 2021). Expanding on this, a more thorough examination of the hotel sector by Baquero (2022) revealed that employment uncertainty was the main predictor of desire to leave. This link was complicated with psychological discomfort and resistance to changing, serving as important mediating factors. This implies that job instability does more than force workers to quit; it first induces psychological distress and a resistance to further change, which ultimately leads to the decision to do so. This suggests that in order to reduce turnover, performance management must take a more comprehensive approach that addresses the underlying reasons for resistance (Baquero, 2022).

When taken as a whole, these studies show a consistent and effective route to employee attrition that cuts across industries and triggers. Negative psychological states — such as stress, burnout, anxiety, or general distress — are the primary mediating factors that convert unfavourable workplace conditions into a specific intention to leave, regardless of the catalyst: broad organisational policy, direct workplace violence, a global health pandemic, or acute job insecurity.

2.9.4 Employee Performance

The importance of the relationship between employee mental health and job performance has significantly intensified with the psychological fallout from global emergencies such as the COVID-19 pandemic (Chen et al., 2022). Such crises have a profound negative impact on employees' psychological status, which in turn directly and adversely affects their performance output (Chen et al., 2022). The qualitative study by Hennekam et al. (2020) provides a detailed perspective on this impact, revealing that individuals with mental health conditions often perceive a direct reduction in their job performance, manifesting as lower quality of work, a slower operational pace, and an increased frequency of mistakes. This performance decline is further complicated by the diverse coping strategies employees employ. Maladaptive strategies, such as substance abuse, self-harm, or suppressing symptoms and forcing oneself to work while unwell, create a cycle that further affects performance. Conversely, adaptive strategies — including accepting one's condition, taking necessary time off, seeking medication or counselling, practising mindfulness, humour, and maintaining transparent communication — can mitigate the negative effects and support better performance outcomes (Hennekam et al., 2020).

Drawing on data from Chinese firms, Lu et al. (2022) demonstrated that positive employee mental health fosters greater innovative behaviour and higher work engagement, which in turn act as powerful catalysts for enhanced job performance. This finding is particularly significant as it extends the understanding of this pathway into an emerging economy context and provides a more nuanced model for organisations seeking to improve performance by first investing in mental well-being. The performance conversation also extends beyond simple output metrics to the pervasive issue of presenteeism. Dysfunctional presenteeism, defined as reduced productivity while at work due to health problems, is a major source of hidden costs for employers. Though both physical and mental health issues significantly predict the probability of this phenomenon, the effects of mental illness are often more severe

and detrimental to on-the-job productivity than those of physical ailments (Bryan et al., 2022).

This complex interplay of factors underscores that simply acknowledging the link between mental health and performance is insufficient. While studies continue to explore moderating factors, such as the role of servant leadership, which was not found to be significant in one study, the core message remains clear (Chen et al., 2022). The pathway to high performance is paved with positive psychological states. When employees are mentally healthy, they are more engaged, more innovative, and better able to perform their roles effectively without resorting to harmful coping mechanisms or suffering from the productivity drain of presenteeism. Therefore, for enterprises aiming to improve performance, especially in the wake of major crises, the evidence supports a strategic focus on fostering a supportive environment that actively cultivates employee mental health as a driver of organisational success (Chen et al., 2022).

2.10 Interventions

Interventions related to workplace mental health are organised in a three-tiered prevention model — primary, secondary, and tertiary — that corresponds to different stages of mental health vulnerability. Primary prevention interventions are those created for the whole workforce with the purpose of reducing the occurrence of mental health conditions by reducing general risk factors. In this area, interventions that increase employee control — for example, the implementation of problem-solving committees or permitting self-scheduling of shifts — have demonstrated effectiveness in improving psychological well-being; however, the evidence comes from moderate-quality reviews without randomised controlled trials (Egan et al., 2007; Joyce et al., 2010). Similarly, although the positive influence of physical activity on mental health has been established, the results of workplace-based programs are inconsistent: aerobic exercise may lower anxiety levels but can have only a very limited impact on occupational outcomes such as absenteeism, and this inconsistency is usually attributed to the lack of clarity regarding the specific type and intensity of exercise (Bhui et al., 2012; Brown et al., 2011). A large general category of Workplace Health Promotion, which addresses both physical and mental health, is also producing an ambiguous pattern of results, with systematic reviews reporting only a weak association with improved mental health and concluding that more research is necessary to establish which components are more beneficial (Osilla et al., 2012).

Secondary prevention strategies emphasise the early detection of symptoms and risk factors and the indirect referral of at-risk workers, with the aim of preventing the development of a clinical disorder. For example, workplace screening can be a powerful tool but depends on the existence of a strong support system after the screening. Research shows that with after care management by phone, patients who were screened show reduced depression and improved job retention; however, concerns about the possibility of harm such as false positives and increased stigmatisation of the screened group remain high (Wang et al., 2007). Studies on workplace counselling have shown that it yields positive results, including a decrease in sickness absence rates; however, the findings are somewhat limited due to weaknesses in the methodology of the primary studies, notably a bias towards client satisfaction rather than the use of clinically validated measures (Pannell, 2009). There is moderate to large evidence in favour of stress management programs, especially those that employ the principles of Cognitive Behavioural Therapy (CBT). Reviews consistently conclude that CBT, which focuses on changing maladaptive thought patterns, is more effective in reducing symptoms than other approaches such as relaxation or meditation (Bhui et al., 2012). Nonetheless, an important and recurring point in the critique of secondary interventions is that changes in symptomatology are more often not accompanied by a significant improvement in occupational outcomes such as absenteeism.

Tertiary prevention includes procedures such as therapy and rehabilitation services for staff members who have received a formal diagnosis and have a confirmed mental health disorder. Investigation results suggest that CBT can bring about significant positive changes in facilitating return to work when the therapy is embedded within a formal return-to-work (RTW) program and the patient is given the opportunity to explicitly discuss work-related difficulties (Corbière & Shen, 2007). For example, in cases of PTSD, exposure therapy has been found to be effective, with one review reporting that 85% of subjects were able to return to work, although the research on which this conclusion is based remains limited (Stergiopoulos et al., 2011).

Regarding medication, a Cochrane review reveals that antidepressants manage symptoms effectively but do not reduce the rate of sickness absence among depressed workers, creating a disconnect between clinical recovery and occupational functioning (Nieuwenhuijsen et al., 2010). The consistent focus across all levels of prevention on recovery leading to work re-engagement illustrates a key point: the successful transfer of symptom relief to visible

improvements at work is most likely when intervention is directly targeted at the level of functionality and the particular context of the employee's working life (Nieuwenhuijsen et al., 2010).

2.11 Mental health at work in New Zealand

The mental health environment of New Zealand workplaces has been influenced by various factors including its bicultural foundations, Māori as Tangata Whenua, advanced health and safety legislation, and different challenges across industries (OECD, 2018; WorkSafe New Zealand, 2022). Studies in this field demonstrate the interaction of cultural identity, organisational practices, and socioeconomic conditions that affect the psychological health of the New Zealand workforce.

A fundamental study by Brougham and Haar (2013) involved a survey of 336 Māori employees and showed that workplace collectivism significantly predicted better mental health outcomes and accounted for about one-fifth of the total variance in anxiety and depression levels. In other words, when Māori employees are allowed to work in a way that is consistent with their cultural values of community and shared purpose, their mental health improves. Moreover, the research uncovered the influence of cultural knowledge and language as moderators: the highest levels of depression occurred at the lowest levels of cultural knowledge when collectivism was high, and the lowest depression and anxiety were found when combining the highest levels of cultural knowledge and language skills. By analysing the interaction between these three variables, the researchers found that among Māori workers, those who reported low levels of anxiety were the ones who experienced a high degree of collectivism in the workplace as well as either strong cultural knowledge or good cultural language skills. Together, these results emphasise the vital role of not only recognising but also actively involving cultural identity and the principles of collectivism in the organisation of the workplace as a means of supporting the mental health of Māori employees (Brougham & Haar, 2013).

2.12 Comparative Analysis (Between Blue Collar and White Collar)

Workplace mental health as presented in the existing literature constitutes a complicated environment whose central factor is the type of work (blue-collar vs. white-collar). This factor, as evidenced in research (Elser et al., 2019), impacts the stressors employees are subjected to, how mental health conditions develop, and which interventions yield better

results. Although on the surface, conditions like anxiety and depression seem to be shared by both groups, the routes towards such outcomes and their final influence on work are quite different.

One of the significant differences can be found in the type of major stressors that predominate. Blue-collar workers — for example, factory workers or construction workers — are more likely to be affected by physical and environmental psychosocial risks. Shankar and Famuyiwa (1991), supported by more recent studies, showed that these risks include poor lighting, noise, heat, exposure to chemicals, and the physical demands of repetitive work (Carrino et al., 2022; Russo et al., 2019). These workers' lives are often dominated by fast-paced work, long hours, and shift work, which, according to Kayaba et al. (2021), are the main causes of insomnia and poor work performance. White-collar employees, on the other hand, are exposed to stressors that are more cognitive and psychosocial than physical. Tijani et al. (2021) mentioned time pressure, work overload, and role ambiguity as the major problems faced by project professionals, while Lu et al. (2022) referred to job insecurity and family–work conflict. The causes of stress for white-collar workers are usually high cognitive demands, interpersonal conflicts, and lack of job control rather than direct physical hardship.

Such different stressors result in differences in how mental health disorders develop and affect productivity. For blue-collar workers, the connection between mental distress and measurable outcomes is usually direct and strong. Kayaba et al. (2021) found that the correlation between symptoms of insomnia and an increase in workplace accidents and absenteeism is pronounced, which poses a serious problem in situations where physical safety is the most important concern. In addition, Tijani et al. (2021) pointed out that substance use disorder (SUD) is a major issue and that workers may use it as a means of coping with monotonous or physically demanding labour. The loss of productivity is most evident in tangible terms: absenteeism and lowered output due to physical incapacity and errors.

White-collar workers show productivity loss most often through presenteeism. As per Hennekam et al. (2020) and Bryan et al. (2022), this can be explained as a decrease in the quality of work, creativity, and speed of work, as well as worker disengagement. Even though absenteeism is present, the hidden cost of employees being physically present but mentally unproductive is a bigger loss in these roles (de Oliveira et al., 2023).

The organisational culture of each type of work also results in a significant difference in the perception and handling of mental illness, especially when examined in terms of stigma. The culture of masculinity, characterised by attributes of being strong, self-sufficient, and not showing one's feelings is usually dominant within blue-collar sectors such as construction and manufacturing (Duckworth et al., 2024). Individuals affected by these norms become very hesitant to seek help, as they may consider a mental illness a personal weakness, resulting in feelings of shame and the avoidance of support (Roche et al., 2016).

Stigma is also present in the white-collar world; however, its character is distinct — less focus is placed on physical toughness and more on professional competence, which is thought to be affected (Hogg et al., 2023; Soeker et al., 2024). According to them, white-collar workers may be concerned that revealing a mental health issue could result in discrimination, slow career progression, and cause damage to professional reputation. The distinction between the different roots of stigma is important when it comes to the effectiveness and specificity of interventions.

2.13 Research gaps

Although the literature has been clear about a wide range of risk factors that contribute to deteriorating mental health conditions worldwide and has also highlighted the detrimental economic effects of these risk factors (Shankar & Famuyiwa, 1991; WHO, 2024), there is still a significant gap in understanding how the unique sociocultural environment of New Zealand and the detailed, in-depth experiences of factory workers affect their mental health. The majority of studies on this topic neglect the moral and social facets of an individual's well-being, considering mental health solely as an economic problem (LaMontagne et al., 2014). There is a dearth of studies on topics relating to the factory environment, despite studies conducted in New Zealand that highlight the problems in male-dominated industries such as construction (Duckworth et al., 2024) and provide meaningful modifications of practices for Māori (Brougham & Haar, 2013). Given that social identities such as gender, migration, and ethnicity may interact to compound the impact of workplace psychosocial risks, this gap is concerning (Kabir et al., 2023; Sterud et al., 2018). Effective worker-centred interventions are difficult to develop because the question of whether mental health issues are the result of organisational systemic failures or individual causes has not yet been addressed from the perspective of factory workers in New Zealand (Fernandes & Pereira, 2016).

CHAPTER 3

RESEARCH METHODOLOGY

This chapter outlines the research methodology employed in this study, explaining the philosophical foundations, methodological choices, and procedures used to investigate factory workers' perceptions and experiences of mental health.

3.1 Research Paradigm

This study is situated within a critical realist paradigm. Critical realism (CR), developed by Bhaskar (1975), is a philosophical framework that is used as an alternative to interpretivism and positivism. CR gathers on the strengths of both the objectivist inquiry of the measurable facts and the subjectivist emphasis on socially constructed meaning, rather than aligning them separately and exclusively (Danaeefard et al., 2025; Sherman, 2025). Thus, CR uses both constructivist and positivist approaches to provide a comprehensive account of ontology and epistemology and argues that the external reality lies both in natural and social environment (Lawani, 2021). This study aims to understand what was experienced and observed by the participants, the factors such as the pressure, culture, and workplace systems that shaped their experiences, and the generative mechanisms and structures that produce the events (Fletcher, 2017). CR also does not require large samples or statistical generalisations (Fletcher, 2017) and the aim of this study is not to show that the findings can be applied to all factory workers but to identify patterns that could be explained and could be used in future research.

Figure 1 Research design

3.2 Methodology

A qualitative methodological approach was employed to investigate factory workers' perceptions and experiences of mental health.

The aim of this study is to develop an understanding of how mental health is conceptualised and experienced by factory workers, rather than to measure prevalence or test hypotheses. Given this focus on subjective meaning, a qualitative approach was considered the most appropriate. Qualitative research generally enables deep investigation of a social situation or a personal experience through interviews, detailed observations, and the gathering and analysis of non-numerical data. The emphasis is on the intricacies of human experiences, behavior, and culture (Mohanasundari et al., 2023).

3.2.1 Case study design

Among the various strategies in qualitative methodology, a case study design is appropriate for this research. The origins of this design are in medicine, law, and psychology (Renjith et al.,, 2021).Case studies focuses on in-depth analysis and description of the case(s) or on the issues described by the case(s). The case study design also helps in highlighting the different viewpoints of the participants. It also enables the researcher to investigate the phenomenon

closely within a specific context (Ebneyamini & Sadeghi Moghadam, 2018). Documents, artefacts, and one-on-one interviews are used to collect data for case studies.

In this study, the "case" consists of factory workers' experiences of mental health within their workplace settings. The case study design enabled the researcher to capture multiple perspectives across different organisational roles while remaining attentive to contextual factors such as workplace culture, hierarchy, and economic pressures. This flexibility made the case study approach well suited to the research aims and philosophical positioning of the study.

3.2.2 Why case study design with thematic analysis

The logic and design from case study research comes directly from what is being investigated. First, the issue that is identified motivates the research, as it helps in understanding what is known, the unknown, and why is it important (Duran et al., 2006). These help formulate the research questions and the way the researcher views the issue helps making decisions regarding what data has to be collected to address the questions. This influences the data collection method and analysis (Peel, 2020). This study uses a critical realist paradigm that interrogates the relationship between individuals and their circumstances as well as the influence of the structures and cultural dynamics, to identify how the factor affect mental health of factory workers (Broderick et al., 2024). Thematic analysis, which is a common qualitative method, could be used under this critical realism lens (Fryer, 2022) to derive a detailed understanding of causal connections between context, structures, and outcomes. The combination of case study design and thematic analysis has been used in qualitative research such as those by Dowell (2026), Robitaille et al. (2026) and Lin et al. (2026) and is a well-established methodological approach. These studies used this methodology to analyse experiences and perceptions of individuals. In this research, the case study design will help the researcher closely examine the phenomenon within the specific context while the thematic analysis will use the critical realism lens to derive an in depth understanding of the causal relationships between mental health of factory worker, the factors affecting it, and the impact of structural and cultural contexts.

3.4 Method

3.4.1 Participant recruitment

This study aims to include workers in factories as its primary population. Recruiting for this study was challenging. The first step was to send emails to different factories in Auckland, New Zealand, to get permission from the management to come and present the research and its objective. After that, the plan was to give the human resources department or management some informational posters to place in places like break rooms, cafeterias, and notice boards, so the staff would be able to see the information and if they were interested, they would send an email to the researcher directly.

The major problem was that factories did not respond, which delayed the process. Despite repeated attempts, only two factories responded positively to the proposals while one rejected it. Recruitment efforts were limited because of this. From two factories that were willing to participate, five people sent an email to the researcher showing their interest in the study. Consent forms together with the information sheet was sent to all of them. Four workers sent back the consent forms but one of those later decided to withdraw due to different personal reasons. Therefore, three workers, who were in different positions in the same factory, finally consented and took part in the research study.

3.4.2 Data collection

Information was obtained through semi-structured interviews on Zoom. Once the consent forms had been returned by the participants, they were requested to provide a suitable time for the interview. After agreeing on a time, a Zoom link was shared with them. A semi-structured interview format that employs open-ended questions was selected because it enables the participants to share their ideas and develop a discussion around the subject. Besides, this method gives the researcher an option to ask clarifying questions if necessary (Osborne & Grant-Smith, 2021). Open-ended questions are a good way to get detailed views and realisations on particular topics as well as life experiences of the participants.

The information was also transcribed while the interviews were going on with Zoom's transcription feature for two of the interviews. Because of a technical issue, the transcription of one interview was not possible in this way, thus Otter.ai a transcription software was used. The researcher personally checked all transcripts, and they were sent to the participants for their verification. Confirmed transcripts were then employed for the study.

3.4.3 Data Analysis

This research uses thematic analysis (TA) as the principal analytical technique. TA is an approach that provides the framework for recognising, analysing, and describing the patterns and themes of qualitative data (Braun & Clarke, 2006). TA is used commonly in counselling and psychotherapy research as it helps understand individual's experiences and perspectives (Braun et al., 2022), thereby making it suitable for this study, which is aiming to explore how factory workers understand and perceive mental health. Themes are allowed to emerge naturally from the data collected. The researcher guides the analytical process, while remaining exploratory and open, making sure that the findings reflect the experiences of the participants and not predetermined assumptions by the researcher. While doing so, it also places a responsibility on the researcher to maintain confidentiality of the participant's information and transparency on how the analysis was conducted (Castleberry & Nolen, 2018).

An outline of how TA on qualitative data is performed is discussed below.

3.4.3.1 Compiling

This is the initial, foremost step. In this study, for two cases, the data were transcribed via Zoom's inbuilt feature and for the third, Otter.ai, a transcription software was used. The transcribed data was read multiple times to get a deep understanding of it. Even though transcription services were used in this study, the researcher still went through the process of familiarisation. This reading and re-reading were the researcher's main activities during the analysis phase.

3.4.3.2 Disassembling/Coding

The organised information was subsequently divided into smaller, more understandable pieces through a procedure called coding. The most significant points in the data were determined and linked to any data units, i.e., a word, a phrase, or a paragraph. The codes were developed to be descriptive, to represent a complete thought, figuratively, or as metaphors or as one of the analytical concepts (Adeoye-Olatunde & Olenik, 2021). While coding, the researcher kept questioning the data by asking what is happening, who is involved, when, where, why, and how (Bernard, 2017).

3.4.3.3 Reassembling

Afterward, the codes that were generated were combined in a way to make understandable themes. It indicated a patterned response or understanding from the data set to create a deep and detailed description of the phenomenon. Here, the supervisor also looked over these codes and themes to confirm the groupings and maintain the consistency.

3.4.3.4 Interpreting

This step is indeed the most vital point in the research process whereby the codes and themes were analysed to arrive at the generalisations that follow. The researcher is always involved in interpreting the findings right through the stages of compiling, coding, and reassembling. Although there are no fixed rules for successful "good" interpretations, Yin (2011) sets five objectives for qualitative interpretations (Piekkari & Welch, 2018). The interpretation ought to be a logical story with an identifiable introduction, development, and conclusion and be impartial and objective. It must be faithful to the original data and be supported by the existing literature to facilitate its understanding and worth concerning the research topic. Finally, it should be trustworthy, and the researcher should employ reliable and transparent methods to win the academic colleagues' respect. This research has been trying to incorporate and achieve these five objectives.

3.4.3.5 Concluding

In the end, the level of examination brings forth the general implications of the study that are a direct answer to the research aim and question. The insights gained from thematic analysis will clarify the subtleties of the findings in the context of the study. Consequently, this gives a reader the opportunity to decide the extent to which the results of the study are applicable and relevant to them. (Castleberry & Nolen, 2018).

3.5 Understanding mental health in factories: A theoretical framework

Theoretical models, concepts, and definitions in this section serve as a foundation for understanding mental health in factories. Knowledge of these models will facilitate the effective investigation of psychosocial, occupational, and cultural factors affecting mental health in this research, in a way that is both theoretically informed and aware of the local context.

3.5.1 Two Factor Theory

This is also called the Herzberg's Double Factor Theory, the Herzberg's Motivation-Hygiene Theory, or the Motivation Conservation Theory (Akdemir, 2020). This theory is used to understand job satisfaction among workers and focuses on two distinct types of factors:

1. Internal factors, also known as motivators or satisfiers. These are the primary determinants of job satisfaction and include recognition, success, job improvement, personal development, achievements, feedback, and responsibility.
2. External factors, also known as hygiene factors or dissatisfiers. These are the main causes of dissatisfaction in a job and include working conditions, relationships with co-workers and management, job security, status, organisational policies, salary, personal experience, and style of control (Alrawahi et al., 2020).

When both sets of factors are present, this helps meet the needs of personal growth and development. The model explains that an individual can feel satisfied and dissatisfied simultaneously, as the two factors operate on different continuation. This theory hypothesises that:

1. Different factors are responsible for job satisfaction and job dissatisfaction.
2. The factors that cause dissatisfaction are not the same as those that lead to satisfaction; removing dissatisfaction does not necessarily create satisfaction.
3. Satisfaction and dissatisfaction are not opposites on a single scale but are separate concepts influenced by different factors (Akdemir, 2020).

3.5.2 Job Demand Control (JDC) Model

This is one of the leading models of stress at work according to a review paper by (Wu et al., 2024) and the model was developed by Karasek in 1979. In brief, the model considers job strain as the result of an interaction between two main dimensions: job demands and job control. The updated model also accepts social support as the third factor alongside the previous two (Vazquez et al., 2018). The model components are outlined as follows:

1. Job Demands: These are the psychological and physical stress factors that come from a work environment and can include such things as a high-intensity workload, lack of time, and conflicting demands.

2. Job Control (or Decision Latitude): This is defined as the worker's ability to influence their tasks and their environment through such factors as autonomy, use of one's own creativity, and being a part of the decision-making process.
3. Social Support: This relates to the quality and helpfulness of the social interactions and support received from both supervisors and co-workers.

The model brings out two key arguments. First, the strain hypothesis claims that job strain is the highest when job demands are the highest and job control is at its lowest. This is a situation when employees are subjected to intense pressures, e.g., tight deadlines and heavy workloads, and at the same time, they have little autonomy or decision-making power (Wu et al., 2023). Secondly, the buffer hypothesis proposes that high job control can lessen or "buffer" the negative effect of high job demands, thus resulting in a more positive outcome. In this respect, social support can also be a buffer, lessening the negative impact of a demanding work environment.

3.5.3 Effort-Reward Imbalance (ERI) Model

Siegrist (1996) introduced the concept of ERI, which is grounded on the social exchange theory. Social exchange theory assumes that the benefits are exchanged mutually. An individual takes a risk by offering his/her labour and expects to be suitably rewarded in the future. The ERI model states that the emotional, physical, and psychological effort, as well as the time that an individual gives to the job, should be compensated by the rewards like the respect, money, and career opportunities (Eddy et al., 2023). The model describes a work environment where high effort is accompanied with low reward. This imbalance may be measured as a ratio, and a theoretically higher score is linked with a higher risk of health issues. The key component of this model is also over commitment (OC), a pattern in which the worker cannot emotionally separate from work. This behaviour is presumed to have been developed gradually and is regarded as a factor which is not dependent on the effort and reward components.

The model presents three hypotheses:

1. The three components (effort, reward, and over commitment) are linked to health outcomes.

2. The ERI ratio is a better predictor of health outcomes than either one of the factors, i.e., effort or reward, considered separately.

3. OC acts as a moderator in the association between the ERI ratio and health outcomes (Zhang et al., 2024).

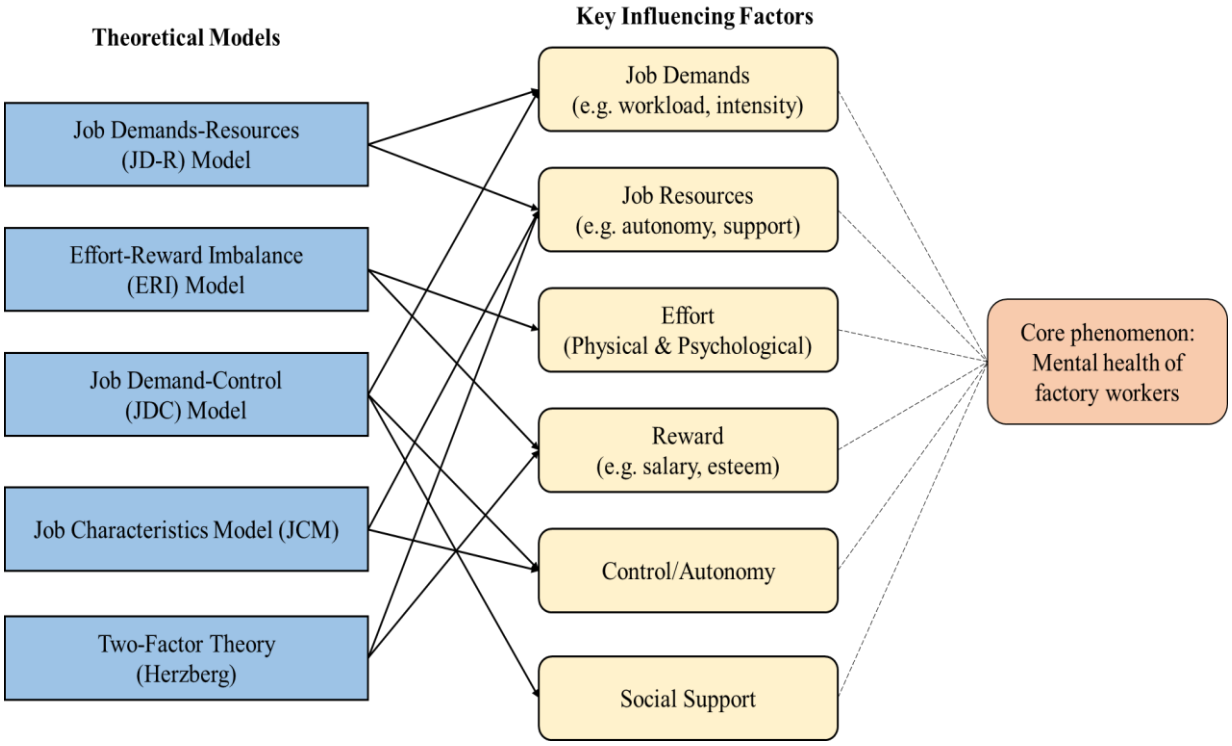

Figure 2. Conceptual framework

3.6 Ethical Considerations

Ethically, the researcher had obtained permission for the study from the ethics committee of Massey University before executing data collection – OM3 25/46. Comprehensive information sheets explaining the study's nature, the procedures, the potential risks and benefits, and the right to withdraw at any time without negative consequences were given to all the participants. Written informed consent was obtained from all the interviewed individuals. For the purpose of confidentiality, all the participants were assigned pseudonyms, and any information that could disclose their identity was removed from the data collected and the transcripts. All digital versions like recordings and transcripts were saved on a secured password-protected and encrypted computer.

Participants were informed that it was their decision whether or not to take part in the study and that they could refuse to answer any question that made them uncomfortable or stop the

interview at any time. Due to the sensitive nature of the mental health issue, participants were provided with details of mental health support services after their interviews. The study was conducted in accordance with the principles of beneficence (maximising benefits and minimising harm), respect for persons (autonomy and privacy), and justice (fair treatment of participants). The employment of semi-structured interviews enabled the participants to reveal only what they felt comfortable with, thus they had control over their personal information. Besides these ethical protections, the researchers also implemented several strategies to enhance the trustworthiness of this study.

1. Credibility: One of the main sources of credibility was member checking. In this process, participants received their interview transcripts in order to verify the accuracy and give any clarifications or additions. The entire procedure ensured that the data closely reflected the meanings intended by the participants.

2. Transferability: The issue of transferability was resolved by offering very detailed descriptions of the context and participants, thus allowing readers to decide the applicability of the findings to different settings. The detailed description of the methodology also permits other researchers to evaluate the transferability of results.

3. Dependability: was increased by, among other things, keeping an audit trail which documented the decisions regarding methodology, data collection procedures, and the processes for the analysis. Such documentation enables an external party to look into the research process and the decisions made during the study.

4. Confirmability: One of the ways to achieve this was through reflexivity practices (explained in detail below). Moreover, the final report's inclusion of direct quotes from the participants is another way to show the connection between the findings and the primary data.

3.7 Reflexivity

I, the researcher, also recognize that my background and experiences along with the particular angle from which I view things have had an influence on the research process in an inevitable way. I was brought up in a middle-class academic environment and, as such, I have had very little direct experience of factory work which, as a result, positioned me as a person with certain privileges in relation to the participants. The power imbalance resulting from this was considered very carefully throughout the whole research process.

As part of the reflexive process, I maintained a detailed research journal in which I recorded my thoughts, feelings, and assumptions during both the data collecting and the analysis stages. This activity enabled me to locate possible biases and to challenge my own understanding of the data. One example is that I needed to be very careful not to force my own notion of mental health onto the experiences of participants but, rather, to understand their own viewpoints. When interviews were in progress, I was thinking about how my questions might affect the answers of participants, and I chose to use neutral phrasing which does not pre-judge the answer and therefore allows a variety of perspectives. After every interview, I thought about how my presence might have influenced the conversation, and I made a note of any particularly difficult or enlightening moments.

During the stage of analysis, I often engaged in discussions with my supervisor, exposing to her my interpretations, in order to get feedback and to be sure that the themes I had extracted were based on the stories of the participants and not on my own ideas. This team-working method supported the maintenance of the analytical rigor while it also allowed for the acknowledgment of the interpretive character of qualitative research.

3.8 Summary

This chapter has described the methodological approach used in this study on perceptions of mental health among factory workers. A qualitative case study design was chosen as the most suitable for the study of complex, subjective experiences of mental health in this context and understand the empirical, actual and the real. Data from semi-structured interviews with three factory workers were analysed through thematic analysis. The theoretical frameworks discussed will serve as a basis for relating the findings to the existing organisational psychology literature. The following chapters will present the results of this study and discuss their implications for understanding mental health in factory settings.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the research results that were developed through a case study-based thematic analysis approach. To facilitate understanding and investigative coherence, the findings are provided using three case studies on Participant A, Participant B, and Participant C, respectively. Each case is presented in a well-organised manner consisting of a short contextual narrative, a thematic table showing the within-case themes, a comprehensive thematic discussion, and a brief case summary. A cross-analysis table of the thematic analysis will be drawn following the case studies to help with the discussion.

4.2 In-case analysis

4.2.1 Participant A

4.2.1.1 Contextual Narrative

Participant A is a male factory worker who has been working in factories for multiple years, both in management and non-management roles, which required him to perform physically demanding tasks and to oversee work operations. His responsibilities in management roles included reaching production objectives while he managed the operational process to complete work assignments through optimal work methods. He describes his factory environment as a high-speed operation which requires maximum output during work hours and that employees only speak about their job duties and work-related safety measures. His views suggested the intricate relationships between gender norms, workplace culture, individual stress and the support received within the organisation.

The participant identified mental health as essential to maintaining mental stability and operational capabilities through which people function at their best. He used three mental well-being indicators which included coping skills, focus ability, and the capacity to handle daily responsibilities as he described his mental health experience. His perceptions on mental health were significantly affected by his personal life.

At the time of the interview, he had a newborn at home. He and his partner did not have any family support, and his partner suffered from postnatal depression which neither of them was aware of. He thus experienced stress emotionally and mentally, was deprived of sleep while

managing both physical and financial responsibilities. Despite all this he did not take sick leave reflecting the thought that sick leave was only for physical illness. Participant A also described how work obligations combined with home responsibilities created continuous stress during his entire day. The demanding work environment required him to work extended hours while he had to balance his family obligations, which caused him permanent stress without providing any chance for relaxation.

Work offered him a space to escape the stress from his personal life. His job structure made it possible for him to concentrate on his work while blocking out all external distractions. He mentioned he could ‘switch off’ from the stress at home. The requirement to maintain stability at work created an obligation which demanded him to maintain his endurance.

He also reflected on how his previous experience in a managerial role affected his mental health due to the increased workload, limited support and flexibility from the organisation, increase in staff turnover, and role’s travel requirements. He mentioned that he had to step down despite a reduction in his pay and move back into factory work in order to reduce his stress from his supervisory role and at home. This strain on his financial situation along with the lack of workplace and social support had him thinking about relocating to his home country.

When discussing support from the organisation, participant A described mental health issues as an essential component of workplace well-being that receives insufficient attention from employers. The organisation managed physical health and safety aspects through visible measures but treated psychological well-being as a minor concern. Mental health discussions during meetings and annual check-ups remained superficial because he viewed them as standard practices that lacked substance.

The discussion slowly shifted to mental health discussions amongst colleagues. His emotional expression showed strong influence from masculine standards. He described himself as a "typical male" who believed in independent coping methods and maintaining his strength. He and his coworkers avoided discussing their emotional problems because they felt compelled to hide their true feelings. He also spoke how men choose to handle their stress without help because they think help-seeking behaviour indicated personal weakness. He spoke about how the team maintained a culture of silence also because production demands and team success expectations created pressure to perform.

Participant A was unaware of any support provided by the organisation for mental health, nor did he have information regarding mental health policies at work. He believed support services existed but found them to be inaccessible because their existence remained unclear to him. The majority of workers did not know which assistance services existed, and they needed to request support directly, which created an access obstacle for them. He highlighted that if these support systems were clearly communicated to the staff at the start of their employment, it would be helpful. He also stated that if employees could access it anonymously rather than having to initiate a difficult conversation with the management requesting for support or explaining their situation. He also suggested the need for training for the management staff so that they can recognise any signs of mental health issues or work pressure early and act.

In conclusion, Participant A's experience and perception indicated how stigma, pressure at work, gender norms, and unclear support can prevent factory workers from getting the required support.

4.2.1.2 Thematic Table

Table 4.1: Themes Identified in Case Study 1 (Participant A)

Theme	Description
Mental Health as Stability, Strength, and "Holding It Together"	Mental health is understood as the ability to remain steady, cope quietly, and continue functioning at work without disruption.
The Mask of Masculinity	Masculine expectations promote emotional restraint, self-reliance, and endurance, discouraging men from discussing struggles.
The Part of Health That Is Neglected	Mental health is viewed as overlooked in factories compared to physical safety, making psychological well-being less visible and prioritised.
Implacable Pressure Loop	Ongoing production pressure creates a cycle where stress is normalised, suppressed, and allowed to accumulate.

Navigating Between Trust, Boundaries, and Disclosure	Disclosure depends on trust and perceived safety, but is limited by fear of judgement and discomfort sharing with colleagues or managers.
Out of Sight and Out of Reach – Empty Promises of Support	Mental health support is perceived as invisible, unclear, or difficult to access despite possible policies existing in theory.
Breaking the Walls of Stigma – Building Proactive Support	Participant A believes stigma can be reduced through early conversations, visible support, and reframing help-seeking as strength.

4.2.1.3 Thematic Discussion

4.2.1.3.1 Theme 1: Mental Health as Stability, Strength, and "Holding It Together"

Participant A's description of mental health emphasised the ability to maintain stability and function in life despite the external pressures, rather than on the expression of emotions.

As he explained, mental health is "How you feel on a day-to-day basis within yourself" or

"trying to get on with your day-to-day life without worries and stresses."

Being able to maintain good mental health was mainly described by him as the state of being able to function well and being able to handle situations while at work – "Kind of… hard to… I ought to keep it together to make sure… I ought to lead by example kind of thing." In his position as a supervisor being able to cope and being reliable were the main factors that were associated with mental health and the ability to function well in situations that were demanding and that called for concentration and decision-making. He also had the pressure to lead by example.

While explaining the nature of mental health and how it related to him as an individual, Participant A stated that the nature of the job was demanding but it also provided a distraction from the challenges that were being faced. In the context of his own life, Participant A emphasised how work provides a space for him to temporarily escape from his personal issues:

“At the minute, my work life is the easiest part of my life. When I come to work, I can switch off all the outside noise, and I can focus in on what I'm doing.”

On the other hand, the nature of the environment was demanding since it called for the employees to be able to endure and continue performing their tasks even if they were going through tough times. The environment was demanding since it emphasised the importance of the employees being at work and performing their assigned tasks regardless of the situations that were being faced and resulting in high staff turnover – “All day, every day, and we're working in the rain and the really bad weather, and it's… Really hard work sometimes, so we had quite a high turnover as a staff.”

This description of work from the perspective of this participant emphasises the importance of mental health in terms of maintaining control and going on with one’s functions in life despite the pressures from outside and the person is able to “hold things together.”

4.2.1.3.2 Theme 2: The Mask of Masculinity

The next theme that emerged from the discussion of Participant A was related to the impact of masculine norms on emotional expression. The participant indicated that in a factory environment, mental health is not something that is discussed among males.

Participant A stated:

“Men don't like to talk about mental health… they don't want to talk to each other about problems or stresses. A lot of it probably gets swept under the carpet and kind of hidden… bottled up and not spoken about.”

He further added that males do not want to seek help because it is perceived as negative:

“Men especially don't want to ask for help either.”

These masculine norms are further influenced by social norms that associate mental health with being weak. As Participant A stated:

“There's a stigma attached to mental health… being soft or being weak.”

Participant A also recognised that he is a product of these masculine norms:

“I'm probably a typical male, where I like to think I'm quite strong, and I can cope, and I can carry on.”

This environment has created a situation where many people remain silent about their challenges. As Participant A explained:

“A lot of people won’t step up and say, you know, I'm having a bad day… I'm struggling with X, Y and Z.”

This culture of silence has also promoted the masculine ideals that men should be strong and independent and should not talk about emotional problems according to Participant A.

4.2.1.3.3 Theme 3: The Part of Health That Is Neglected

Participant A’s view was that mental health was given less attention compared to physical safety. He stated that discussions about mental health in the workplace were superficial and not in-depth.

He stated that during meetings in the workplace, mental health was discussed but in an inconsequential way.

“It’s kind of brushed over… if we ever have a meeting, it might be mentioned… it feels like you're kind of ticking a box so that they can say they've offered.”

He also stated that health checks in the workplace were more about physical health.

“Once-yearly health check… they'll ask, ‘how are you?’ but that's just one question… and then they move on to the physical aspects of your health.”

From the perspective of Participant A, mental health was acknowledged but was of secondary importance.

“I don't think it's very… as important as it should be… it's not at the forefront of what's being talked about.”

The assessment shows that Participant A believes workplaces should treat mental health issues as equally important to physical safety. He perceived that the organisation focused on the importance of physical health and safety requirements through the implementation of safety measures and operational guidelines, while the psychological health requirements were

not a priority. He felt that the workplace talk on mental health, which was conducted during meetings and annual assessments, was not content-driven as it was conducted according to the laid-down procedures.

4.2.1.3.4 Theme 4: Implacable Pressure Loop

Participant A described a work environment that is characterized by constant pressure to meet production needs. He explained that the main priority at the factory is to ensure that production is maintained.

As he explained:

“Everything's about getting the jobs done… making sure we hit targets… it's all production.”

As a result, there is constant pressure to ensure that production is maintained:

“We're always rushed to get jobs done… there's always pressure on.”

Participant A also explained that it is hard to balance work needs with personal needs:

“We've got a newborn that's crying and up all night, and we're coming into work, and I've got work to deal with.”

There is the pressure of the financial pressure too.

“To live and pay the bills, not comfortably, just to be able to.”

In this work environment, it is hard to take time off work due to personal needs because of the pressure of affecting others:

“Not taking days off because you let your team down… if you take time off, the job gets behind.”

As a result, there was a constant financial pressure and responsibility due to which Participant A was forced to work despite his emotional state.

4.2.1.3.5 Theme 5: Navigating Between Trust, Boundaries and Disclosure

Participant A recognised that asking for help is an important step in dealing with mental health issues. Nevertheless, he also indicated that asking for help is something that needs courage and strength.

As he said:

“It's a lot stronger to stand out and speak up and ask for help than to sit in silence.”

Although he recognised the importance of standing up and asking for help which he never did, he mentioned that now his personal experience has encouraged him to do so – “think now we've gone through a few months of… struggles with mental health with my partner. I am… it's brought that to the forefront…”

Participant A indicated that workers are sometimes not comfortable talking about their own problems with fellow workers:

“You don't want to tell somebody that you're close to and work with.”

Participant A indicated that workers would be required to take the initiative to start conversations about mental health:

“You'd have to come in yourself and explain you're struggling, ask for help, and ask what's available.”

These concerns highlight how decisions about disclosure are shaped by trust, workplace relationships, and concerns about judgement.

4.2.1.3.6 Theme 6: Out of Sight and Out of Reach/A Lonely Walk at Work

Participant A proposed that mental health support could be available within an organisation but not effectively communicated to employees. This means that employees are not aware of support services provided to them.

He further explained that employees are not aware of where they can seek support:

“I think there's probably a lot of things available… that we don't know about.”

It could therefore take an individual some effort in order to search and find support:

“You have to actively go out and try and find it… you don't know it's there, and you don't know where to look.”

The participant was not sure about support within an organisation:

“I'm not aware of any… I don't know what they offer or any kind of links.”

The statements from participant A indicate that mental health support could be out of sight and out of reach.

4.2.1.3.7 Theme 7: Breaking the Walls of Stigma – Building Proactive Support

Despite describing a workplace culture where mental health is rarely discussed, Participant A believed that change is possible. He suggested that open conversations about mental health could help reduce stigma and encourage people to seek support earlier.

As he explained:

“The sooner we can speak out… the more normal it will be for other factory workers.”

Participant A emphasised the importance of challenging expectations that men must always appear strong:

“Change that stigma of trying to be strong.”

He also believed that organisations could play a more proactive role in supporting workers by clearly communicating available resources:

“If you do offer any kind of mental health help… it should be outlined when you're employed.”

Overall, Participant A suggested that normalising conversations about mental health and providing clearer support pathways could help create a more supportive workplace environment.

4.2.1.4 Case Summary

Participant A understood mental health as the person's ability to be calm, handle situations, and keep working without any breakdown. Emotional silence was largely influenced by masculine norms, whereas mental health was considered the least cared-for part of workplace well-being for Participant A. According to him, constant stress, fear of being judged, and invisible support networks strengthened the culture of people dealing with their problems in silence. Nevertheless, Participant A also saw that there should be more dialogues and that

support, which is both proactive and visible, is necessary to tackle stigma and facilitate better mental health in the factory setting.

4.2.2 Participant B

4.2.2.1 Contextual Narrative

The work history of Participant B started with his factory employment before he completed his qualifications. He had experienced both physical and mental difficulties during his work in factories. He describes mental health in relation to his emotions and his ability to perform despite the difficulties. His work challenges included financial difficulties, lack of job satisfaction, and limited opportunities for professional development along with his efforts to keep his job. He described his work as a burden which he needed to complete for financial support instead of seeing it as a path toward personal satisfaction and professional development.

Participant B described mental health as the ability to maintain equilibrium and perform daily activities. The state of mental well-being required people to experience emotional stability while being fully present and maintaining their ability to sleep and perform their routine activities. His definition of well-being included happiness and contentment as essential elements which were frequently disrupted by his experience of stress, fatigue, and frustration.

The main reason Participant B experienced distress at work centered on his coworkers failing to acknowledge his contributions. He dedicated himself to his job yet felt that management did not recognise his work and provide him with necessary support. The absence of praise gradually eroded his motivation and sense of worth. He started to doubt why he needed to work hard in a job that gave him no recognition for his efforts.

The feeling of dissatisfaction grew because he found himself trapped between needing money and wanting to achieve his personal goals. The design career path that Participant B wanted to pursue became inaccessible because he lacked the required job opportunities. The job which he considered beneath his abilities caused him to feel both angry and extremely unhappy, affecting him emotionally and mentally. The process of earning money became essential for him but his career lacked development which made him experience a sense of being stuck without direction.

He began to develop two harmful coping methods which included both smoking and drinking because his emotional state worsened. He reached work on time while fulfilling his work obligations, but he battled with personal issues. For him mental health issues became a struggle to stay socially acceptable while he dealt with internal pressures.

His workplace actions became primarily driven by his fear of potential consequences. He avoided revealing his problems because he worked in junior positions which made him fearful that this would jeopardise his future employment prospects. He felt pressure to create a good impression at all times and avoided showing vulnerability. The process of requesting leave from managers made him experience anxiety because of his previous experiences with leave denial. He also acknowledged the relationship between stress and emotional strain, and productivity and safety, at work. He stated that early signs are usually ignored or go unnoticed unless there is a visible decline in performance or issue in safety.

He described his management of emotional difficulties developed through his cultural upbringing, which has an effect on his current response to stress. He grew up in an environment which taught men to avoid showing their emotions, so he developed discomfort with vulnerability because it felt foreign to him. He described factory environments like his workplace adopted these social standards which created an environment where employees remained silent about their mental health issues and rarely discussed them openly.

Participant B reported little awareness of formal mental health support in the factory. The management displayed concerns at particular moments, but they failed to implement their policies and protocols properly which made mental health support inaccessible to employees who were not in senior positions. The workplace culture he observed showed that employees avoided talking about mental health issues and they usually answered with "fine" when they actually faced difficulties. This reflected on how there is an implied expectation that workers should maintain their performance at work despite their emotional strain and manage their personal issues separately.

He also explained how he felt uncertain about how much should be shared with the management and expresses concern about being treated differently, judged, or seen with less capability to perform.

He believed that support system within factories was minimal but there might be a little preventative support that is offered. This emphasises the fact that employees are left alone to

cope until the problem intensifies. He suggested that workplaces needed complete cultural transformations as the only path to achieve genuine progress. His improvement plan required three key elements which included building trust between people, normalising conversation and designing secure spaces for people to think. He suggested that workers should attend workshops or discussions or therapy sessions which would enable them to understand their requirements and find help before their problems grew worse.

Overall, Participant B's case study suggests that the factory environment he worked in has a culture where mental health is not openly discussed, mental health issues remain invisible unless serious consequences were seen, and where self-management was required.

4.2.2.2 Thematic Table

Table 4.2 Theme Identified in Case Study 2 (Participant B)

Theme	Description
Mental Health as "Holding It Together" While Struggling Inside	Mental health is seen as maintaining outward stability and performance while managing internal emotional strain privately.
Trapped Between Needs and Wants	Financial survival and lack of career progression create feelings of being stuck, contributing to emotional distress.
Pressure of Neglect	Lack of recognition, praise, and managerial support leads to demotivation, worthlessness, and emotional exhaustion.
Performing on the Edge	Participant B continued working while mentally struggling, developing unhealthy coping behaviours such as smoking and drinking.
The Mask of Masculinity	Cultural upbringing discouraged emotional expression, making vulnerability feel uncomfortable and unnatural.

Navigating Between Trust, Boundaries, and Disclosure	Sharing struggles at work feels risky due to fear of judgement, denial of opportunities, and discomfort with managers.
Culture Needs to Change	Broader social and workplace cultural norms must shift to make mental health conversations acceptable and safe.
Pathways to Support	Support should include safe communication channels, non-judgemental management, and reassurance that disclosure will not harm careers.

4.2.2.3 Thematic Discussion

4.2.2.3.1 Theme 1: Mental Health as "Holding It Together" While Struggling Inside

Participant B's description of mental health revealed its strong association with emotional balance, concentration, and the ability to function in daily activities. Mental health affects how an individual handles daily activities such as sleeping, concentration, and fulfilling daily responsibilities.

As he described:

"Mental health is something like looking out for how I feel about doing anything, like waking up from the bed or trying to sleep… if I'm not able to sleep or focus on the task that I'm doing."

Participant B's description of mental health is associated with emotional balance and being present in daily activities.

"If I have good mental health, then I will be more stable and more present."

He also associated mental health with happiness and contentment.

"Feeling happy… basically feeling happy."

From these statements, it is evident that Participant B understood mental health to be maintaining balance and stability while fulfilling daily responsibilities.

4.2.2.3.2 Theme 2: Trapped Between Needs and Wants / A Lonely Walk at Work

Participant B reported a sense of being stuck between the need to fulfil financial responsibilities and the need to pursue a career in an area of interest. While Participant B wanted a career in the design industry, he chose a factory job because of financial pressures.

As he stated:

“I thought, I don't want to work, but I had to work to pay the rents and pay the bills.”

Another challenge reported by Participant B was related to career advancement.

“Working couple years and not able to find any job in design field… I couldn't see that I'm progressing.”

As a result of these pressures, Participant B began to experience emotional problems.

“I picked up a habit of smoking… before that I didn't smoke… I just started drinking.”

These experiences represent a sense of being stuck between financial pressures and career aspirations.

4.2.2.3.3 Theme 3: The Mask of Masculinity

Participant B stated that the culture of the community he had grown up in influenced his hesitation to share how he was emotionally. He grew up in an environment which taught men to avoid showing their emotions, so he developed discomfort with vulnerability because it felt foreign to him.

“I grew up in India where man is not supposed to share his feelings… I have imbibed those kinds of behaviours.”

The workplace adopted these social standards that created a working environment where the workers remained silent about their mental health issues.

“I find it very difficult to come across and share my feelings.” “because this vibe inside the factories

These cultural expectations could indicate a pattern of emotional restraint, reinforcing the belief that men should manage their struggles privately.

4.2.2.3.4 Theme 4: Navigating Between Trust, Boundaries and Disclosure

Apart from the cultural factors of masculinity, Participant B also mentioned workplace factors that influenced him to be less likely to share his personal challenges.

"I don't feel comfortable sharing my vulnerabilities."

The participant also mentioned that it was difficult to share personal challenges with the manager.

"I find it very difficult to open up with the people I'm working with, especially if I'm reporting to my manager."

The participant also mentioned that it was difficult to ask for leave from the workplace.

"I find it very difficult to share my plans… like if I'm going on holiday, I feel very pressurised to ask."

The statements from the participant illustrate the factors that could influence an individual's willingness to share their challenges.

4.2.2.3.5 Theme 5: Pressure of Neglect

Participant B explained that he felt emotionally affected by a lack of recognition from management. He felt that despite putting a lot of effort into his work, he was not being recognised.

As he explained:

"Even if I did better, I did not get praised for what I am doing, and that felt really bad."

This affected his motivation.

"I wasn't feeling motivated."

Participant B also felt that he was not being supported by management.

“I was working, pouring my heart out to get the praises, but I didn't get that support from management, and it was really depressing experience for me.”

These experiences show how Participant B felt neglected by management and thus affected emotionally.

4.2.2.3.6 Theme 6: Performing on the Edge and Implacable Pressure

Participant B mentioned that he continued to work at his job despite experiencing inner stress and emotional pressure. He mentioned that during his probation period, he felt a lot of pressure to show that he was committed to work and that he was not weak.

He felt the job he was doing was not based on his abilities and this caused him to feel both angry and extremely down.

“working couple years and not able to find any job in design field or any I couldn't see that I'm progressing”

He also mentioned:

“I felt very pressure that if I don't go to work, they might think that I am not giving them enough attention… I wanted to create good impression of myself.”

Moreover, he felt that if he told anyone that he was struggling, it could affect his chances of getting a better job in the future.

“If they find that I am struggling with the current workload, then probably they would never think that I would be capable to take more responsibilities.”

This caused him inner anxiety related to job security.

“There is a fear… fear of losing my job or my future position.”

His perception provides space for an argument that workers could continue to work despite experiencing inner pressure.

4.2.2.3.7 Theme 7: Culture Needs to Change

Participant B also proposed that improving the mental health of the workforce within the factory environment requires a change. He believed that workplaces needed complete cultural transformations as the only path to achieve genuine progress. As Participant B put it:

"So, it is the culture… I think the culture needs to change."

He also emphasised the need for trust within the workplaces.

"Trust building is quite important… culture plays a crucial role in building trust."

He also proposed that the workers might be unaware of their own needs. As Participant B put it:

"If you ask them… 90% of the people will say 'No, we are fine.'"

According to Participant B, workplace cultures might dissuade workers from talking about their mental health issues or seeking for help.

4.2.2.3.8 Theme 8: Pathways to Support

Participant B proposed that workplaces could consider ways to raise awareness and prompt employees to seek assistance. His improvement plan required three key elements which included building trust between people and normalising conversation and designing secure spaces for people to think.

Participant B's understanding was that factory workers do not know they need help and require the knowledge to understand they need it.

"There should be a workshop like this… people don't even know that they need help."

He also reflected on how the conversations about mental health prompted him to engage in self-introspection.

"Talking to you made me think about what I'm doing and what my plans are."

Participant B proposed that workshops or therapy sessions could assist the employees in accessing assistance.

4.2.2.4 Case Summary

The understanding of mental health of Participant B developed through his workplace experiences, his personal experiences and his professional development uncertainties. This participant experienced different workplace situations which affected his mental health because of a lack of recognition, limited support, and few chances to advance his career. The participant proposed that organisations must change their work culture to achieve effective mental health progress because mental health discussions need to become more open and companies must develop spaces which make employees comfortable to ask for assistance.

4.2.3 Participant C

4.2.3.1 Contextual Narrative

Participant C is an experienced production manager who oversees production processes while he handles employee management duties. He has worked as a factory worker in different industries who has now moved to a managerial role. Participant C's views from a managerial perspective was also needed for this study as suggested by Rasmussen (1997, as cited in WorkSafe, 2022) to understand the influence on the support systems. Based on his role he needs to maintain workplace health and safety standards while meeting organisational performance demands. He viewed mental health through two dimensions: work stability and work performance. The definition of mental wellness for him also included three elements which were mental calmness, mental focus, and mental clarity which enabled him to make decisions. The relationship between mental instability and work performance showed that work environments which involved machinery and dangerous tasks experienced heightened risk from mental instability because it reduced workers' ability to concentrate.

He observed mental health from a managerial viewpoint because it affected both personal and organisational operations. He understood that emotional distress could result in mistakes and accidents which would lead to an unsafe environment. He linked mental health to workplace safety and productivity. His knowledge of these dangers determined his staff well-being approach.

Participant C described his conscious efforts to create a supportive environment for his team. He told workers to bring their problems to him while he assured them that everything they shared would remain private and he would treat them with compassion. He tried to assist

employees who revealed their problems by helping them solve their challenges while they could work in a secure environment.

He stated that the disclosure process depended on the strength of the connection between managers and their employees. He personally limited how much he shared with his managers. He stated employees shared less information because they were unsure about what their supervisors would do while they feared disclosing too much. The professional boundaries which existed between them restricted their discussions to work-related information instead of allowing them to discuss their emotional challenges. This was reflected in how a workplace culture could be hierarchical and conditional when it comes to openness related to emotions or mental health.

He had witnessed the impact of pressure and mental strain on both himself and others. He presented evidence that showed employees would lose focus and make errors because of personal stress.

The study found that Participant C showed readiness to assist his coworkers but discovered that the organisation lacked established procedures for mental health support. The organisation maintained only basic safety measures which lacked available resources and procedural documentation and referral pathways. The organisation provided minimal support through time-off options without offering any extra assistance.

The case study suggests that though Participant C was in a managerial position he could not influence the support systems in his organisation but he could personally use a people-centred approach to address the existing deficiencies in the system. He established personal issue resolution as his first priority before he would begin productivity work. He believed that supporting people first ultimately led to better outcomes for both safety and performance. Participant C argued that organisations should help employees find appropriate support resources even though they do not need to solve individual employee problems. The case study of Participant C suggests that implementation of clearer guidelines together with visible resources and structured pathways will enable managers to deliver consistent and dependable care to their employees.

4.2.3.2 Thematic Table

Table 4.3. Theme Identified in Case Study 3 (Participant C)

Theme	Description
Mental Health as Stability, Control, and Work Functioning	Mental well-being is understood as the ability to stay mentally strong, focused, and capable of safe, effective work performance.
Cost of Pressure	Workplace pressure is recognised as affecting workers' mental health yet remains normalised within production expectations.
Navigating Between Trust, Boundaries, and Disclosure	Disclosure is selective and shaped by hierarchy, professional boundaries, and the quality of manager–employee relationships.
A Lonely Walk at Work	Both workers and managers often manage mental health concerns alone due to limited formal guidance or shared systems.
Empty Promises of Support	Organisational policies may exist, but visible and structured mental health support is lacking in practice.
Support Through Personal Connection, Person-Centred Care, and Guided Care	Participant C emphasises relationship-based support and the need for clearer organisational guidance for managers.

4.2.3.3 Thematic Discussion

4.2.3.3.1 Theme 1: Mental Health as Stability, Control, and Work Functioning

Participant C understood mental health to be mental stability and the ability to remain calm, focused, and capable of decision-making. To him, a person with a healthy mental state is one who is able to think properly and remain unaffected by what is going on around them.

"Somebody who's stable in their mind… somebody who can think properly, who's strong, who can make decisions."

To Participant C, mental health is also the ability to remain unaffected by what is going on around a person. This means that a person with a healthy mental state is not affected by what is going on in their community or society.

“Mentally well means they're not affected by anything… either problems at home, or community, or society, or at work.”

Participant C also understood mental stability equivalent to function properly in the workplace. When people are not mentally stable, they are not able to concentrate on what they are doing.

“If you're not mentally stable, it's very hard to focus on your work… there'll be a lot of accidents.”

From the above quotes, it is clear that Participant C understood mental health to be the ability to maintain stability and concentration in order to perform work properly.

4.2.3.3.2 Theme 2: Cost of Pressure and performing on the edge

Participant C understood that mental pressure may affect workers’ productivity in handling their tasks. He cited instances whereby mental pressure affected workers’ concentration.

According to Participant C:

“Yeah, people will make a lot of mistakes… when they come with mental problems… they will not be able to concentrate.”

He further observed that mental pressure may affect workers’ productivity in areas where machinery is used.

“Especially when people are working on machines… precise machines or dangerous machines… that's where accidents can happen.”

Participant C further shared his personal experience whereby he felt the effect of mental pressure on his productivity.

“Because it affected my work… one particular day I left the job in the middle of the day.”

The above quotes illustrate the understanding Participant C has on effect of mental pressure on workers' productivity.

4.2.3.3.3 Theme 3: Navigating Between Trust, Boundaries and Disclosure

Participant C also emphasised the role of trust and the nature of employee-manager relationships in the disclosure of personal struggles at work. He explained that people share information based on the level of trust they have in the people they work with, specifically managers.

He explained it from his point of view as a worker reporting to his senior staff -

"I can talk to my manager… but in the past I have had different managers… with some people you can share a lot of things, some people you can't."

Participant C also explained that people may also limit the information they share with managers.

"When it comes to your work manager, it always depends how much you want to share."

Some people may also choose not to share too much about themselves with managers.

"Some people may not share too much because they don't want the boss to know too much."

Participant C also explained that people may also be discouraged from sharing information with managers by the uncertainty of getting help from them.

"Because you don't know how much help you can get from them."

Participant C also explained that people may also share information with managers based on the information they need for work purposes.

"I will share only as much as a work colleague needs to know."

These comments illustrate how professional boundaries and perceived trust influence decisions about disclosing mental health concerns.

4.2.3.3.4 Theme 4: A Lonely Walk at Work

Participant C suggested that employees experiencing personal difficulties often struggle to find appropriate support within the workplace. In many cases, workers may not know where to seek help.

As he explained:

“I don't think people know where to go.”

He also noted that workplaces often provide information related to physical health and safety but not mental health resources.

“There's no pamphlets… nothing to give them. Only regarding health and safety.”

According to Participant C, organisational policies typically address conflicts between employees rather than personal mental health challenges.

“If there's a problem between employees… there are policies to deal with it, but if they are going through personal problems…”

These statements suggest that employees dealing with mental health concerns may feel unsupported or uncertain about where to seek assistance.

4.2.3.3.5 Theme 5: Empty Promises of Support

Participant C believed that formal support for mental health is often limited within workplace settings. While organisations may provide flexibility such as allowing employees to take time off, broader support mechanisms are often absent.

As he explained:

“If I asked a couple of days off, they would give me… but apart from giving me a day off, I don't think workplaces have any facilities to help people.”

He further suggested that many organisations lack structured systems to support employees experiencing personal difficulties.

“Most of the workplaces will not have anything if they have any problems.”

Participant C concluded that organisations rarely take active responsibility for addressing employees' mental health challenges.

"I don't think companies do anything about it."

These statements suggest a gap between organisational expectations of productivity and the limited availability of mental health support.

4.2.3.3.6 Theme 6: Support Through Personal Connection, Person-Centred Care, and Guided Care

While Participant C recognised the absence of formal support systems, he emphasised the need for interpersonal support in the workplace. As a manager, he tried to create an environment where employees feel comfortable to express their concerns.

As he explained:

"As a manager, I have created that environment at work… they can come and talk to me."

He also described the importance of responding with understanding and support when employees face personal challenges.

"If they share anything with me, I try to help them out mentally… how they can focus on things."

Participant C emphasised that managers should guide employees toward appropriate support resources.

"They should be able to guide or lead people into the right direction… where to go and get help from."

In his own approach, he prioritised employees' well-being before focusing on productivity.

"There is no point in pressurising any employee to accomplish a task if he's not stable."

He explained that when employees face difficulties, he prefers to address the problem first.

"If there's any problem, I deal with the problem first before I speed any job up."

Participant C also described adjusting workloads to accommodate employees who may be experiencing difficulties.

“I can delegate the job to somebody else who's stable in mind… and people going through problems can do lighter things.”

Ultimately, Participant C emphasised the importance of prioritising people over productivity.

“I first take care of people, because product can go tomorrow if it doesn't go today.”

These statements illustrate how Participant C attempts to provide informal, relationship-based support within the constraints of organisational structures.

4.2.3.4 Case Summary

Participant C’s understanding of mental health was based on stability, focus, and the ability to perform work-related duties in a safe and effective manner. From his managerial role, he established a link between mental health and the ability of workers to focus, make decisions, and perform duties in a safe manner in the factory. Furthermore, Participant C established that, in most cases, organisations may offer support for mental health, but the support may be limited. He noted that, although organisations may offer support in the form of time off, they may not have a system in place to direct workers to the best sources for support. This may lead to managers and workers relying on relationships with each other. However, in his attempt to offer support, Participant C noted the importance of a person-centred management approach. He noted his attempts to offer support by first listening to workers, addressing the workers’ concerns, and addressing productivity afterwards. He noted that, by doing so, he was able to improve productivity and efficiency in the factory.

4.3 Cross Analysis of the Themes

Table 4.4. Thematic comparison among all three participants

Theme	Description	Participant A	Participant B	Participant C
Mental Health Defined Through Strength, Stability, and Functionality	All three participants understood mental health as the ability to remain stable, function and in control.	Mental health is the ability to remain stable, cope quietly, and continue working.	Mental health is seen as being stable and more present, and feeling happy	Mental health is understood as the ability to stay strong, maintain focus and capable of performing well.
Masculinity and workplace cultures of Silence	Masculine norms were seen to discourage disclosure among participants A and	Masculine norms discourage men from discussing stress promoting self-restraint,	Cultural upbringing had an impact on emotional disclosure, making sharing as vulnerable,	

	B. Men were expected to stay quiet and stay strong	self-reliance, and endurance	uncomfortable, and unnatural	
Implacable Pressure and Normalised Strain	All three participants describe workplace to be driven by production targets, where pressure is normalised.	Ongoing production pressure creates a cycle where stress is normalised and suppressed.	Continued working while mentally struggling and developing unhealthy coping behaviours such as smoking and drinking.	Workplace pressure is recognised as affecting workers' mental health yet remains normalised within production expectations.
Trapped Between Financial Survival, Lack of recognition and Effort-reward imbalance	Participants described the financial needs that is keeping them engaged with their work. They also agreed that mental health is not only affected by work pressure of financial needs but also because of the lack of recognition		Financial survival and lack of career progression creates feeling of being stuck, Lack of recognition, praise triggered lack of motivation and emotional stress	
Performing on the Edge: Hidden Manifestations of Distress	All three participants shared how distress is hidden and work is continued, despite the distress.	Coped distress through silence. He likes to think he can cope and is strong	Continued to work hard while struggling mentally and used smoking and drinking as methods to cope.	He observed that mental pressure can affect productivity or be dangerous where it can cause accidents and injuries
Power, Trust and Barriers to Open Communication	All three participants identified disclosure to be shaped by trust, relationship quality, hierarchy, and fear of judgement	Disclosure depended on trust and perceived safety and was limited by fear of judgment and discomfort with sharing with colleagues or managers	Sharing struggles at work feels risky due to the fear of judgement, discomfort with managers, and denial of opportunities	Disclosure is selective and shaped by hierarchy, professional boundaries, and the quality of manager–employee relationships.
Out of sight and out of reach - Empty Promises of support – Policy without Practice	Formal mental health support was perceived as invisible, inaccessible, and only on paper by participants' A & C	Mental health support is perceived as invisible, unclear, or difficult to access despite possible policies existing in theory.		Organisational policies may exist, but visible and structured mental health support is lacking in practice
A lonely walk at work	All participants' account shows that they managed their distress alone	Managed external pressures (Newborn, wife's postnatal depression)	Continued working hard while mentally struggling and developed	Both workers and managers often manage mental health concerns alone due to limited formal

		alongside work demands in silence	individualised coping mechanisms	guidance or shared systems.
Pathways to Change – Support, Change in organisational culture, and proactive care	All three participants in their own way suggested how they would like support to look like – normalised conversations, change in culture, and person-centred management	Participant A believes stigma can be reduced through early conversations, visible support, and reframing help-seeking as strength.	Broader social and workplace cultural norms must shift to make mental health conversations acceptable and safe. Support should include safe communication channels, non-judgemental management, and reassurance that disclosure will not harm careers	Participant C emphasises relationship-based support and the need for clearer organisational guidance for managers.

CHAPTER 5

DISCUSSION

5.1 Introduction

The aim of this chapter is to discuss the findings presented earlier in association with the three research questions and the literature reviewed, analysing what they mean, their location within the literature on workplace mental health, and will include theoretical frameworks. Each section will include the key perspectives of all three participants, the similarities and differences, and will critically evaluate them along with the literature.

This chapter also aims to explain how the participants define and talk about mental health (RQ1), examine workplace causes of mental health challenges, how distress is experienced, and what prevents open communication according to them (RQ2), and explore how these participants manage their well-being, perceive the availability and value the mental health support offered by their workplace (RQ3).

5.2 RQ1: How Factory Workers Define and Discuss Mental Health

The first research question was aimed to understand how factory workers in this study perceived mental health and how workplace and cultural norms shape these perceptions.

5.2.1 Mental Health Defined Through Strength, Stability, and Functionality

For all three participants, mental health was seen as the capacity to function in a stable, controlled, and effective manner in everyday life and at work. Mental health was conceptualized not in relation to happiness, fulfilment, or emotional expression but in relation to “holding it together,” staying grounded, and being able to carry out duties without interruption. Mental health was thus equated with being reliable and self-regulating rather than with emotional expression or relationship health (Baquero, 2022).

This functionalist definition of mental health corresponds to what has been termed the “instrumentalisation of mental health” in critical workplace well-being literature, whereby mental health is seen as valuable only in so far as it can support productivity and safety, rather than as an end in itself, an intrinsic human need (LaMontagne et al., 2014). In manufacturing settings, work is not only physically tough but sometimes safety is critical as well, and thus the ability to keep one's mind focused and emotions under control is very

crucial (Wang et al., 2023). So, this instrumentalisation and the need to be focused could be reason for the perception of mental health by the participants in this study.

This also aligns with the findings in construction and manual labour sectors. A study of the construction and blue collar sectors revealed that mental health is primarily viewed through the lens of functional resilience, with mental distress being recognized as such only when it affects work performance and the risk of accidents (Duckworth et al., 2024). In such settings, mental resilience is generally equated with toughness and the ability to endure stress without showing emotional effects. Similarly, Lu et al. (2020) identified that industries tend to treat psychological distress seriously only when it causes reduction in job performance.

In addition, the way the study participants talked about mental health was different to the wider concept of mental health that has been featured in public health models. The WHO's definition of mental health included the ability to cope with normal stresses in life, work efficiently (WHO, 2022) and this is similar to what all three participants understood mental health was. They too focused on stability and the ability to work efficiently. The WHO's definition of mental health incorporates not only the functional dimension but also emotional, social, and personal aspects of well-being. However, the participants in this research were mainly focused on the functional dimension of mental health, such as coping, able to focus, without any reference to emotional satisfaction or social aspect of their life. Participants also did not associate mental health to absence of mental illness. Kelloway et al. (2023) explain how there are a different mental health states between mental health and mental illness and individuals need to be aware of where they are in this continuum to understand whether they need support or treatment.

The concept of emotional labour (Hochschild, 1979) is another lens through which the lack of need of emotional satisfaction by the participants can be understood. Emotional labour refers to the management of one's emotions in order to meet the demands of the job. Although the notion is closely linked with service work, it can be extended to this case in a somewhat different way: employees restrain the outward signs of their disturbed emotions to project a calm, competent, and trustworthy image (Liu et al., 2020). Emotional regulation thus becomes a facet of the working environment, especially in those moments when mistakes can lead to visible physical injuries or invisible further mental health complications.

Though Participant A included that his feelings are important while defining mental health, his main focus was on “keeping it together” and work was a resting place from his personal stress. Similarly, Participant B included “being happy” as an emotional aspect while talking about mental health but he also emphasised that this was necessary for him to be “more stable and more present.” This was emphasised by Participant C who stated that a person who is mentally well is not affected by societal, work or personal stress, emphasising that emotional well-being is included but not prioritised while understanding what mental health is, or it is considered as an aspect that has to be ignored by these participants.

The JDC model (Karasek, 1979) also provides a sound rationale for this. Employees who are engaged in tasks that are both high in demand and low in control have less time to change this. Under these circumstances, simply being able to function becomes the main goal. They were left with less space to understand how they feel emotionally. The understanding of the participants that they have to have the capacity to keep on working despite stress, illustrates how functionality can hide distress at the same time being related to it in terms of presenteeism (de Oliveira et al., 2023).

Importantly, this functional perspective also has significant ramifications. When mental health is taken to mean simply the absence of a breakdown or put down in Participant A’s words “trying to get on with day-to-day life without worries and stresses,” warning signs of distress can be disregarded as normal. It can also be considered as a sign of one's internal weakness which is against the understanding of mental health by Participant C which is to be “somebody who’s strong,” instead of recognising it as a warning of unhealthy work environments.

Workers may delay getting help because they believe they are still "managing" their situation, whereas what they may actually be experiencing is emotional exhaustion, depression, or anxiety. This is consistent with research that shows blue-collar employees tend to underutilise mental health resources and only seek help when symptoms reach a severe level (Hanisch et al., 2016). The distinctions among blue-collar environments also highlight the significant role of occupation in the shaping of mental health literacy which in turn shapes the understanding of mental health and the need to seek help (Roche et al., 2024).

Research has identified that mental health is more likely to be understood with reference to stress management, work-life balance, and emotional health (Hennekam et al., 2020). In the

factory settings described by these participants, mental health is understood as more of stability and "holding it together" and the meaning of emotional vulnerability is rarely legitimised.

5.2.2 Masculinity and Workplace Cultures of Silence

The findings suggest that silence towards mental health problems in industrial environments is, to a large extent, a consequence of gendered expectations, especially masculine ideals that focus on traits like strength, emotional control, and self-reliance. While all participants have mentioned a general lack of talking about mental health issues, their stories illustrate how masculinity is ingrained in varied ways through generations, cultures, and work environments. Masculinity is not just a background factor but rather a cultural lens through which mental health issues and their management at the workplace are viewed.

The findings also displayed a typical generational masculine trait of being strong and emotionally inexpressive. Participant A commented, "I am a typical male, and I still believe in trying to solve my problems all by myself and just biting the bullet". Emotional difficulties were regarded as a minor problem that one must endure in silence and not talk about. Nevertheless, he also expressed the opinion that it is through helping oneself that one gains inner strength but, at the same time, he recognized that a lot of men belonging to his generation are not at ease with this concept.

This idea reflects the finding that traditional masculine ideals foster emotional repression and hinder men in manual and industrial jobs from seeking help (Roche et al., 2016). Participant B's story showed how cultural masculinity, resulting from upbringing and socialisation, still dominates the way some men express emotions at work today in factories. According to Participant B being brought up to believe that men do not share their feelings made him think that being able to express his feelings was something that he knew was good but was very difficult. It agrees with the values of many cultures, whereby control of one's emotions is associated with dignity, respect, and value (Ran et al., 2021). Extending such values to factory environments that already focus on strength and resilience results in men being culturally expected to disguise their internal suffering.

Participant C's story as a manager reveals how managerial masculinity, being a product of professional boundaries and power, leaves its mark on emotional expression (Connell & Messerschmidt, 2005). He recognized mental health as an important issue but at the same

time, he insisted that managers are only managers and not personal counsellors. Disclosure was seen as a matter that should be kept within the circle of what affects work performance (Mokhwelepa & Sumbane, 2025). This fits well with the notion of how masculinity and power intertwine to set a very high cultural demand for emotional distance and control (Connell & Messerschmidt, 2005). Emotional control, when exercised in a managerial role, is thought to be a sign of professionalism and power to the extent that showing vulnerability is not compatible with managerial competence (Staiger et al., 2020).

Moreover, the silence in this study can be related to the concept of stigma as explained by Goffman (1963). The presence of mental disorders is often related to one's social and professional identity that will be threatened (Elraz, 2018). The perception of emotional instability may be very dangerous, especially in the factory environment where the mental ability of workers is directly related to the safety and efficiency of the production process (Kayaba et al., 2021). As a result, employees refrain from revealing their sufferings not only because of their personal shame but also out of fear of being re-evaluated by others in terms of their competence (White et al., 2023).

According to Participant A, "a male dominated workplace" like his factory, masculine norms become part of the organisational culture (Duckworth et al., 2024). Participant B also agrees with this by stating "the culture needs to change." Employees are not explicitly told that they should ignore mental health problems; instead, the behaviour expected from a competent and reliable worker indirectly communicated that showing feelings is not encouraged. In New Zealand, revealing mental health issues is more difficult due to the culture of increasing resilience. They are well-known to experience the 'tall poppy syndrome' with an attitude to 'walk tall' (Denny et al., 2004). This study stated that this focus on resilience often silences the workers who are suffering from mental health issues.

Kim and Wang (2024) found that silences in organisations are influenced by both internal and external contextual factors and leadership aligning with the findings of this study that silences are mostly manifestations of different factors in the organisation. Staff members internalise masculine norms as a culture that influences silence like Participant A and B, whereas senior staff members keep their emotions at a distance maintaining professionalism and emotional detachment like Participant C (Kim & Wang, 2024). Managers like Participant C tend to navigate the complex demands of providing mental health support by maintaining boundaries such as being detached emotionally or becoming too involved or adopting a managerial style

that prevents workers from sharing. Participant C stated, “it depends on who you are sharing with, at work…… they are just managers” and he also mentioned “it’s not the company’s responsibility to deal with people’s personal issues” (Collins et al., 2024).

In short, the notion of masculinity, according to the participants in this study, is presented as quite a powerful principle that sets the framework and influences factors such as mental health literacy, emotional expression, and communication styles in factory settings. This study discussed further evidence of how masculine ideologies can impact the workplace culture, the roles they are playing and the support along with the perspectives of the participants.

5.3 RQ2: Workplace Causes of Mental Health Challenges, Manifestations, and Barriers to Communication

The second research question explored what the perceived causes of mental health problems were, how these problems were experienced in the day-to-day working environment, and what prevented open communication about mental health. The results indicate that mental health problems in a factory setting, according to these three participants, are not experienced as isolated incidents but rather as a process that occurs over time in a structural environment of high work demands, low control, economic constraint, and lack of opportunities for advancement. Mental health problems were rarely perceived by these participants as a personal or medical problem, but rather as situated within the normal everyday expectations of the working environment.

The findings of this study suggest that mental health issues are considered by the participants as a result of the combination of operational demands, economic needs, and work cultures that prioritize productivity over mental health. Due to the constant pressure for performance, stress became something normal rather than a problem that should be addressed. From the analysis, it appears that in order to be considered a good and dependable employee, participants A and B needed to go to work even when they were tired, sad, or demotivated. This is consistent with occupational health studies that have found chronic psychosocial stressors, rather than acute incidents, to be the main contributing factors to mental health problems in industrial settings (Fernandes & Pereira, 2016). Similarly, impact of psychosocial risk factors was seen to be associated with increased risk of stress related mental health disorders among workers (van der Molen et al., 2020).

The need for economic survival also proved to be a strong organising principle. First, financial obligations limited these workers' freedom to change the jobs even if they were dissatisfied with or needed to reduce their work load, thus consolidating what can be termed as "survival logic", or allowing oneself to suffer in silence. For instance, Participant B's mental image of being trapped between paying bills and doing meaningful work perfectly demonstrates the way job insecurity and lack of mobility worsen emotional suffering. This finding is in line with research which has identified job insecurity and the lack of reward as being associated with depression, anxiety, and poor well-being (Helbling & Kanji, 2018; Munoz Medina et al., 2023).

Communication about mental health was mediated by hierarchical power relations and threats of negative outcomes. For example, Participant B weighed up the risk of his behaviour being judged, of loss of status or less opportunities to grow in the organisation before finally deciding to speak up. Participant C, a manager, was limited by his professional boundaries which he felt prevented him from expressing his feelings, and also by emphasising the idea that mental health is a private matter and not an organisational one. This align with the findings from the study by Kim and Wang (2024) and Collins et al. (2024) that shows that mental health disclosure was affected by boundaries set by the management, or the management maintaining professionalism.

Crucially, the results suggest that barriers to communication are more complex than stigma or a lack of awareness but are instead embedded in structural and relational factors. For example, Participant A stated that "I think there's a lot of things available…. that we don't know about." Even Participant C as a manager shares similar views and states "I don't think people know where to go." Without clear, safe, and consistent systems in place, these workers had to fall back on their own personal trust in individual management, rather than organisational processes. This can lead to unequal access to care, and to silence as a safer choice according to the participants.

The themes explored in relation to this research question therefore begin to move beyond individual understanding of mental health by each participant to examine the ways in which workplace systems, economic facts, and power dynamics influence both the understanding and onset of mental health issues and the chances of seeking help among these participants.

5.3.1 Implacable Pressure and Normalised Strain

One of the important findings that has come from the experiences of the participants is the presence of work pressure that is constant and unrelenting and has become a normalised part of their life at the factory. Instead of seeing stress as something that is occasional or event-related, the participants have conceptualised pressure as something that is constant in the background and related to production targets, time, and keeping everything running smoothly. This has led to what can be conceptualised as a pressure loop that is constant and unrelenting, where demands build up but are rarely addressed, and where the default is to cope with it in silence.

For example, Participant A has talked about a situation where everyone is committed to "getting on with it," with no time to pause, reflect, or talk about psychological problems. Workers' pressure was not considered to be an issue of the organisation but rather one of the regular parts of life at the factory. This agrees with research findings which indicate that in many industrial settings, high demands and fast work pace are normalised as a natural part of the job and not as psychosocial risks (Fernandes & Pereira, 2016). It could be argued that once the pressure is normalised and becomes the routine, it gets very hard to tell the difference between a challenge and an overload (Al Hajj et al., 2023).

The JDC model gives a suitable framework for explaining how increased job demands can exhaust workers both mentally and physically. Factory work generally means performing monotonous tasks, being subjected to strict production schedules and having no control over the pace or method of work. The participants' testimonies about having no influence on the amount or the order of work show that they are probably performing high demand and low control jobs which are considered to be zones of stress related health problems. Importantly, the findings suggest that workers do not necessarily label these things as stressors since they are regarded as inevitable and permanent. For example, Participant B thinks he has to undergo the pressure as he thinks "If they find that I am struggling with the current workload, then probably they would never think that I would be capable to take more responsibilities" and Participant A states that "there's always pressure on."

One can also interpret the normalisation of pressure as aligning with a broader societal narrative that equates hard work with moral virtue (Grabowski et al., 2021). In cases of manual work, the willingness to endure stress is often interpreted as a marker of loyalty and robustness. In a study by Lu et al. (2013) presenteeism was seen among Chinese workers as a

sign of loyalty to employers and co-workers. Such societal narratives therefore make it tough to tell the difference between not being resilient and being overworked. This results in individuals having a hard time admitting that they are being overloaded. Research on male workers has further revealed that putting in long hours despite being constantly heavily pressured is regarded as a display of one's dedication, thus these individuals find it hard to raise their concerns (Duckworth et al., 2024).

The most significant impact of this pressure is the slow accumulation of neglected tension. Participant B described the scenario of pushing hard with his work, even though he felt he was getting more and more tired, disheartened, or emotionally exhausted. The absence of a crisis moment implies that distress can be concealed up to the time when it affects the individual's performance, attendance, or safety (Schulte et al., 2022). It also mirrors the phenomenon of presenteeism (de Oliveira et al., 2023), or dysfunctional presenteeism, (Bryan et al., 2022) wherein workers, whose psychological health is deteriorating, continue putting in their effort to work leading to hidden productivity losses and the risk of developing mental health problems.

Moreover, this research finding aligns with the reports of psychosocial risk in industrial workers, which point out that workload, time pressure, and lack of rest breaks are the main causes of anxiety, depression, and burnout in the workplace (Wang et al., 2023; Lu et al., 2020). For example, Participant A stated, "We're always rushed to get jobs done." Nevertheless, this study suggests a more complex picture by demonstrating how these participants perceive these pressures as normal rather than problematic. For example, Participant B said, "after working for some time, yeah, I forgot about, like, the pain, the feeling of depression or feeling anger, it….it went away a little bit." Suffering is not necessarily perceived as injustice or exploitation but suggests that overworking has been normalised.

Organisations accept the fact that high workload is inevitable in workplaces and provide interventions such as building resilience rather than addressing any underlying issues, or using a holistic approach (Denny et al., 2004). This is consistent with criticisms in the occupational health literature, where organisations are seen to place more emphasis on individual coping mechanisms than on preventative systemic change (LaMontagne et al., 2007; LaMontagne et al., 2014; Daniels et al., 2022; Fleming, 2024).

The theme of implacable pressure, therefore, illustrates the ways in which mental health issues in factory settings arise from the everyday, rather than extraordinary, pressures. The fact that the pressure is ongoing, combined with a lack of control and cultural norms of resilience, provides the conditions in which mental health strain becomes both common and hidden.

5.3.2 Trapped Between Financial Survival and Lack of Recognition

One of the major sources of psychological distress mentioned by the participants was the conflict between earning for a living and working with personal satisfaction. These participants did not feel the pressure of the nature of the work alone but also the pressure of the realisation that they had no other choice but to continue with the stressful or unsatisfying work because of financial reasons.

Participant A, who had just become a father, was under the financial pressure to run his family. He had to make a choice of either working in a higher position with increased workload and pressure with better pay or working in a lower position with a pay cut, or looking for a job which he can enjoy. He made the choice of the lower position with a pay cut though he was not happy with it due to his financial burden.

Similarly, Participant B captured the predicament vividly when he expressed that the main reason why he kept on doing the demotivating and emotionally draining job was to be able to pay his rent and utilities. He also said he did not feel that he had the freedom to quit his job even when he was demotivated and felt stuck. Participant C also stated," I need my pay too" emphasising that money is important in life too and that lack of finances can stress him more. Such a situation finds support in the literature on job and financial insecurities where it is pointed out that employees who perceive their economic situation as insecure are more likely to put up with stressful working conditions and to be at the same time stressed and anxious (Helbling & Kanji, 2018; Wilson et al., 2020). Hence, rather than viewing emotional fatigue as a signal of necessity to bring about the change (Raza et al., 2023), these participants felt it was something they had to tolerate.

The feeling of being trapped could also reflect the broader labour market conditions for blue-collar employees, where opportunities to move to a higher position are often limited (Hennequin, 2007). Researchers studying the working class have evidenced a direct link between feelings of despondency and despair due to the inability to get a promotion and the

monotonous nature of the tasks, particularly when the workers have dreams of doing other kinds of jobs (Lu et al., 2020). Thus, it can be argued that when these employees think they cannot go in the direction of their ideal jobs, the place where they spend most of their time turns into a source of despair instead of being a source of hope, thereby elevating their level of distress.

It could be further argued that this is an expression of what can be seen as the logic of survival, where the endurance of mental suffering is morally justified as a necessary part of being a responsible and self-providing individual or family member. Research on precarious work has demonstrated that economic necessity can normalize overwork and reduce resistance to toxic conditions (Wilson et al., 2020). Crucially, this experience of being trapped could also be intertwined with the ideals of masculinity. The need to be the family provider and to avoid being seen as weak may even further exacerbate the difficulty of men in acknowledging that their financial struggles are impacting their mental health (Staiger et al., 2020). Suffering is silenced twice: once as a worker who has to cope, and again as a man who has to be strong.

Another important source of psychological stress, as identified by the participants, was the lack of recognition and appreciation for their efforts. Although financial need was the reason for the employees to remain in their jobs, the psychological effect of being invisible or undervalued was an important factor in the reduction of their motivation and well-being. This issue reflects the fact that mental health at the workplace is affected not only by the amount of work but also by the recognition and value of the efforts in the working culture.

Participant B mentioned that he consistently gave his best at work, but his efforts were neither recognized nor promoted, he said, it was "really depressing." Participant A also emphasised that though he worked hard he was not given the expected pay when he stepped down from his position. This is the cornerstone of the ERI theory which indicates that a person is under stress when the effort put into a job is not rewarded in an appropriate manner such as in the form of recognition, respect, or career development opportunities (Eddy et al., 2023; Zhang et al., 2024). The absence of recognition and lack of opportunities intensify the despair of feeling worthless and stuck. Research has pointed out that an imbalance between effort and reward leads to depression, emotional exhaustion, and loss of motivation (Muñoz Medina et al., 2023).

This issue can also be linked to Herzberg's Two Factor Theory that describes hygiene factors such as compensation and job security, and motivators such as recognition and growth. While being employed covered financial needs, the absence of suitable acknowledgment and opportunity for development took away the intrinsic motivational factors, resulting in emotional detachment.

According to these participants their work environment was characterised by repetitive work and production focus during which their efforts became less visible. For example, Participant A noted that "everything about getting the job done…. It's all production" while Participant B was clearer in saying that "I was pouring my heart out to the praises, but I didn't get that support from management, and it was really depressing experience for me" and though Participant C did mention that "I first take care of people," he emphasised that this person-centred approach was his rather than organisational. This aligns with the ERI model that identifies respect and recognition to be an important part of reward at work, and not receiving this can lead to psychological strain (van Vegchel et al., 2005).

Recognition is basically an indication that one's contribution is appreciated, and with such recognition, a person may develop feelings of valued, acknowledged, validated and encourage sense of worth and self-esteem (Jo & Shin, 2025). Research on manufacturing workers confirmed that an imbalance in the effort and reward causes emotional strain, reduced health and well-being in industrial settings (Wang et al., 2017). Also, a study by Alahiane et al. (2023) emphasises that recognition when included in the reward, has a strong influence on employee's mental health and job satisfaction, suggesting that if recognition is absent, it could be a contributor to mental health risk for workers.

Compensation and job security can eliminate job dissatisfaction; at the same time, recognition and achievement serve as potent motivators whereby employees increase engagement and feelings of mental wellness. The case study of Participant A showed that if he had received the pay that he requested when he stepped down, he would not have thought about quitting his job. Similarly, Participant B stated he felt depressed and disengaged because he was not recognised or appreciated for his work. In factory settings where the work is often monotonous (Dong et al., 2017) and the focus is mainly on meeting production targets (Kabir et al., 2023); recognition may be less obvious than in other professional settings. This also suggests that workplace environment and management's behaviour affects

mental health of workers. For example, Participant C with his person-centred approach prioritised employee's well-being before focusing on productivity.

Research has also shown that employees who experience a lack of appreciation are at a higher risk of becoming emotionally detached from their work, even though they are physically present (de Oliveira et al., 2023). Again, Participant C's case could be used to explain the fact that productivity cannot be achieved if the worker is detached and emotionally strained. He stated, "there is no point in pressurising any employee to accomplish a task if he's not stable." Pressurising the employees to work without recognising their psychological well-being to meet production targets does not solve the situation but it amplifies it by increasing the risks of injury, errors and increase in distress (Rugulies et al., 2023). Recognition could be argued as a structural mechanism through which organisation can break the cycle of presenteeism. Being recognised not only strengthens employee's feeling of making a difference but also shows that their work is appreciated inside the organisation and helps reduce presenteeism, increases productivity, and improves the mental health of the employees (Alahiane et al., 2023).

Organisationally, this issue raises the importance of mental health not being a separate issue from employment structures and workplace conditions. Resilience building strategies in workplaces do not consider that many workers feel they are unable to change their current situation. Vanhove et al. (2016) in their study emphasised that resilience building programmes aim to provide resources to prevent the negative effects from the exposure to future stressors. Also, the study by Lunnay et al. (2024) emphasises that employees may have factors that are interconnected and affect their mental health over which they have very little power to change. Without considering issues of recognition, progression, and job security, organisations are at risk of over-pathologising mental health, making it a personal issue rather than an organisational one.

This theme suggests that when individuals feel trapped in their economic situation, with a lack of recognition in their current position, distress is exacerbated.

These findings were also consistent with the ERI model that identifies recognition and respect to be important components of reward for workers. The findings also suggest that structural and organisational interventions are necessary rather than relying on individual interventions to address this imbalance.

5.3.3 Performing on the Edge: Hidden Manifestations of Distress

The continuance of working and fulfilment of expectations in spite of mental health deterioration was a very clear theme that came out of the participants' stories. Rather than taking a break or getting help, the employees continued to work when they were emotionally exhausted, demotivated, or hopeless. The distress in this instance was not always visible through absence or breakdown but rather through quiet and often very private ways of deterioration.

This pattern was seen in all the three participants. Each one of them demonstrated coping methods to manage distress individually and privately, rather than disclosing it. Participant B was perhaps the best example where he resorted to substances such as alcohol and smoking when he felt that he was stuck and not motivated. He stated that he had not previously relied on these before: "I started smoking, which I had never done before, and also began drinking more." In contrast, Participant A coped with distress through silence and stoicism. He described himself as “I'm probably a typical male, where I like to think I'm quite strong, and I can cope.” This could be a way in which concealment was interpreted as resilience. Participant C on the other hand focuses on the well-being of his staff rather than on his own. This also shows that distress was managed individually and not organisationally.

This is important as these individual coping mechanisms whether they are through substance use, emotional suppression, or through diversion, are not a helpful response. Research by Hennekam et al. (2020) indicates that workers who feel that they are unable to change their situation or reveal their distress openly resort to individual coping strategies that may offer them some temporary relief but are harmful in the long run affecting their productivity and health. When organisations do not support disclosure, it does not help to reduce distress but reduces the need to disclose and seek help (Hastuti & Timming, 2021). Problem-focused coping strategies usually focus on the source of the stress and changing it. This is more effective for controllable stressors, whereas for stressors that are uncontrollable like those faced by the participants – absence of recognition and job insecurity workers usually cope using emotion-focused coping that manages the feeling without addressing the cause (Menéndez-Espina et al., 2019). The prevalence of this strategy among Participant A and B thus suggests that it is not an individual weakness but the need for organisational support to help disclosure when distress is experienced.

Being present at work despite the struggles aligns with the concept of presenteeism, defined as the situation when an employee is physically present at work but is less productive due to health problems (de Oliveira et al., 2023). In fact, presenteeism is harder to be identified than absenteeism and it significantly affects the employee's psychology and productivity. Being present at work is highly valued by workers as it helps deal with the impacts of absenteeism such as fear of losing a job, impact on the workload, peer support, or the work schedule being affected (Gosselin et al., 2013). For example, Participant A mentions: “Not taking days off, because you let your team down, if you, you know, if you take time off, the job gets behind.” So, employees may decide to keep working even if they are emotionally exhausted. The participant's testimonies make it clear that they wanted to be seen as more reliable with a need for recognition rather than making efforts to disclose their issues.

Moreover, the findings correspond with research that has identified work-related stress as an antecedent of burnout, emotional exhaustion, and disengagement (Maslach & Leiter, 2016; Lu et al., 2020). It is worth noting that burnout does not necessarily entail an instant breakdown or quitting work. Instead, it features a lack of enthusiasm, being cynical, and a decreased sense of competence alongside the ability to continue performing job tasks (Maslach & Leiter, 2016). Burnout can be a result of either mental and physical stress due to increased job demands or reduced motivation due to poor job resources such as recognition, autonomy or support (Bakker & Demerouti, 2017). Participant B's decreased drive and the sentiment that there was "no point" in trying anymore to depict this state of emotional exhaustion. Participant A similarly showed a withdrawal of engagement by focusing just on meeting production targets. Participant C, from his management position, stated that he experienced emotional strain too.

Emotional repression plays a significant role in this gradual deterioration. It was already pointed out that masculine stereotypes and work requirements imply that people should mask their suffering. Individuals who suppress their genuine emotions by showing different expressions are associated with increased rates of anxiety, depression, and emotional exhaustion rather than those who adopt emotional coping strategies (Liu et al., 2008 as cited in Zhao et al., 2025). It is evident that blue collar workers in male dominant industries have an increased risk, due to repetitive work, emotional suppression, and low job control and are associated with anxiety and depression significantly (Battams et al., 2014).

Another crucial element of this emotional suppression is the process of normalisation of suffering. Participant A and B did not view their coping strategies at work as indicative of mental health issues but viewed it as a rational response to a problematic situation. Participant A's thought of work as a diversion from a bigger stress and his acceptance that he is a typical male who is strong who can deal with stress is a way of suppression in the form of self-sufficiency. Participant B on the other hand, did not think his smoking and drinking habits were a sign of deterioration of his health but rather considered it as just his response to the difficult situation at work. This is consistent with evidence that individuals in high-stress occupations tend to perceive stress-related symptoms as a personal failing or lifestyle choice rather than an occupational health issue (Hanisch et al., 2016). This can mean that organisations tend to underestimate the level of distress experienced by employees who appear to be coping.

This creates a chain reaction whereby high demands are kept up because there are no apparent breakdowns, while the hidden costs such as lowered morale, disengagement, and long-term health deterioration remains invisible to the organisation too (Maslach & Leiter, 2016). For example, Participant A stated that "everything's about getting the jobs done... it's all production," which shows how functionality can hide the psychological stress that is paid.

In summary, it could be argued that mental health problems in factories emerge through a process of slow wear and tear that is out of sight, rather than a sudden emergency. Workers continue doing their job despite the accumulating strain, managing their distress using their own coping strategies which could reflect a structural absence of support rather than an individual failure. The next theme reflects the reason why these participants chose to resort to their own coping mechanisms rather than communicate to get support.

5.3.4 Power, Trust, and Barriers to Open Communication

The findings suggest that the disclosure of mental health issues at work is determined less by the severity of the distress and more by the power dynamics, trust, and one's position in the organisational hierarchy. According to all three participants, disclosure was not something that happens naturally or something that was helpful, rather, it was a deliberate and potentially a risky decision with unsure consequences.

For example, Participant A stated that "actually, I'm struggling, um, and I need to talk to somebody. I mean, a lot of the time, that could be part of the problem, is you don't want to

tell somebody that you're close to and work with it." He also mentioned "A lot of people will think they're…Not strong enough for the family, or they're a bit weak, or they're too… they can't handle. The stresses, and they won't speak out." Participant B faced a lot of stress with the thought of sharing, he stated "I feel it is difficult to come across and share my feelings, because if they don't like how I feel, or if they find that I'm not feeling like I'm not at the best of my self, they might let me go down, or that might affect…. probably fear of not getting into the position that I desire in future…. because if they find that I am struggling with the current workload, then probably they would never think of me that I would be capable to take more, better, more of those tasks or responsibilities, responsibilities, that is very clear."

This aligns with the research on workplace stigma, which has established that employees try to conceal the mental health problems to avoid being regarded as incompetent or unreliable (Hogg et al., 2023). Research of organisational silence emphasises that organisations that are highly hierarchical tend to create barriers both formal and informal that prevent upward communication (Newman et al., 2017; Morrison, 2023). Participant C's narrative shows that professional boundaries can be portrayed as a tool for preserving emotional distance. He remarked that managers are 'merely managers,' which indicates that their role is related to work and not to personal issues. Research by Morrison (2023) also shows that employees may also hold internalised beliefs regarding the risk of opening up, no matter how approachable the supervisor is. This resignation and fear were found to be associated with reduced health and well-being and increased work-related stress. It was also seen to affect job satisfaction and turnover intentions (Knoll & van Dick, 2012; Morrison, 2023).

On the contrary, Shepherd et al. (2019) related the open-mindedness of supervisor to the motivation of the employee to speak. Similarly, Morrison (2023) stated that the behaviour, style, personality, and mood of the supervisor could play an important role in empowering and motivating employees to share. This can be seen in Participant A's narrative where he thinks about the stress and pressure endured during his supervisory role. He stated that back then "I don't, you know, I don't want to hear about it kind of thing" Participant C on the other hand mentioned that he is very supportive to his team and said "As a manager, I have created that environment at work, so, uh, my people who work under me. They can come and talk to me, anything." He also stated that "if they… share anything to me" showing that managers can be supportive. A study by Hu and Jiang (2018) suggests that when helping behaviour is displayed by supervisor's support, it helps to create better employee self-efficacy.

Psychological safety, defined as a shared understanding that it is safe to take interpersonal risks such as admitting a mistake or sharing worries, without fear of rejection, embarrassment, or punishment (Edmondson, 1999) - could be used to explain these processes. In this study, it could be argued that psychological safety appeared to be fragile and individualised. Participants assessed safety based on their personal relationships with their managers rather than on organisational systems of support. Research confirms that psychological safety reduces in highly hierarchical context by increasing the interpersonal risks of speaking up, particularly for those in lower positions (Edmondson & Lei, 2014; Newman et al., 2017).

In addition, power shapes workplace communication through what organisational researchers refer to as impression management. Employees frequently attempt to manage how they are perceived by those in power, especially when there is a risk to professional growth or job security (Huang et al., 2013; Lee et al., 2018; Muñoz Medina et al., 2023). Admitting to having emotional difficulties may not be in line with the message of being a reliable and strong employee, especially in an endurance culture.

Relying on personal trust rather than official channels has far-reaching consequences for fairness. For instance, workers who have understanding supervisors could get support via their personal connections, whereas others may simply be neglected. Participant C's emphasis on relationship suggests that help can become unfair and unevenly distributed based on personal compatibility. As he stated, "people are different for… with some people, you can share a lot of things. Some people you can't". Research suggests that this can lead to organisational silence, as employees do not know whether to speak up for help or how much they can share, or if there is a risk of more harm thus defaulting them to silence (Newman et al., 2017). When sharing is considered to carry risks, employees might opt to wait till distress becomes severe before getting help and it starts to affect their life, to a point where early intervention is not possible. This is consistent with the fact that stigma and fear of discrimination delays support-seeking behaviour and suppresses the use of support services at work (Hanisch et al., 2016; Hogg et al., 2023).

In summary, this theme suggests that communication about mental health in factories is mainly shaped by the structural power relations and uncertainty regarding the consequences. It argues that remaining silent becomes easier when psychological safety is absent and support channels are not confident. This circles back to the culture of endurance as discussed

in the previous themes and is one of the mechanisms that leads to distress due to lack of organisational recognition or response.

5.4 RQ3: Strategies for Managing Mental Well-being and Perceptions of Support

The third research question was concerned with how factory workers cope with their mental health and how they view the availability, accessibility, and utility of mental health support in the workplace.

All three participants described mental health support in their workplace as based on personal endurance, emotional repression, or external resources, with formal organisational structures being viewed as confusing, distant, or invisible. However, the three participants did not dismiss the concept of mental health support in the workplace. Rather, they pointed out the difference between what could be and what is. Their stories show both the weaknesses of current approaches and their thoughts on how to improve them and give a glimpse into how factory-based mental health care might become more substantial and effective.

The discussion of RQ3 is structured around themes that reflect the tension between the need and absence. It will discuss the participants' experience on the mental health support, the gap between the policies and practices, individualisation of mental health management, the reliance on personal relationships as informal care, the need for clear and trusted pathways and finally the perspectives on how workplace culture could change to make support available. Together these themes will suggest the inconsistencies and limitations, the need to rely on personal strategies rather than organisational systems, and in doing so maintaining inequality and preventing early intervention.

5.4.1 Invisible Support Systems

5.4.1.1 Out of Sight and Out of Reach / Invisible Support Systems

For all three participants, mental health support in their workplace was not experienced as openly hostile and explicitly denied, but rather as distant, confusing, and invisible. Support was present, if at all, in the background, not woven into the fabric of everyday working life, not talked about on a regular basis, and not clearly signposted. This meant that these participants perceived mental health support as something they might have to find out themselves, often at a point when they were already overwhelmed.

The participant A's view of mental health support being "out of sight and out of reach" encapsulates this. There was no mention of information channels, regular conversations, or visible reminders that mental health was a concern of the organisation. He stated, "It's kind of brushed over… if we ever have a meeting, it might be mentioned… it feels like you're kind of ticking a box so that they can say they've offered." The onus seemed to be on the worker to make the first move in a conversation, to ask what might be available, and to work the system on their own. He mentioned "I think you'd have to… Come in yourself, and kind of explain your struggling, ask for help, and ask what's available." This aligns with the pattern of endurance and self-reliance identified in earlier themes: when mental health support is hidden, it becomes very easy to think that one should be able to handle their problems alone (Hanisch et al., 2016).

Participant B's narrative similarly illustrated how support was invisible to him – "Like in my current like this experience so far, I have not come across mental support or anything here." He also included that he had an increased sense of risk even if it was there and he had to access it. This aligns with research that demonstrated fears regarding stigma, recognition, and career growth to be a main reason for employees to choose to maintain silence. This means that even if support existed, this could be a barrier and be as significant as its absence (Dewa et al., 2021; Lyubykh et al., 2025). Support tends to remain just an idea rather than a practice when there is no clear communication regarding consequences, confidentiality, or the available resources. Research confirms that the uncertainty of how personal health information will be managed is a significant barrier to individuals who want to seek help (Lyubykh et al., 2025). In Participant B's case the absence of visible support became a silent barrier, making the decision not to share was not only an easy choice but a safer one too (Hanisch et al., 2016).

Participant C's view as a manager further confirmed the absence of support. He stated, "There's no pamphlets… nothing to give them," "Most of the workplaces will not have anything if they have any problems." Lack of visible material, formal instructions, or organisational procedures to support mental health issues or discussions was confirmed by him – "there's no pamphlets, so there's no… nothing to give them." Without formal systems in place, he had to use his own discretion rather than organisational policy, which could mean that support was dependent on the individual managers and not on the organisation and it was not available to all the employees. Research on line managers who provided support to their

staff experiencing psychological distress found that the level of support available varied for employees depending on manager in the role rather than of the formal organisational systems (Collins et al., 2024). This concern was reinforced in the study by Hammer et al. (2024) that showed that the outcomes were uneven when the manager's discretion to implement policies and share resources is not guided by organisational procedures.

This invisibility corresponds to the pattern seen in the workplace mental health literature. Organisations often pay lip service to mental health without integrating it into their daily operations. When policies are not implemented in a way that is visible to employees, they interpret a message that mental health is not as important as other concerns (LaMontagne et al., 2014; Deady et al., 2024). The lack of visible psychological safety systems, in contrast to the very visible physical safety systems found in factories indicates what is of more value and what is not to the organisation (Schulte et al., 2022).

From a psychological point of view, the lack of clear support systems can be a risk factor in itself (Fernandes & Pereira, 2016). The uncertainty of the consequences of coming forward or where to go faced by the employees during mental distress is compounded by the added stress of decision-making and the consequences of doing so (LaMontagne et al., 2014; Deady et al., 2024). Participant B explained his concern was not just whether help was provided, but also, he was worried about what would happen if he accessed it. This led to him managing his distress on his own, resorting to unhealthy habits.

Most importantly, being "out of sight and out of reach" is more than a mere phrase that describes poor communication. It is a structural situation that changes mental health from an organisational responsibility into an individualised problem. When mental health is not a topic in a workplace conversation, it becomes incorporated into the culture and employees understand that it is something that people do not discuss at work and this shapes their understanding and behaviour.

5.4.1.2 Empty Promises of Support – Policy without Practice

This theme is closely related to the previous theme. It argues that mental health support in factories is not only invisible but a matter of policy rather than practice. The participants identified a gap between organisational claims that mental health is cared for and the reality where production and work performance is the main focus. This led to a feeling that support was superficial, and a promise not kept.

Participant A thought that even if there were policies or support, they were not being actively practiced into the working culture. It was something that employees have to search for themselves. Conversations regarding mental health issues are also not considered as something normal. This emphasises the perception that mental health is not a collective organisation concern but is an individual problem. The employees might consider that using the support services is not normal nor it is advisable professionally (Deady et al., 2024).

Participant B's experience of neglect and lack of recognition is another example for this gap. It could be argued that organisations may declare that they value the psychological well-being of employees, but Participant B felt it otherwise. Participant C's view as a manager confirmed this gap was experienced at the management level too. He stated "if they are going through any personal problems……Uh, it's up to them. I don't think companies do anything about it." This suggests that managers were left to use their own judgement in facilitating the psychological well-being of employees and providing different levels of support, producing inequitable and inconsistent outcomes (Hammer et al., 2024).

This reflects on what could be understood as a form of symbolic compliance. It could be argued that organisations adopt the language of well-being without really embedding it in their everyday operations (LaMontagne et al., 2014; Fleming, 2024). This suggests that mental health is acknowledged at the level of policy, but it is not of priority when it has to be implemented. Research by Deady et al. (2024) supports the argument that organisations do mention that they have mental health interventions and programmes, but the employees believe that it does not meet their needs, suggesting the gap between commitment and lived experience. The absence of such procedures for equal psychological safety thus communicates a hidden message regarding the value allocated to worker's mental health (Schulte et al., 2022).

This gap also creates a trust issue if seen from the perspective of organisational culture (Monteiro & Joseph, 2023). Generally, organisational culture that supports well-being of employees is constructed not only using policies but through consistent, visible actions (Deady et at., 2024). This is also directly related to the organisational silence.

In summary, "empty promises of support" expresses more than just an expression of discontent. It suggests that there is a mismatch between organisational words and actions that has real impact on the workers. When well-being is rhetorical and not prioritised practically,

the responsibility of managing mental health issues becomes the responsibility of the employees themselves – a pattern that shows a structured emphasis on changing the employee rather than making changes in the workplace (LaMontagne et al., 2014; Fleming, 2024). It also reflects the trust issue that is developed within the organisational culture that establishes the cycle of concealment (Morrison, 2023) which in turn influences the behaviour and understanding of the employees regarding mental health.

5.4.1.3 A Lonely Walk at Work – Individualised Coping

This theme "the lonely walk at work" was developed during the analysis of themes for Participant C. But, without the presence of visible, trusted and structured organisational support, this was seen among all three participants. Participant A and B described managing their mental health without the support from their employees, while Participant C described how he supported his staff personally without any organisational guidance and he also explained "I don't think people know where to go" regarding his employees.

Participant A mentioned "I was, like most men… You can just get through it. It's just a bit of a tough part. You'll get through it… You grit and bear it, and… it'll pass, kind of thing," showing that he was trying to manage his stress by himself. This emphasis the fact in the systemic review by Mokhwelepa and Sumbane (2025) that men's response to distress is mainly through self-reliance, stoicism, and toughness. He also emphasised this when he stated, "You have to actively go out and try and find it…" Thereby suggesting that providing support passively through policies without communicating it actively is similar to not providing support at all (Roche et al., 2024).

The coping strategies of Participant B indicated the deep, seated loneliness that was produced by individualised coping procedures. He talked about struggles within, lack of motivation, and burnout while continuing to work hard. Despite his struggles he did not have anywhere to get support from. This suggests Fleming's (2024) findings that shows that individualised coping mechanisms does not help improve mental health issues if the structure of the work continues to remain the same.

This individualisation of responsibility, as discussed in earlier themes, is a part of the broad and well-documented change in workplace literature, in which the focus of organisations has moved from trying to mitigate the structural causes of stress to trying to build resilience and individual coping strategies (Aust et al., 2024). In terms of the psychosocial risk approach to

understanding stress (Fernandes & Pereira, 2016), the individualisation of coping can actually have the effect of increasing stress. By suppressing emotions, withholding information, and continuing to work under stress, employees may actually increase their stress levels rather than reducing them. Over time, this can lead to burnout, disengagement, and unhealthy behaviour, which have been well-documented in factory and industrial settings (Lu et al., 2020; Maslach & Leiter, 2016).

This theme also points to the issue of inequality in the ability to cope. Employees who have strong social connections outside of work may find some solace, while others may feel utterly alone. Since the support is not institutionalised in the work environment, the well-being becomes the individual's concern rather than the organisation's. In this way, this theme 'the lonely walk at work' is not just a metaphor, it reflects how mental health issue became a personal problem in the workplace. It could be argued that good employees are expected to cope alone and seeking help remains as an exception and not a norm.

5.4.2 Pathways to Support

5.4.2.1 Support through Personal Connection – Informal Care in the Workplace

While formal systems were considered weak or invisible, support was not entirely absent according to the participants. Rather, it existed in informal, relationship-based forms, contingent on personal trust rather than organisational design. It could be argued that employees were more likely to open up when they felt genuine human connection with a colleague or supervisor, suggesting that care in factory settings is relational rather than structural. This is consistent with the findings of Hammer et al. (2024) that demonstrates that co-worker and supervisor's support acts as a buffer against distress even in the absence of formal support.

This pattern was seen across all three participants, though it was made evident in different ways. Participant A stated, "I think the same is probably available to people in the workplace, but until you…. Actively go out and try and find it" suggesting that there is support available but not present formally. He also mentioned that "it's… a lot stronger to stand out and speak up and ask for help than to sit in silence" implying that trust has to be established that could enable disclosure. This relational trust can help create small pockets of psychological safety within the silent culture of the organisation (Edmondson, 1999).

Participant B found it “very difficult to open up with the people I’m working with, especially if I’m reporting to my manager,” and stated he did not “feel comfortable sharing my vulnerabilities,” suggesting that the formal hierarchical connection with his manager prevented the relational trust that could have enabled support. Hammer et al’s. (2024) research on support from supervisors confirms that support from managers such as validating concerns, listening, and responding can help to increase trust, reduce the thought of risks, thereby increasing the willingness to disclose.

Participant C acknowledged that employees may not disclose "too much because they don't want the boss to know too much,” suggesting that this approach may also have its limits. He also noted that there was no formal systems that would help him with his care "there's no pamphlets... nothing to give them. Only regarding health and safety.” It could be argued that lack of formal care is more of a structural absence than a managerial one.

This suggests that the presence of informal relationship support could be meaningful to some employees while it could pose a risk at the organisational level. From the viewpoint of organisational justice, support that is not equally accessible may impair justice (Colquitt et al., 2007). It can be also implied that the absence of formal systems may become less urgent as some employees appear to be coping (Hanisch et al., 2016). Therefore, this theme suggests that support through personal connection to be both a strength and a structural limitation. According to Participant C’s belief managers should be able to “guide or lead people into the right direction… where to go and get help from” and it could be argued that with formal systems and structural support the underlying issues of distress could be addressed in greater depth (LaMontagne et al., 2014; Hammer et al., 2024).

5.4.2.2 The Need for Clear and Trusted Systems

All three participants identified the absence of clear, visible, and trusted support pathways as a barrier to them seeking or providing help. Participant A indicated that support exists but remains inaccessible “I think there’s probably a lot of things available…. that we don’t know about…. You have to actively go out and try and find it.” Participant B stated that support did exist but there was fear to access it “there is fear…. Fear of losing my job or my future position” that lead him to manage his distress on his own. Participant C also confirmed this from his management side that there was absence of materials or guidance and stating, “I don’t think companies think about it.”

Research that confirms that employees in male dominated industrial setting who have poor health literacy will not be able to recognise when or where to look for help and might not utilise the support that is not communicated or embedded in the workplace (LaMontagne et al., 2014; Roche et al., 2024). In such environments providing passive support is equivalent to no support at all. Deady et al. (2024) explained how employees who do not know what support exists or lack reason to trust that accessing it would be safe, will not use it.

Participant B also proposed a structural change when he reflected on the interview and stated, "there should be a workshop like this... people don't even know that they need help." He also mentioned "talking to you made me think about what I'm doing and what my plans are." This suggests that structured, facilitated conversations can prompt employees to seek help. Similarly, Participant A made a structural recommendation by mentioning, "if you do offer any kind of mental health help... it should be outlined when you're employed." This is consistent with evidence that states onboarding is important and is often a missed opportunity to normalise mental health and to communicate the support before the distress develops (LaMontagne et al., 2014).

Participant C emphasised the need for trainings to both managers and staff to provide them with clear structured guidance. His recommendation was to resemble the health and safety information to provide mental health support. He mentioned, "it would be nice if workplaces have... a kind of guide, where there is a guideline, like how people get health and safety issues." He also recognised that not every manager can provide the mental health support that he provides and the realistic goal for organisation should not be to make managers counsellors, but it has to be to provide a pathway so that "at least they can know that, okay, there's such and such number I can call." All three participants acknowledged that there were external services and support that existed in NZ, but the awareness is not there. This is consistent with research by Roche et al. (2024) that recommends mental health literacy and signposting to be included within organisational practice not as a separate programme but as a part of the health and safety system.

In summary, the findings suggest that there is a need for clear and trusted pathways for support and that it is not a logistical change but a structural and cultural change. Employees will not seek support unless they know it is present, trust that utilising it is safe, and that it will not affect their employment or professional development. Managers will not be able to provide the required guidance unless they have the resources to do so. It can be suggested

that without resources, organisations might not be able to provide the support for their employees. It also confirms that visibility, trust, and confidentiality are foundational requirements for an effective workplace mental health support (LaMontagne et al., 2014; Roche et al., 2024; Lyubykh et al., 2025).

5.4.2.3 Culture Needs to Change – Challenging Stigma and Redefining Strength

The need for cultural change has emerged across all three participants as an interconnected and persistent theme. Masculine norms, stigma, and silence were seen as factors that produce an environment where mental health issues could not be disclosed and thereby support could not be effectively provided. The participants indicated that unless workplace culture changes and attitudes about strength, professionalism, and emotional stoicism change, formal support structures may not be used effectively. Participant A identified this by describing "there's a stigma attached to mental health... being soft or being weak," and "a lot of people won't step up and say, you know, I'm having a bad day."

Participant B's view extended a little beyond a culture at work to a culture in which he grew up. According to him these norms were rooted in him well before him entering the workplace. Though he understood the benefits of disclosure, feelings of shame and fear of negative judgement by others stopped him from disclosing his stress. This is consistent with research that demonstrates self-stigma, which is the internalisation of stigmatising beliefs about one's own mental health. This is considered to be a huge barrier in help-seeking as act an external stigma. Together these two forms of stigma intensified the issue and led the individuals to conceal their difficulties in order to protect their self-identity and their social standing (Link & Phelan, 2001; Hogg et al., 2023).

Participant C from his managerial level acknowledged the culture of silence at his workplace. He described the barriers in disclosing across the hierarchy by stating "when it comes to your work manager, it always depends how much you want to share." He also observed that this was also due to uncertainty "you don't know how much help you can get from them." He also acknowledged that his person-centred approach was different from most "not every manager works very similar to me." It would be argued here that the broader culture has not changed to match his personal values. It suggests that cultural change is not simply a matter of individual change, but it is a systemic change at an organisational level (Hammer et al., 2024).

The participant's call for cultural change therefore includes redefining what strength and professionalism mean in a factory context. It could be suggested that organisations would need to recognise support-seeking as responsible, professional, and safe rather than aligning resilience with silence and endurance. It would be a transformation that research on organisational culture indicate must be done through consistent management behaviour, embedded practices, and leadership (LaMontagne et al., 2014; Deady et al., 2024).

This theme thereby suggests that structural and cultural change must be pursued at the same time. Without change in the culture, factors such as internal and external stigma, masculine norms, and self-stigma can act as barriers for structural support to be accessed. Similarly, without structural change, cultural change will not have any foundation to build on. The participants' reflections suggest a future in which openness could be normal, care is collective, and mental health is understood as a part of being a professional and capable employee rather than an issue that has to be managed privately.

CHAPTER 6

CONCLUSION

6.1 Summary of Findings

This research has explored how three factory workers in New Zealand understood mental health, what workplace factors contributed to their psychological distress, and how they perceived and accessed mental health support in their workplace. This section aims to summarise the key contributions of the discussion across the three research questions and the themes developed through thematic analysis.

6.1.1 The Discussion of RQ1

The aim was to understand how the three participants define and discuss mental health, and it was revealed that all three of them understood mental health mainly in functional terms. They understood mental health as the capacity to remain stable, concentrate, and continue to work under pressure. It could be argued that both these perceptions reflect the demands of a factory environment and the masculine cultural norms that could have shaped how these participants understood professionalism and competence. For these participants, mental health was not developed in emotional or relational terms but was related to reliability, endurance, and self-regulation. These were consistent with what the literature describes as the instrumentalisation of mental health in industrial settings LaMontagne et al., 2014; Duckworth et al., 2024).

6.1.2 The Discussion of RQ2

The aim of this research question was to understand the specific workplace factors that cause mental health issues, how they manifest in everyday work life and what barriers are perceived for disclosure according to the participants. The discussion of the cause of psychological distress was drawn on the ERI model and JDC model to situate the participants' experiences within the theoretical frameworks. The participants described high production demands, constrained autonomy, lack of recognition, and financial dependency as characteristics of their work environment. These conditions were argued to generate a self-perpetuating cycle of normalisation of stress in which endurance was an expected response that was also culturally reinforced. The mask of masculinity, the culture of silence, and the stigma attached to expressing distress were identified as barriers for open communication by the participants. These were identified both at an individual level as internalised beliefs and at the

organisational level as expectations that shaped what participants shared, to whom, and under what circumstances.

6.1.3 The Discussion of RQ3

The aim of this research question was to understand the formal and informal strategies the participants used to manage their mental health issues, and how they perceived the accessibility and effectiveness of the support systems. The discussion of their perceptions of support and coping found that formal mental health support systems were invisible, inaccessible, or absent in their workplaces. The support that existed operated through informal relational methods dependent on the personal values of the manager. Participant C's people-centred approach was identified as a structurally unsustainable form of support though it was meaningful. It was recognised as a support system that could not be consistently available to all employees and that it depended entirely on personal choices rather than a structural system of the organisation. The themes discussed suggested the need for a structural and cultural change to happen simultaneously, as each one is a precondition for the other to function effectively (Deady et al., 2024; Hammer et al., 2024).

6.2 Practical Implications and Recommendations

The participants' narratives suggest several practical directions that could be considered in future research in factories, though it is important to note that these recommendations are drawn from three qualitative case studies and should be understood as exploratory and tentative.

All three participants suggested though in different ways, that mental health information should be made visible and accessible similar to the health and safety guidelines. For example, Participant C suggested that emergency mental health contacts could be shared, similar to the fire and accident information. This thereby suggested a structural change for organisations to consider without significant investment in resources. Similarly, Participant A also suggested a low-cost change of providing information in the contract or while being employed regarding the mental health support that is available in the organisation that could be provided at onboarding and could address the gap between the support that exists in policies and the employees knowing that it exists in practice too.

The narratives of the participants also suggested that providing training to managers could also be helpful. Participant C acknowledged that his approach for support was not common,

and that without structural support there might not be enough resources even for managers who want to support employees with distress, or even to direct them to appropriate services. Research supports this view that manager training in mental health awareness and signposting can help improve employees willingness to disclose and get support (Hammer et al., 2024; Roche et al., 2024).

Finally, the discussion suggests that any structural changes would need to be associated with continuous efforts to normalise mental health conversations in factory settings. How this can be achieved in factories, and what interventions are most effective in such male-dominated industries, could be an important suggestion for future research.

6.3 Limitations and Future Research

6.3.1 Study Limitations

This study has limitations that should be acknowledged. The sample consisted of three participants with one interview each whose experiences were analysed using thematic analysis. Though this approach enabled bringing the voices out with individual perspectives along with the depth of engagement, the findings could be read as contextually grounded insights and is not necessarily generalisable to broader populations within the experience of factory workers.

Remote interviews are a good way to accomplish a meeting when people are far apart, but certainly, there is a limitation of the depth of contact that each person may feel, as compared to face-to-face interviews and this limited the depth of engagement.

The world pandemic of COVID-19, which affected the whole planet and caused all kinds of restrictions and regulations, including the data collection period. As a result, the participants' experiences and perceptions of mental health might be very different from those in non-pandemic times.

All three participants were men working in male-dominated factory environment, which means that the findings and analysis are weighted towards masculine cultural norms. The experiences of women, gender-diverse workers, or workers from different cultural or demographic backgrounds in factory settings are not captured here and may differ considerably.

The participants are also from the same factory, thus employees working in industries with different organisational culture or with different support systems might have perceptions and experiences that vary from the participants of this study.

The participants accounts are self-reported, thereby subjecting it to the limitations of interview data which are shaped by memory, self-presentation, and the degree of comfort each of them felt while disclosing their experiences with the researcher.

The participants of this study did not identify as Māori or Pacific, hence the understanding and perception of their views on mental health in factories based on their culture and values could not be collected or analysed.

6.3.2 Future Recommendations

Future research could extend this work by working with larger and diverse samples, such as women, gender-diverse, different culture, and different demographic workers across different factory types and regions in New Zealand. Comparative studies between different industrial sectors and longitudinal studies that can help track mental health experiences over time, could also help with the understanding of how workplace cultures in industrial settings evolve in relation to mental health norms.

Intervention studies examining the effect of different approaches would also be valuable such as mental health literacy training, peer support programmes, or integrating mental health into well-being, health and safety policies in factories. Such studies can provide empirical evidence for the recommendations that this qualitative study tentatively proposed.

Final recommendation would be to include Māori and Pacific participants in future research to understand what their perception of mental health in factories is and how interventions can be made culturally appropriate so the health inequities if any can be addressed.

6.4 Conclusion

This research aimed to understand how three factory workers in New Zealand conceptualised mental health, what workplace factors contributed to their psychological distress, and how they perceived and accessed mental health support. Utilising the evidence collected through detailed qualitative case studies and thematic analysis, themes were developed to answer the three research questions such as mental health as stability, strength and “holding it together”; the mask of masculinity; the part of health that is neglected; impeccable pressure loop;

navigating between trust, boundaries, and disclosure; empty promises of support; a lonely walk at work; and the need for change.

All three participants understood mental health as the capacity to function, to concentrate, endure, and keep working rather than emotional or relational well-being. The analysis suggested that this functional concept was shaped by masculine norms and reinforced structural situations of the factory environment that they worked in. These norms equated strength with silence, and conditions that make endurance the path of least resistance. It suggested that psychological distress was not acknowledged until it became difficult to conceal. This was consistent with the research on presenteeism and normalisation of stress in male-dominated workplace (Bryan et al., 2022; de Oliveira et al., 2023; Zhao et al., 2025).

The participants described workplace stressors such as production pressure, financial dependency, lack of recognition, and limited autonomy. This aligned with the structural risk factors identified in ERI, JDC, and the two-factor theoretical frameworks. These were complicated by the culture in their working environment that made disclosure feel professionally risky along with the absence of formal support systems that were visible, trusted, and confidential. Support that existed was informal and relational suggesting that it was meaningful to those who had access to it but was not equally experienced and hence structurally unsustainable (Colquitt et al., 2007).

The perspectives of participants on what needs to change included visible pathways, training and mental health literacy, change in culture to normalise mental health conversations, and information when onboarding. This also suggested that an integrated approach in which both cultural and structural changes could be beneficial if pursued simultaneously. This research provides a grounded, participant-centred perspective on workplace mental health in factory settings in New Zealand. The findings, though of limited scope, raise a voice for the importance of further research. It suggests that understanding and improving mental health in factory settings could benefit with further research not only on individual resilience but also on organisational systems and cultural norms within which the well-being of workers is embedded (LaMontagne et al., 2014; Deady et al., 2024; Roche et al., 2024).

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APPENDICES

AI Declaration

Please copyedit the following text for a Master's thesis. Your job is strictly limited to: * Correcting spelling and grammatical errors, fixing punctuation * Correcting inconsistent terminology (e.g. if the same concept is referred to by two different names, flag it and ask me which I prefer — do not choose for me) * Fixing citation formatting where it is non-standard (citations should not open a sentence as the subject — e.g. "(Smith, 2020) found that…" should become "Smith (2020) found that…" or the citation should move to the end) * Flagging repeated sentences or phrases without removing them — ask me first Do NOT: rewrite sentences for style, change my argument, add content, restructure paragraphs, or suggest I say something differently unless it is grammatically incorrect. If something is awkward but grammatically acceptable, leave it alone and do not comment on it. Work through the text section by section and show me the corrected version with any questions clearly marked."

Semi-structured questionnaire

Semi-structured questionnaire

Introduction: The participant will be explained the title of the study, the purpose and how confidentiality will be maintained. The participant will be reminded that they can refuse to answer any question or withdraw from the study at any point during the interview.

Part 1: Understanding of Mental health at workplace

1. When I say 'Mental health" what does it mean to you?
2. In your opinion do you think mental health has to be given importance in your workplace.
3. Do you think people at your work talk about mental health openly, If yes/No – Why?

Part 2: Effect on work performance

1. Have you experienced any mental health challenges affecting your work?

2. Do you take time off work due to mental health issues – if yes how often?

Part 3: Support at workplace to manage mental health issues

1. What type of support have you received from your organisation and colleagues?
2. Are you aware of any workplace policies or resources that are provided for the management of your mental health issues?
3. Have you used any of them and how did it help?

Part 4: Support from leaders and organisation

1. What is your view on how the organisation responds to your mental health issues?
2. What changes do you think might be helpful for employees dealing with mental health problems?
3. Do you feel comfortable to discuss your mental health with the management team and why or why not?

Part 5: Final questions

1. Is there any additional resource or support that you think that could have helped you to improve or manage your mental health problems better?
2. Is there anything else you would like to share?

Finally, the participant will be thanked for their time and valuable information. The participant will be given a $40 thankyou voucher for the valuable time and information they have given.

Consent Form

CONSENT FORM FOR RESEARCH PARTICIPANT

Title of the Research: Understanding the Impact of Grief on Factory Workers, their Work Performance and Daily Life.

Researcher: Jemi Sivagurunathan

University: Massey University

Contact Information: [redacted]

Aim of the study: This research thus aims to understand the impact of grief on employees/factory workers. The effect it has on their work performance and their day-to-day life. This research also aims to analyse how they manage their grief at work and the support they receive from the organisation. This will help to understand the key challenges for the leaders.

Participant requirements:

- You must be a factory worker who has experienced grief in the past 3 years.
- You must be 18 years or older.

What the study involves:

- Participation in an interview.
- Duration: 30 minutes
- The interview will be recorded and analysed for this study.

Participation to the study is entirely voluntary. You can refuse to answer any questions or withdraw from the study at any point without any penalty.

Confidentiality: This is to ensure that your identity will remain confidential. The data will be anonymised and stored securely and that only the research team will have access to your data.

Potential Risks and Benefits:

- There is a risk of emotional discomfort while discussing the grief experience.
- You will be contributing to improve the support systems for other grieving employees.

IF YOU HAVE ANY FURTHER QUESTIONS OR CONCERNS, PLEASE DO NOT HESTITATE TO CONTACT ME ON MY EMAIL ADDRESS MENTIONED ABOVE.

CONSENT STATEMENT:

I have read the above information provided and understood it. I do understand that my participation is voluntary, and I can withdraw from the study anytime. I also understand that the information that I provide will be used for research purposes and that my privacy will be protected. Thereby, I consent to participate in this research.

Participant's name: _____

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

Constructing Mental Health – Factory workers perception on issues and practices

INFORMATION SHEET

My name is Jemi Sivagurunathan, a postgraduate student at Massey University. This research is a part of my master's thesis.

You are invited to participate in this research project about how factory workers understand the experience of mental health in their workplaces. This research is looking at understanding your general views on mental health issues within workplaces, the support provided by management and your views on it. We want to hear your voices and experiences. Your input can help us understand how mental health is viewed and experienced in factories and how the support can be improved.

Taking part in this is completely voluntary. You will also need to be able to understand and speak in English. Your name and personal details will be kept confidential. This thesis will also not publish any identifying information. The information will be stored confidentially for up to 7years.

Those who choose to be a part of this study will need to email a signed copy of the consent form to [redacted]@massey.ac.nz. The participants will need to mention their names in the consent form which will be maintained confidential. This study requires 3-6 participants to get enough data for a good understanding of the experiences.

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You will need to participate in a one hour zoom interview. This can be done at any suitable day and time that is agreed on. The interview will be recorded. Since the interview is on experiences of mental health issues in the workplace, it may bring up some distressing issues and if this is the case, you may stop the interview at any time, and we have provided a list of helpful services below for you to contact.

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *Decline to answer any particular question.*
- *Withdraw from the study at any time up to 21 days after the interview date.*
- *Edit your transcript within 21 days of receiving it.*
- *Ask any questions about the study at any time during participation.*
- *Provide information on the understanding that your name will not be used.*
- *Be given access to the thesis when it is completed.*

Name of the Researcher: Jemi Sivagurunathan
Contact: [redacted]@massey.ac.nz
Name of the Supervisor: Megan Young
Contact: mcm.young@massey.ac.nz
You are welcome to contact me or my supervisor if you have any questions regarding the study at any time of the project.

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 3, Application OM3 25/46. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 3, email humanethics3@massey.ac.nz

List of services:

Lifeline – 0800543354
Depression Helpline – 0800111757 or free text 4202
Vaka Tautua – 0800 825 282
Anxiety – 08002694389 (0800 ANXIETY)
Healthline - 0800611116
Pacific Helpline – 0800 652 535