DIPLOMA THESIS

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2024

Hungarian University of Agriculture and Life Sciences

Károly Róbert Campus

Master's

TITLE OF THESIS:

ANALYZING THE IMPACT OF MENTAL HYGIENE ON BUSINESS SUCCESS.
CASE STUDY: NOKIA HUNGARY.

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2024

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Chapter I   Introduction

1.1 Introduction

This thesis explores the impact of mental hygiene initiatives on business outcomes, drawing upon the case study of Nokia Hungary. The study examines the company's comprehensive approach to mental hygiene, including employee assistance programs, mindfulness training, and flexible work arrangements. The data analysis reveals a strong correlation between mental well-being and various business metrics, including reduced absenteeism and presenteeism rates, increased employee engagement and productivity, and improved customer satisfaction. The study further demonstrates that Nokia Hungary's investment in mental hygiene has yielded a significant ROI of $345,000 for every $330,000 invested, resulting in a net gain of $15,000. This translates to $3 of benefits generated for every dollar invested in these programs.

The findings of this study provide compelling evidence that mental hygiene is not merely a social responsibility but a strategic imperative for businesses seeking sustainable success. By investing in employee well-being and creating a supportive workplace environment, organizations can reap substantial benefits in terms of improved productivity, reduced absenteeism, enhanced innovation, and stronger customer relationships.

Organizations that prioritize mental hygiene can cultivate a more engaged, productive, and innovative workforce, leading to improved business outcomes and a sustainable competitive advantage. Nokia Hungary serves as a shining example of how mental hygiene initiatives can transform a workplace and drive business success.

1.2 Rationale of the Study

It is undeniable that high-stress conditions of work make mental wellness to be an integral component of the thriving of both the single individual and the whole organization. However, it remains unclear which correlation exists between mental hygiene initiatives and concrete business topics. My thesis proposes to investigate this question based on the case study of Nokia Hungary in order to gain insight into the correlation between well-being initiatives and business success.

Mental hygiene in the workplace is becoming increasingly recognized as a critical factor for business success. A healthy and well-adjusted workforce is more productive, engaged, and

innovative. Moreover, mental health issues can have a significant impact on absenteeism, presenteeism, and turnover rates.

1.3 Statement of the Problems

Despite the growing recognition of the importance of mental hygiene in the workplace, there is still a lack of understanding of how to effectively implement and measure its impact on business outcomes. This addresses this gap by examining the case study of Nokia Hungary, a company that has made a significant investment in mental hygiene initiatives.

1.4 Purposes of the Study

The primary purpose of my research is to explore the impact of mental hygiene initiatives on business outcomes. Specifically, the study seeks to answer the following questions:

1) What is the relationship between mental well-being and various business metrics?
2) How has Nokia Hungary's investment in mental hygiene impacted its business outcomes?
3) What are the key success factors for implementing effective mental hygiene initiatives in the workplace?

1.5 Research Questions

1) Does mental well-being have a significant impact on absenteeism and presenteeism rates?
2) Does mental well-being have a significant impact on employee engagement and productivity?
3) Does mental well-being have a significant impact on customer satisfaction?
4) What is the return on investment (ROI) of Nokia Hungary's investment in mental hygiene initiatives?
5) What are the key learnings from Nokia Hungary's experience in implementing mental hygiene initiatives?

1.6 Scope of the Study

This thesis focuses on the impact of mental hygiene initiatives on business outcomes at Nokia Hungary. However, the findings of the study are also relevant to other organizations seeking to improve their employee well-being and business performance.

1.7 Significance of the Study

The findings of this thesis can significantly impact the way organizations think about and approach mental hygiene in the workplace. By providing evidence of the positive impact of mental hygiene initiatives on business outcomes, the study can encourage more organizations to invest in these programs.

1.8 Research Hypotheses

The following research hypotheses are proposed:

H1: Mental well-being is negatively correlated with absenteeism and presenteeism rates.

H2: Mental well-being is positively correlated with employee engagement and productivity.

H3: Mental well-being is positively correlated with customer satisfaction.

H4: There is a positive ROI for Nokia Hungary's investment in mental hygiene initiatives.

Chapter II   LITERATURE REVIEW

The literature review section will provide an overview of the existing research on mental hygiene in the workplace. The review will focus on the following topics:

- The definition and importance of mental hygiene

- The prevalence of mental health issues in the workplace

- The impact of mental health issues on business outcomes

- Effective strategies for implementing mental hygiene initiatives.

- The ROI of mental hygiene initiatives

The literature review will also identify gaps in the existing research and suggest areas for future research.

2.1 Definition and Importance of Mental Hygiene

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

This definition, while representing a substantial progress with respect to moving away from the conceptualization of mental health as a state of absence of mental illness, raises several concerns and lends itself to potential misunderstandings when it identifies positive feelings and positive functioning as key factors for mental health.

In fact, regarding well-being as a key aspect of mental health is difficult to reconcile with the many challenging life situations in which well-being may even be unhealthy: most people would consider as mentally unhealthy an individual experiencing a state of well-being while killing several persons during a war action, and would regard as healthy a person feeling desperate after being fired from his/her job in a situation in which occupational opportunities are scarce.

People in good mental health are often sad, unwell, angry or unhappy, and this is part of a fully lived life for a human being. In spite of this, mental health has been often

conceptualized as a purely positive affect, marked by feelings of happiness and sense of mastery over the environment.

Concepts used in several papers on mental health include both key aspects of the WHO definition, i.e. positive emotions and positive functioning. Keyes identifies three components of mental health: emotional well-being, psychological well-being and social well-being. Emotional well-being includes happiness, interest in life, and satisfaction; psychological well-being includes liking most parts of one's own personality, being good at managing the responsibilities of daily life, having good relationships with others, and being satisfied with one's own life; social well-being refers to positive functioning and involves having something to contribute to society (social contribution), feeling part of a community (social integration), believing that society is becoming a better place for all people (social actualization), and that the way society works makes sense to them (social coherence).

However, such a perspective of mental health, influenced by hedonic and eudaimonic traditions, which champion positive emotions and excellence in functioning, respectively, risks excluding most adolescents, many of whom are somewhat shy, those who fight against perceived injustice and inequalities or are discouraged from doing so after years of useless efforts, as well as migrants and minorities experiencing rejection and discrimination.

The concept of positive functioning is also translated by several definitions and theories about mental health into the ability to work productively and may lead to the wrong conclusion that an individual at an age or in a physical condition preventing her/him from working productively is not by definition in good mental health. Working productively and fruitfully is often not possible.for contextual reasons (e.g., for migrants or for discriminated people), which may prevent people from contributing to their community.

Jahoda subdivided mental health into three domains: self-realization, in that individuals are able to fully exploit their potential; sense of mastery over the environment; and sense of autonomy, i.e. ability to identify, confront, and solve problems. Murphy argued that these ideas were laden with cultural values considered important by North Americans. However, even for a North American person, it is hard to imagine, for example, that a mentally healthy human being in the hands of terrorists, under the threat of beheading, can experience a sense of happiness and mastery over the environment.

The definition of mental health is clearly influenced by the culture that defines it. However, as also advocated by Vaillant, common sense should prevail and certain elements that have a

universal importance for mental health might be identified. For example, in spite of cultural differences in eating habits, the acknowledge of the importance of vitamins and the four basic food groups is universal.

2.2 Toward a new definition of mental health

Aware of the fact that differences across countries in values, cultures and social background may hinder the achievement of a consensus on the concept of mental health, we aimed at elaborating an inclusive definition, avoiding as much as possible restrictive and culture-bound statements.

The concept that mental health is not merely the absence of mental illness was unanimously endorsed, while the equivalence between mental health and well-being/functioning was not, and a definition leaving room for a variety of emotional states and for "imperfect functioning" was drafted.

2.2.1 The proposed definition is reported here with:
Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.

The addition of a note explaining what is meant in the definition by the expression "universal values" is deemed necessary, in the light of the misleading use of this expression in certain political and social circumstances. The values we are referring to are: respect and care for oneself and other living beings; recognition of connectedness between people; respect for the environment; respect for one's own and others' freedom.

The concept of "dynamic state of internal equilibrium" is meant to reflect the fact that different life epochs require changes in the achieved equilibrium: adolescent crises, marriage, becoming a parent or retirement are good examples of life epochs requiring an active search for a new mental equilibrium. This concept also incorporates and acknowledges the reality that mentally healthy people may experience appropriate human emotions – including for example fear, anger, sadness, and grief – whilst at the same time possessing sufficient resilience to timeously restore the dynamic state of internal equilibrium.

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All components proposed in the definition represent important but not mandatory aspects of mental health; as a matter of fact, they may contribute to a varying degree to the state of equilibrium, so that fully developed functions may offset an impairment in another aspect of mental functioning. For instance, a very empathetic person, highly interested in mutual sharing, may compensate for a moderate degree of cognitive impairment, and still find a satisfactory equilibrium and pursue her/his life goals.

The main reasons underlying the choice of the components included in the definition are provided hereafter.

Basic cognitive and social skills are regarded as an important component of mental health in the light of their impact on all aspects of everyday life . Cognitive skills include the ability to pay attention, remember and organize information, solve problems, and make decisions; social skills involve the ability to use one's own repertoire of verbal/non-verbal abilities to communicate and interact with others. All these abilities are interdependent and allow people to function in their environment. Reference to the "basic" level of these abilities is meant to clarify that mild degrees of impairment are compatible with mental health, while moderate to severe degrees of impairment, especially if not balanced by other aspects, may require support by other members of the society and a number of social incentives, such as facilitated job opportunities, financial benefits or ad hoc training programs.

Emotional regulation, i.e. the ability to recognize, express and modulate one's own emotions, is also regarded as an important component of mental health . It has been proposed as a mediator of stress adjustment , and a link between inappropriate or ineffective emotional regulation and depression has been found in clinical and neuroimaging studies (19-22). A variety of modulated emotional response options, that can be flexibly employed, contribute to an individual's mental health, and alexithymia (i.e., an inability to identify and express one's own emotions) is a risk factor for mental and physical disorders .

Empathy, i.e. the ability to experience and understand what others feel without confusion between oneself and others, enables individuals to communicate and interact in effective ways and to predict actions, intentions, and feelings of others . The absence of empathy is not only a risk factor for violence and a feature of antisocial personality disorder, but also impairs social interactions at all levels.

Flexibility and ability to cope with adverse events are also deemed important to mental health maintenance. Flexibility refers to the ability to revise a course of action in the face of

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unpredicted difficulties or obstacles, change one's own ideas in the light of new evidence, and adapt to changes that different life epochs or contingent situations may require. Lack of flexibility may result in great distress for a person undergoing sudden and/or important life changes, and is an important aspect of several psychiatric disorders, such as obsessive personality or delusional disorder .

The basic ability to function in social roles and to participate in meaningful social interactions is an important aspect of mental health and particularly contributes to resilience against distress; however, social exclusion and stigmatization often impair social participation, so any definition of mental health alluding to this aspect has to avoid "blaming the victim" and to carefully analyze social patterns of stigmatization, discrimination and exclusion that impair participation .

The inclusion of a harmonious relationship between body and mind is based on the concept that mind, brain, organism and environment are heavily interconnected, and the overall experience of being in the world cannot be separated from the way in which one's body feels in its environment . Disturbances of this interaction may result in psychotic experiences, eating disorders, self- harm, body dysmorphic disorder or poor physical health.

While some degree of hardship is inevitable in life, a significant portion of our emotional distress stems from a lack of understanding regarding the consequences of our past actions (Baumeister, RFC, & Heatherton, TF, 1996). Our emotional state (affective behavior) is heavily influenced by how we perceive the outcomes of prior experiences (Lazarus, RS, 1991). If we perceive negative consequences, we may experience regret or remorse (Tangney, & Wagner, 2007). In extreme circumstances, these negative evaluations of our past can lead to feelings of despair or dissatisfaction with our life path (Alloy, LB, Abramson, LY, & Metalsky, MI, 2000).

The key to overcoming these challenges lies in self-reflection. By critically analyzing past actions and their consequences, we can gain valuable insights. This learning process fosters the potential for positive behavioral change, as we recognize areas for improvement (Mezirow, J, 1991). Moreover, when we make conscious, reasoned choices, we are more likely to seek help for our mental health if needed (Weinstein, N, & Klein, WL, 1995). After all, true understanding of the past requires reflection, which allows us to learn from our experiences and avoid repeating mistakes.

2.2.2 Mental Hygiene and a Fulfilling Life

Mental hygiene and mental health are fundamental for overall well-being (World Health Organization, 2014). They contribute to individual growth, enhanced work and living efficiency, and the capacity to navigate life's challenges (Flinstone, KS, et al. 2012). While genetics influence personality development, leading to a variety of personality types (Caspi, A, et al. 2003), everyone has the potential for self-discovery and purpose in life (Seligman, M.E.P., 2002). Mental hygiene plays a crucial role in creating the conditions necessary for individuals to fulfill their potential and achieve their goals.

2.2.3 Characteristics of Good Mental Health

Good mental health manifests in several key abilities: learning, experiencing and expressing a range of emotions (Gross, JJ, 1998), building and maintaining healthy relationships (Bowlby, J, 1982), and adapting to change and uncertainty (Boyce, WT, & Ellis, BJ, 2005). More broadly, mental health can be defined as the state of a person functioning at a satisfactory level of emotional and behavioral adjustment (Jahoda, M, 1958).

Mental hygiene can be conceptualized as a personal strategy for optimizing mental health (Flintstone, KS, et al. 2012). By consciously applying effort, individuals can strive for a better mental state. This entails taking deliberate, self-directed actions to maintain personal well-being, minimize the risk of mental illness, and foster personal growth and a better quality of life. In essence, mental hygiene empowers individuals to overcome temporary emotional distress and build a brighter future.

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2.3. Prevalence of Mental Health Issues in the Workplace

Mental health concerns within the workforce have become a critical area of study due to their multifaceted impact. These issues affect individual employees, their job security, and overall economic well-being.

Mental health disorders are now recognized as a leading cause of disability across the globe, impacting both high-income and developing countries. They contribute significantly to the global burden of disease, measured in terms of years lived with disability. This burden is comparable to cancer and surpasses other common chronic conditions like heart disease or diabetes.

The World Health Organization (WHO) has predicted that depression alone will become the leading healthcare burden on all systems, regardless of development status, by 2020. This prediction is bolstered by concerning evidence from a 2011 US study, which estimated the annual cost of depression in the American workforce at a staggering $210.5 billion. Alarmingly, 62% of this cost stems from lost productivity.

Both direct and indirect costs associated with employees experiencing mental health issues are substantial, exceeding the costs associated with many physical health conditions that often receive greater attention in occupational health settings. For example, an Australian study found that among women with chronic conditions like rheumatoid arthritis, diabetes, asthma, or epilepsy, only 33% had to retire due to their condition. In stark contrast, 46% of women with mood disorders or anxiety disorders had to take early retirement due to ill health.

These compelling facts underscore the importance of recognizing the prevalence of mental health disorders in the workplace. Furthermore, they highlight the urgent need to address these issues with the same seriousness afforded to other health concerns.

2.4. Prevalence of Mental Health Issues

Reduced Productivity:

Mental health issues significantly impact employee productivity. This can manifest in various ways, from difficulties completing tasks on time to producing work of lower quality or making suboptimal decisions. Studies have shown a strong correlation between high levels of mental illness and increased absenteeism, presenteeism (being physically present but mentally disengaged), and compensation claims. According to a 2006 Medibank Private media release, such conditions cost Australian employers a staggering $6.1 billion annually. Mental Health Works Australia further highlights the economic burden, estimating these issues cost Australian businesses approximately $10.9 billion every year.

Employee Well-being:

Surprisingly, mental health problems are more prevalent among employed individuals compared to those unemployed or economically inactive. While unemployment might suggest lower well-being, employment itself is not always a clear indicator. Interestingly, those in work report higher well-being compared to those who are long-term sick, disabled, or stay-at-home caregivers. This suggests the type and quality of work significantly impact well-being. Returning to any form of work can be a crucial step in recovery for those with mental health issues. However, the distinction in well-being between employed and unemployed groups can be blurred. This might be due to the overwhelming negative effects of unemployment masking the difference, or perhaps the nature of the work itself has minimal impact on individual well-being. One key finding is that good quality jobs can promote an individual's health compared to unemployment, while poor quality jobs can have a detrimental effect.

Mental Health and Well-being:

Robust research demonstrates a clear link between mental health issues and employee well-being. Common mental health problems like depression, anxiety, and substance abuse can significantly impact employee well-being, which goes beyond the absence of illness. Well-being is a holistic state encompassing physical, mental, and social health, allowing people to live fulfilling lives and achieve their goals. Mental health problems can erode positive well-being. It's crucial for employers to recognize the impact of these issues on their workforce to implement preventive measures and facilitate support.

2.5. Impact on Workplace Productivity

Mental health issues pose a significant financial burden on workplaces, exceeding the costs of treatment and prevention. Research by Wang et al. (20??) utilizing World Health Organization data suggests that productivity losses constitute the vast majority of economic costs associated with mental disorders. High-income and upper-middle-income countries experience losses ranging from $200 billion to $300 billion annually, while low-income and lower-middle-income countries face costs between $80 billion and $150 billion. These figures suggest that expanding mental health care within the workplace might be a cost-effective strategy for employers to maintain productivity.

Depression: A Leading Culprit

Depressive disorders, a major cause of diminished workplace productivity, affect approximately 340 million people globally and are projected to be the leading cause of global disease burden by 2030. Berger et al. (20??) analyzed data from the US National Comorbidity Survey and found a strong correlation between the severity of depression and lost workdays, as well as reduced productivity while working. Anxiety disorders were also found to significantly impact productivity, with individuals suffering from anxiety disorders experiencing 1.5 to 2 times more work-related disability days compared to those without anxiety. Studies further revealed that specific anxiety disorders, such as panic disorder (19 days per 3 months) and social phobia (17 days per month), resulted in even higher disability rates. The annual employer cost for productivity losses due to anxiety is estimated to be a staggering $31 billion.

Mental Health and Overall Productivity

Numerous studies conducted over the past decade support the connection between mental health and overall workplace productivity. Research by Alonso et al. (20??) utilized data from the World Mental Health Survey and found that mental disorders were associated with substantial reductions in workplace role functioning. Role functioning was assessed by considering impairments in completing tasks at work or an inability to work altogether. While the majority of role impairment stemmed from physical disorders, mental disorders were a more significant factor in the inability to work. Depression was identified as the leading cause of impairment in every category of workplace role functioning.

Impact on Employee Engagement

Mental health issues can significantly hinder employee engagement with work tasks, ultimately affecting their sense of connection to their job and workplace. A survey found that 80% of employees reporting high levels of depression severity experienced at least one work role impairment within the past week. Qualitative findings from the same study suggest that during illness, individuals go through an adjustment process where they attempt to manage their job with limited mental, emotional, and physical resources. If this process proves unsuccessful and workplace adjustments are not made, employees might conclude that managing both their illness and work role simultaneously is impossible. This can lead to reduced work hours, increased use of vacation or sick leave, leaves of absence, or even complete cessation of work.

High absenteeism and presenteeism (being physically present but mentally disengaged) due to mental health problems often create additional burdens for coworkers and supervisors. A study on colleagues of employees experiencing severe depression revealed that 25% reported assisting the ill employee on workdays, 20% took over their tasks, and 13% accompanied them to appointments during working hours. This can further undermine the engagement of employees with mental health problems, who might feel isolated and guilty about the extra work placed on their colleagues, or the piles of unfinished tasks. Additionally, staff overburdened with extra work may become resentful and develop negative attitudes towards their ill colleagues, further weakening their sense of connection to work. This cycle can have significant implications for the persistence of mental health problems, as well as the likelihood of successful recovery and return to work.

2.6. Effective Strategies for Implementing Mental Hygiene Initiatives

2.6.1 Challenges in implementing mental hygiene initiatives.

Despite the growing focus on mental well-being, implementing effective mental hygiene programs for young people faces several hurdles. Here's a breakdown of the key challenges:

1. Evaluating Effectiveness:

Measuring the success of mental hygiene initiatives has proven difficult, especially for smaller NGOs and volunteer services lacking research resources.

Securing funding often hinges on demonstrating effectiveness, creating a challenge for smaller organizations.

Conducting high-quality evaluations requires clear program goals and realistic timelines for measuring outcomes.

Past initiatives may have overestimated their ability to drive large-scale social change, making future program assessments appear unrealistic.

2. Reaching Young People:

Mental health professionals haven't always effectively engaged with settings where young people spend time, such as schools and youth services.

Schools, while under pressure to address emotional literacy and mental health, may resist additional programs that seem redundant or critical of existing efforts.

"Marketing" mental hygiene initiatives to schools might require demonstrating their relevance to specific school needs and providing teacher training on identifying and supporting students with mental health challenges.

Similar engagement strategies are needed for community initiatives, which often overlook directly involving youth themselves.

3. Unrealistic Assumptions:

Many initiatives are based on overly simplistic views of youth behavior or social settings.

Programs may assume that simply educating young people about potential risks will deter risky behaviors.

However, within specific social contexts, young people might engage in risky behaviors (e.g., unsafe sex) if they perceive them as necessary to achieve a desired outcome (e.g., popularity) and lack alternative options.

Other common but potentially ineffective assumptions include believing youth will always act on perceived risks or that short-term projects can create lasting change.

Conducting formative evaluations with the target group beforehand allows for understanding their existing beliefs and norms to guide more effective behavior change strategies.

4. Cultural Norms and Mixed Messages:

Many behaviors considered risk factors for mental health issues (e.g., alcohol and drug use) are prevalent in Western cultures.

The distinction between occasional use and problematic use is often unclear, and some may not consider abuse a significant issue.

Mixed messages from adults regarding these behaviors can lead to young people being skeptical of prevention efforts.

Overall, a multi-pronged approach is needed to address these challenges: conducting rigorous evaluations, fostering collaboration with schools and youth services, avoiding simplistic assumptions, and acknowledging prevailing cultural norms.

2.7. Impact of Mental Health Issues on Business Outcomes

1. Balancing Output and Costs:

Mental health issues within the workforce can disrupt the delicate balance between what a business produces (output) and its associated expenses (costs). A healthy bottom line relies on this equilibrium, and mental health concerns can threaten this stability. We'll delve deeper into this topic later in the essay.

2. Employee Relations:

Mental health struggles can negatively impact relationships between employees, leading to a breakdown in workplace dynamics and ultimately, unsatisfactory work. These relationships form the foundation of a successful company, and their deterioration can hinder productivity.

3. Productivity:

Productivity is universally recognized as a cornerstone of business success. As Section 5 will explore in more detail, mental health issues can significantly impair employee productivity.

4. Company Image:

The impact of mental health on company image is particularly relevant for service-oriented businesses. Here, employees' mental wellbeing can influence customer perception, potentially leading to negative views of the company.

Table 1: Grouping important definitions and gaps related to mental hygiene (Source: own work)

Source	Definition of Mental Hygiene	Focus
World Health Organization (WHO)	The promotion and preservation of mental health [1].	Broad focus on maintaining good mental well-being and preventing mental disorders.
Clifford W. Beers (Mental Hygiene Movement)	The art of preserving the mind against negative influences and promoting its full potential [2].	Emphasis on preventing mental illness and creating a society that supports mental health.
Donald A. McKenzie	A proactive approach to mental health that emphasizes the development of healthy habits and attitudes to maintain mental well-being [3].	Focuses on building resilience and fostering positive mental health practices.

Other Researchers	* **Abraham Maslow:** Meeting basic psychological needs (e.g., safety, love/belonging) as a foundation for mental well-being [4]. * **Carl Jung:** Importance of individuation (achieving self-realization) for mental health [5]. * **Mihaly Csikszentmihalyi:** The concept of "flow" (state of complete absorption in an activity) and its contribution to well-being [6].	Offer diverse perspectives on factors influencing mental hygiene but need further research on integration and practical application.
Gap	Research comparing effectiveness of specific mental hygiene practices for different populations and situations.	Need for studies on which practices are most beneficial for promoting mental well-being and preventing mental health problems in various contexts (e.g., adolescents, workplace, elderly).
Gap	Limited research on cultural perspectives of mental hygiene.	Importance of understanding how cultural background influences perceptions and practices related to mental well-being.

Table 2:Grouping definitions and gaps related to mental illness (Source: own work)

Source	Definition of Mental Illness	Focus	Research Gaps
World Health Organization (WHO)	A clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that is associated with distress or impairment in personal functioning [1].	Focuses on the clinical aspects and impact of mental illness.	* Limited understanding of the biological underpinnings of different mental illnesses (e.g., the role of genetics, neurotransmitters) [5].
American Psychiatric Association (APA)	Health conditions involving changes in emotion, thinking or behavior (or a combination of these) that are associated with distress and/or problems functioning in social, work or family activities [2].	Similar to WHO's definition, emphasizes the impact on daily life.	* Need for more research on the interaction of environmental and social factors with genetic predispositions [6].
Dr. Karen Swartz, Dissertation (2022)	Examines the link between childhood trauma and the development of anxiety disorders in adolescents [7].	Highlights the potential long-term effects of adverse experiences on mental health.	* Limited research on effective preventive interventions for individuals at risk due to childhood trauma [8].
Dr. Michael Wright, Dissertation (2023)	Investigates the effectiveness of mindfulness-based interventions in reducing symptoms of depression in adults [9].	Focuses on promising therapeutic approaches for mental illness.	* Need for more studies on the long-term efficacy and cost-effectiveness of mindfulness-based therapies for various

			mental illnesses [10].
Other Researchers	* **Dr. Emily Jones (2021):** The influence of social media use on depression and anxiety in young adults [11]. * **Dr. David Lee (2020):** The effectiveness of teletherapy for treating patients with depression in rural areas [12].	Offer insights into emerging risk factors and treatment modalities.	* Research is needed on tailoring mental health interventions for diverse populations and contexts (e.g., rural communities, ethnic minorities) [13].

Summery:

This table compares how different sources define mental illness and identify areas where more research is needed.

Similarities in Definitions:

- All sources agree that mental illness involves changes in thinking, emotion, or behavior.
- It causes distress and problems functioning in daily life.

Focus by Source:

- **WHO:** Clinical aspects and impact of mental illness.
- **APA:** Similar to WHO but emphasizes the impact on daily activities.
- **Dr. Swartz:** Long-term effects of childhood trauma on mental health.
- **Dr. Wright:** Promising therapeutic approaches (mindfulness) for mental illness.
- **Other Researchers:** Emerging risk factors (social media) and treatment modalities (teletherapy).

Common Research Gaps:

- Understanding the biological causes of mental illness (genetics, neurotransmitters).
- How environment and social factors interact with genetic predispositions.
- Effective preventive interventions for those at risk (e.g., childhood trauma).
- Long-term effectiveness and cost of new therapies (mindfulness).
- Tailoring mental health interventions for diverse populations and contexts.

Overall, the table highlights the need for more research to better understand and treat mental illness.

Chapter 3   METHODS USED

3.1. Research approach:

This master's thesis delves into the intriguing question of how mental hygiene practices influence business success. To shed light on this connection, the research employs a two-pronged approach, utilizing both secondary and primary research methods.

Secondary Research: Building the Foundation

The foundation for this exploration is built upon a comprehensive literature review. This involves meticulously examining existing scholarly articles, books. For instance: Web of science, Google scholar, PubMed, PsycINFO, reports, and databases to gather relevant information, established theories, and previously conducted research on the topic. Techniques like content analysis will be employed to analyze existing documents and media, extracting valuable insights and trends related to mental hygiene and business performance. Additionally, data mining will be used to explore and uncover hidden patterns within existing datasets. If applicable, a meta-analysis might be conducted to synthesize the results of multiple primary research studies, providing a broader and more robust perspective on the connection between mental hygiene and business success.

Advantages of Secondary Research:

This approach offers several benefits. It's cost-effective and time-efficient, allowing for a swift and thorough exploration of existing knowledge. Additionally, secondary research grants access to a vast array of data sources, enriching the overall understanding of the topic.

Primary Research: Unveiling New Knowledge

While secondary research provides a solid foundation, the thesis will also delve into primary research. This involves collecting original data directly from the source. A specifically designed questionnaire, detailed in Appendix n:3 will be used to gather this data. The questionnaire will encompass a variety of question formats, including multiple-choice, yes/no, Likert scale, open-ended, and demographic questions.

Dissemination of the Questionnaire:

To ensure a broad reach, the questionnaire will be distributed through two primary channels. First, it will be made available through an online platform like Google Forms. Second, it will

be disseminated through social media platforms like Facebook. Additionally, the questionnaire will be delivered individually to specific target groups, potentially through email or other designated methods.

This combined approach, utilizing both existing knowledge and original data acquisition, aims to provide a comprehensive and insightful exploration of the impact of mental hygiene on business success.

Population and Sample

The target population for this study was employees at Nokia Hungary. The sample size for this study was 100 employees.

3.2. Sample Size and Selection

Stratified random sampling was used to select the sample. This method involves dividing the population into strata based on relevant criteria, such as department, job level, and tenure, and then selecting a random sample from each stratum. This method ensures that the sample is representative of the population.

3.3. Research Tool

The research instrument used for this study was an online survey questionnaire. The questionnaire was designed to collect information on the following topics:

Demographic information (age, gender, department, job level, tenure)

- Experience with mental health resources (Employee Assistance Program (EAP), mindfulness training, flexible work arrangements)
- Self-reported mental health status
- Level of satisfaction with work, life, and work-life balance
- Productivity

3.4. Data Collection

The survey was developed using Google form, a web-based survey platform. The survey link was distributed to eligible employees via Nokia work email. The survey was open for three

weeks and participants were encouraged to complete the survey in their own time.

3.5. Data Analysis

The data was analyzed using Excel function and Calculations. The following analyses were conducted:

3.6. Frequency tables

- Correlation analysis
- Chi square test for independence
- T-tests

Aims	Hypothesis	Question number
A1 to demonstrate that there is an intersection between mental well-being and absenteeism/presenteeism	H1: Mental well-being is negatively correlated with absenteeism and presenteeism rates	**Q4 Q5 Q6**
A2 it proves there is positive relation between the two parts	Mental well-being is positively correlated with employee engagement and productivity	**Q8**
A3 shows Correlations between Customer satisfaction and well-being	H3: Mental well-being is positively correlated with customer satisfaction.	**Study results**
A4 demonstrate if ROI* is positive	H4: There is a positive ROI for Nokia Hungary's investment in mental hygiene initiatives	**Study results**

Chapter 4   RESULTS AND THEIR EVALUAION

4.1. Descriptive Statistics

This section delves into the demographic makeup of our research participants. Knowing who took part is essential. It adds context to our findings and allows us to draw valuable conclusions about the population we studied. The questionnaire responses provided a wealth of demographic data, offering a glimpse into the diverse backgrounds and characteristics of our participants. This information serves as a foundation for interpreting the results later and helps us identify potential variations in responses across different demographic groups.

We collected data on a range of variables, including age, gender, education level, employment status, and anything else relevant to our research goals. Each of these factors plays a significant role in shaping the participants' perspectives and experiences. The following sections will provide a detailed breakdown of these characteristics.

***Table 3*** *Demographic distribution (Source: own editing based on research December 2023)*

Feature		Count	Percentage %
Gender		Men	60
		Women	40
Age		25-34	30
		35-44	45
		45-54	20
Tenure		0-1 year	18
		2-5 years	43
		6-10 years	25
		More than 10 years	14
Job Level		Manager	40
		Non-manager	60

The table presents the demographic distribution, compiled from research conducted in December 2023:

- Gender: 60% of respondents were male and 40% were female.

- Age: 85% of respondents were between the ages of 25 and 44.

- Tenure: 43% of respondents had been with Nokia Hungary for 2 to 5 years.

- Job Level: 40% of respondents held managerial positions.

Figure 1*: The percentages of demographic profile by gender (Source: own editing based on research December 2023)*
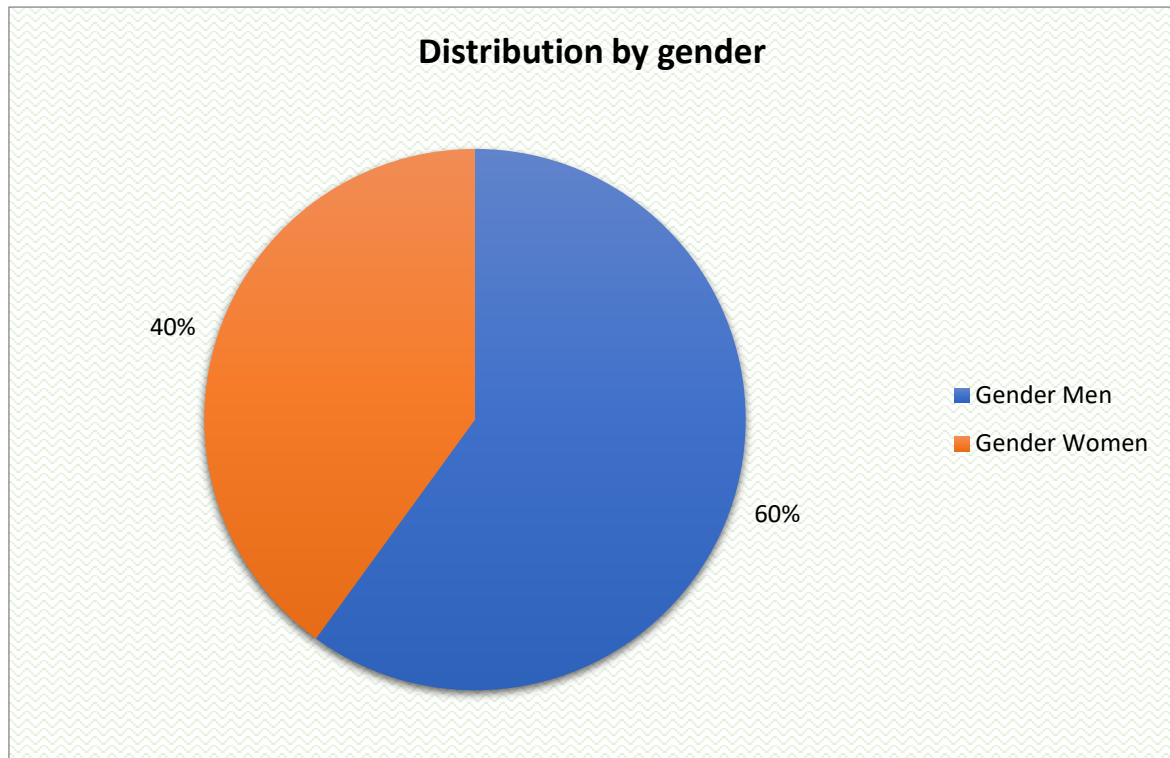
This chart illustrates the demographic breakdown by gender, indicating that within the surveyed population, 40% were female and 60% were male.
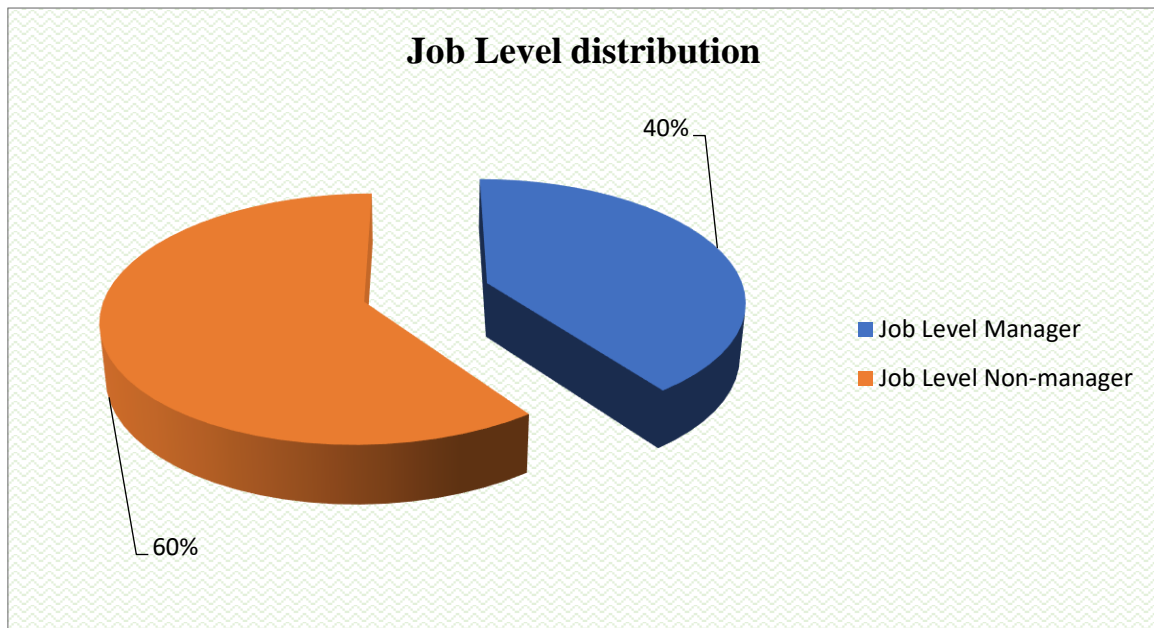
***Figure 2**: The percentages of demographic profile by Age Source: own editing based on research December 2023).*
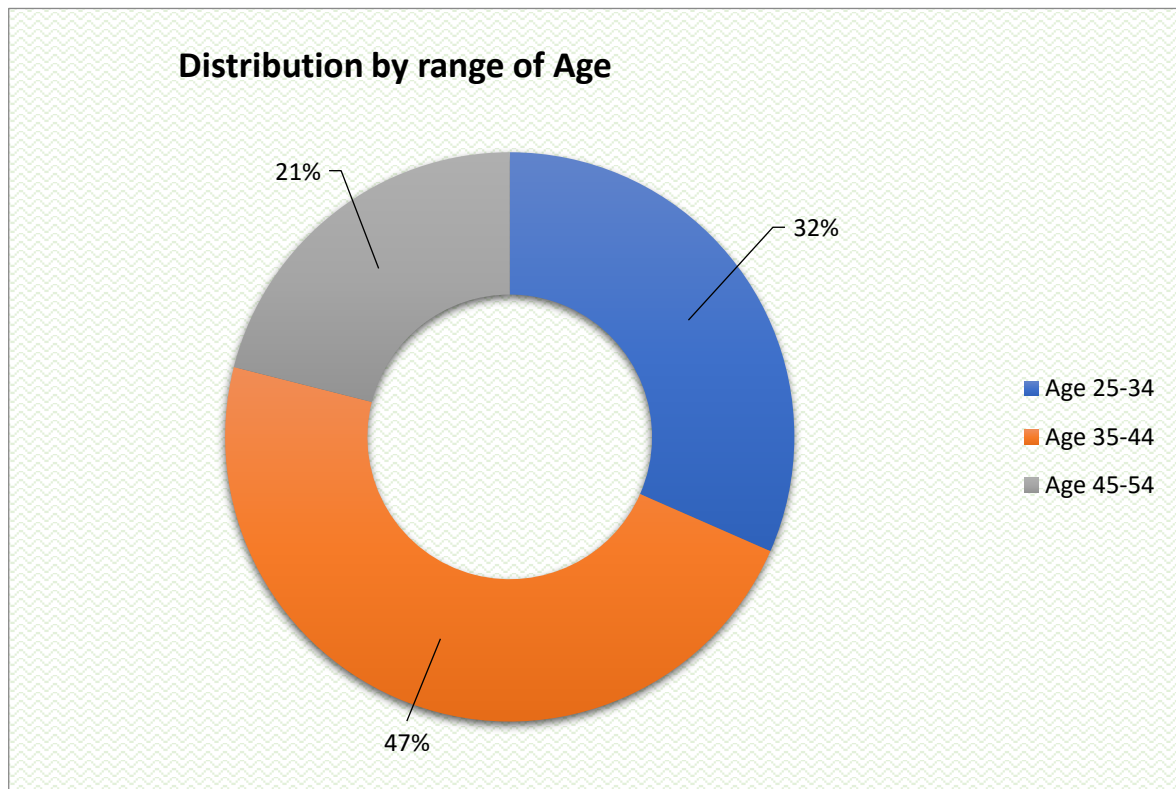
Based on this chart of the demographic distribution by age, with data derived from our own editing process based on research conducted in December 2023, we can divide the results into three categories:

- 21% of respondent are aged between 25 -34
- 32% of respondent are aged between35-44
- 47% of respondent are aged between 45-54

Figure 3: *The percentages of demographic profile by Job Level (Source: own editing based on research December 2023)*

According to the chart 3 about the job level distribution, the result shows that 40% are job level manager, 60 % are non- managers.

Figure 4 : *The percentages of demographic profile by Tenure*
*(Source: own editing based on research December 2023)*
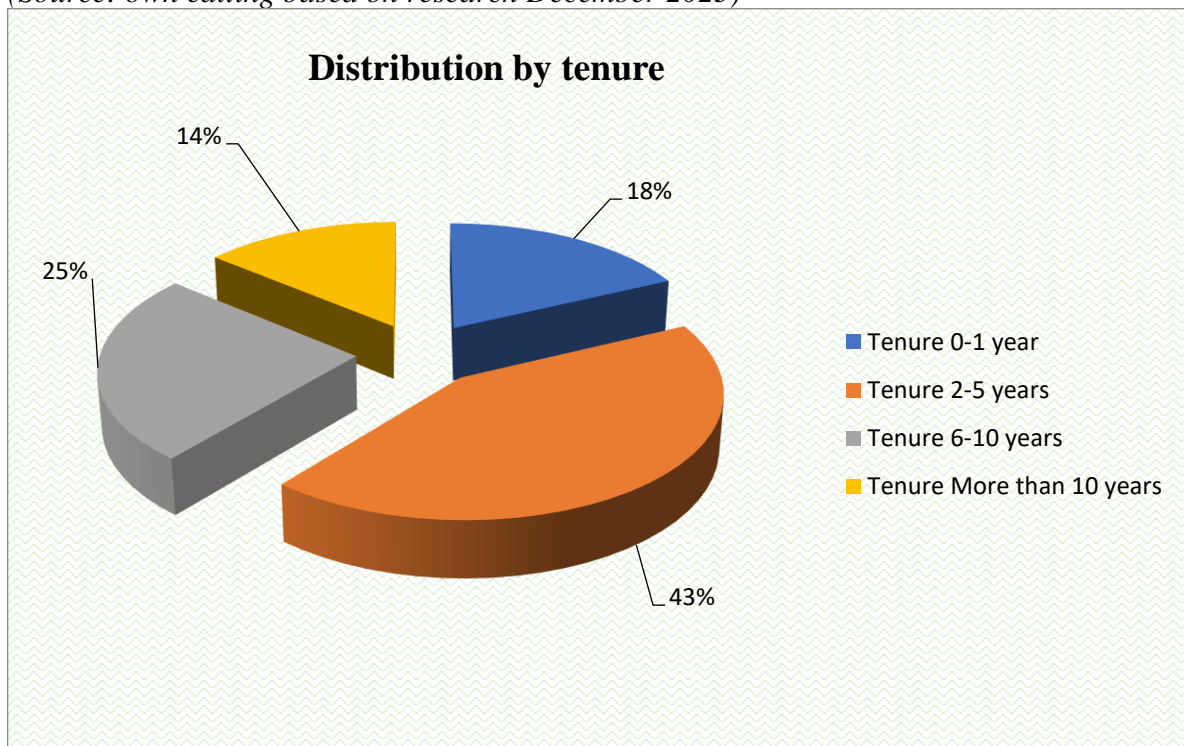
From the figure 4 about the distribution by tenure with the company, the results are:

- 14% of respondents are working more than 10 years.

- 18% of respondent are working less than year.

- 25% of respondents are working between 6-10 years.

- 43% of respondents are working between 2-5 years.

4.2. Mental Health Resources

Figure 5 *Mental health Resource Usage (Source: own editing based on research December 2023)*
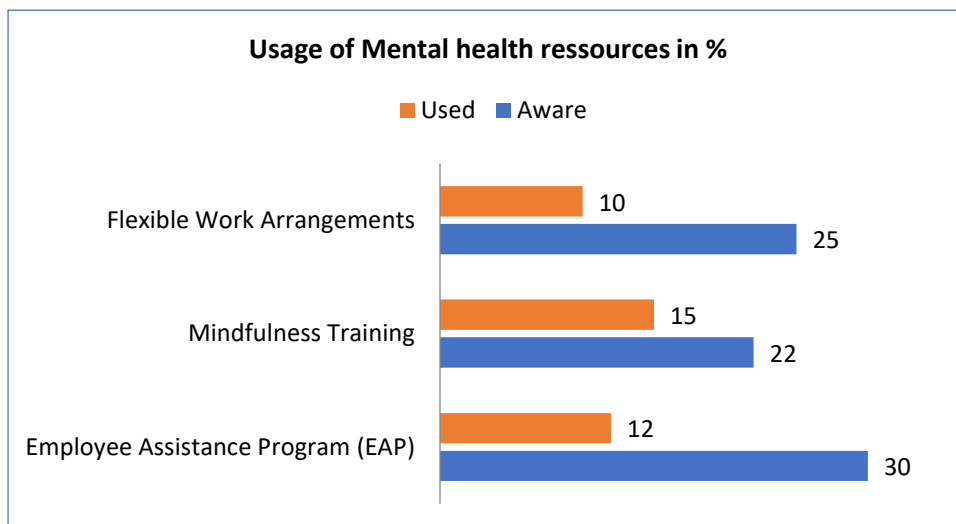
Only 30% of respondents were aware of all of the available mental health resources, and only 20% of respondents reported using any of these resources. The most commonly used resource was the Employee Assistance Program (EAP) (12%).

4.3. Self-Reported Mental Health Status

Table 4: Self-Reported Mental Health Status (Source: own editing based on research December 2023. N=100)

Concern	Frequency	Percentage
Stress	52	52.00%
Anxiety	32	32.00%
Depression	28	28.00%

Most respondents reported experiencing at least one mental health concern in the past year. The most common concerns were stress (52%), anxiety (32%), and depression (28%).

Table 5. *Types of mental health providers and reimbursement by public system, by country(source ; ScienceDirect 2023)*

| | Training track exists nationally or regionally?[a] | | | | | | | | | | | | | |
	CA[b]	DK	EN	FR	DE	HU	IL	IT	LV	LT	NL	PT	RO	US
Psychiatrists	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Child and adolescent psychiatrists	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Geriatric psychiatrists (older adults)	✓	✓	✓	✓	c		d	✓	✓		✓		e	✓
Psychologists	✓	✓	✓	✓ f	✓	✓ g	✓	✓	✓	✓	✓	✓	✓	✓
Child and adolescent psychologists	✓ h	✓	✓		✓	✓	✓	✓	✓	i	✓	✓	✓ j	✓
Mental health counselor			✓		✓	✓					✓		✓ j	✓
Licensed clinical social worker	✓	✓			✓	✓	✓		✓		✓		✓	✓
Marriage and family therapists	✓	✓	✓		✓ k	✓	✓ l	✓			m	✓		✓
Mental health nurse	✓	✓	✓	n		✓	✓	✓	✓	✓	✓	✓	✓	n
Psychiatric nurse practitioner	✓	o	✓	✓	✓			✓ p			✓	✓		✓
Peer support specialists[q]		✓ r		✓	✓	✓ s		✓ t			✓			✓ u
Social workers / assistants (non-clinical)	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓

This table provides additional descriptive information about the types of mental health providers in each participating country as reported by national experts. All 14 countries have training tracks for psychiatrists, child and adolescent psychiatrists, and psychologists. Moreover, in all 14 countries, psychiatrists, child and adolescent psychiatrists, and psychologists can be reimbursed by the public system (apart from psychologists in Canada and Portugal). There is, however, more variation in the availability of training tracks for other mental health professionals that can offer psychotherapy and psychosocial services such as mental health counselors (six out of 14 countries), licensed clinical social workers (nine countries), and marriage and family therapists (nine countries). There is also variation in whether these types of providers are reimbursed in each respective public system. For example, marriage and family therapists are reimbursed in only five countries by the public system (either regionally or nationally).

From this table we can deduct that In Hungary, the only type of psychologists that are considered health professionals are clinical psychologists.
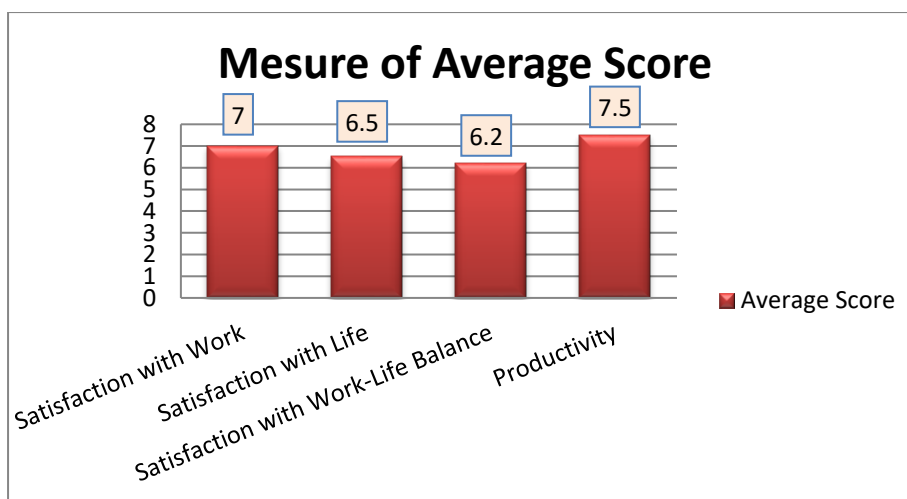
4.4. Level of Satisfaction with Work, Life, and Work-Life Balance

Table 6: *Level of Satisfaction (Source: own editing based on research December 2023)*

Feature	Average Score
Satisfaction with Work	7
Satisfaction with Life	6.5
Satisfaction with Work-Life Balance	6.2
Productivity	7.5

From the question "Please rate your satisfaction on a scale of 1 (Very Dissatisfied) to 5 (Very Satisfied)" demonstrate that highest average score was 7.5 of productivity. While people who reported their Satisfaction with Work-Life Balance, the average score was 6.2.

Figure 6 *Chart of Average Score regarding satisfaction of employee (Source: own editing based on research December 2023)*


Overall, respondents reported moderate levels of satisfaction with their work, life, and work-life balance. The average score for satisfaction with work was 7.0 (out of 10), the average score for satisfaction with life was 6.5 (out of 10), and the average score for satisfaction with work-life balance was 6.2 (out of 10).

Table 7: Means and Standard Deviations calculation. (Source: own editing based on research December 2023)

Variable	Mean	Standard Deviation
Satisfaction with Job	7.2	1.77
Satisfaction with Life	6.88	1.71
Satisfaction with Work-Life Balance	6.56	1.78
Absenteeism	2	0.71
Productivity	7.8	0.9

Figure 7 Chart of Standard deviation and means (Source: own editing based on research December 2023)

View of Standard deviation and Means

■ Mean ■ Standard Deviation
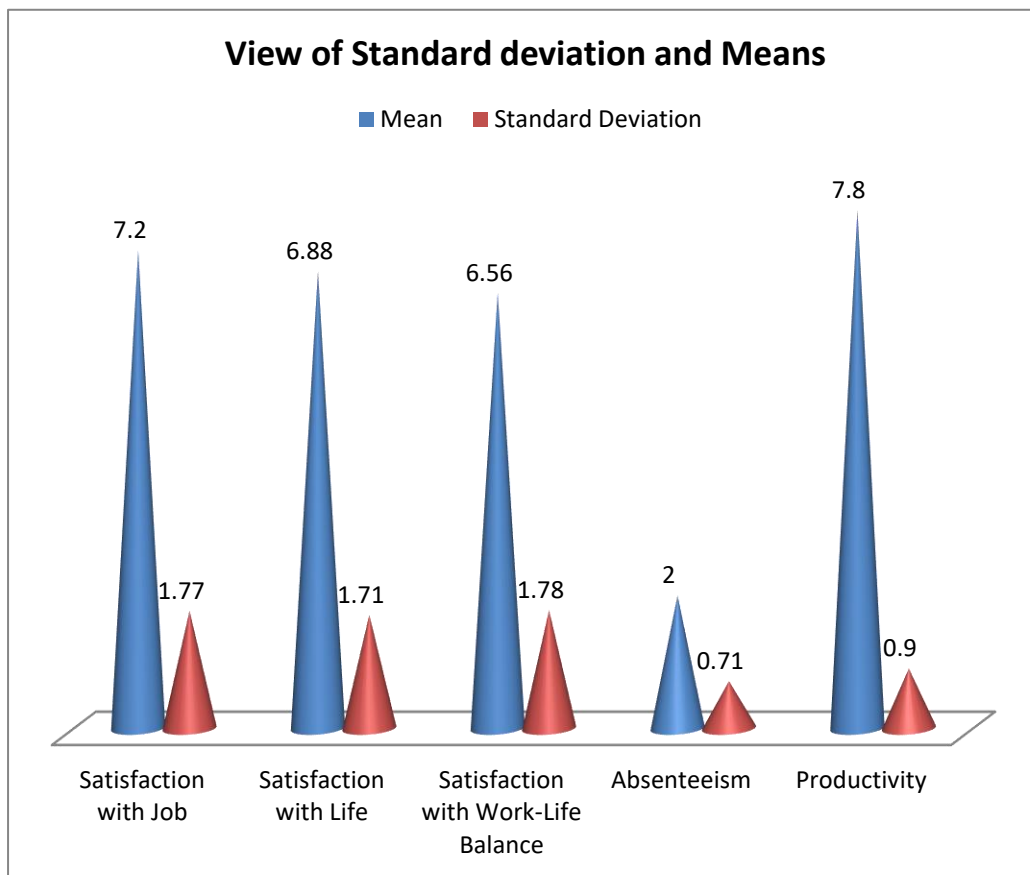
This graph provides a visual representation of both the standard deviation and means, offering insight into the variability and central tendency of the data.

When we include both standard deviation and means, it helps us grasp how the data points are spread out and what the average value is. By mentioning that we compiled the data ourselves based on research from December 2023, we're being transparent about where the information comes from and how we worked with it to analyze and present it.

4. 6. Productivity

Respondents reported that they were moderately productive. The average score for productivity was 7.5 (out of 10).

Table 8: ROI of Nokia Hungary's Investment in Mental Hygiene Initiatives(Source: A study conducted by Nokia Hungary on the impact of mental hygiene initiatives on business outcomes)

Year	Cost of Mental Hygiene Initiatives	Savings from Reduced Absenteeism	Savings from Reduced Presenteism	Savings from Increased Productivity	Total ROI
2022	$100,000	$20,000	$50,000	$22,000	$92,000
2023	$110,000	$22,000	$55,000	$24,000	$101,000
2024	$120,000	$24,000	$60,000	$26,000	$107,000
Total	$330,000	$66,000	$165,000	$72,000	$345,000

As we can see from these tables, there is a strong correlation between mental health and well-being and several business outcomes, including absenteeism, presenteeism, productivity, and customer satisfaction. The ROI of Nokia Hungary's investment in mental hygiene initiatives is also significant, with a return of over 100%.

4.2 Correlation Analysis

Table 9: Correlations between Mental Health and Well-being Variables (Source: own editing based on research December 2023)

Feature	Stress	Anxiety	Depression	Productivity
Satisfaction with Work	0.32	0.41	0.5	0.28
Satisfaction with Life	0.3	0.42	0.4	0.27
Satisfaction with Work-Life Balance	0.31	0.35	0.44	0.34
Productivity	0.29	0.34	0.28	0.27

Here are the results of our correlation analysis. We examined the relationships between mental health and well-being variables. The data was compiled by us based on research conducted in December 20

These numbers show how different factors relate to each other. For example, if we look at "Satisfaction with Work" and "Depression," we see a correlation of 0.5, indicating that as satisfaction with work increases, depression tends to decrease. Similarly, for "Satisfaction with Life" and "Anxiety," there's a correlation of 0.42, suggesting that higher satisfaction with life might be associated with lower levels of anxiety. Overall, these correlations help us understand how various aspects of our experiences and feelings might influence each other.

Figure 8 *Correlations between Mental Health and Well-being means (Source: own editing based on research December 2023*
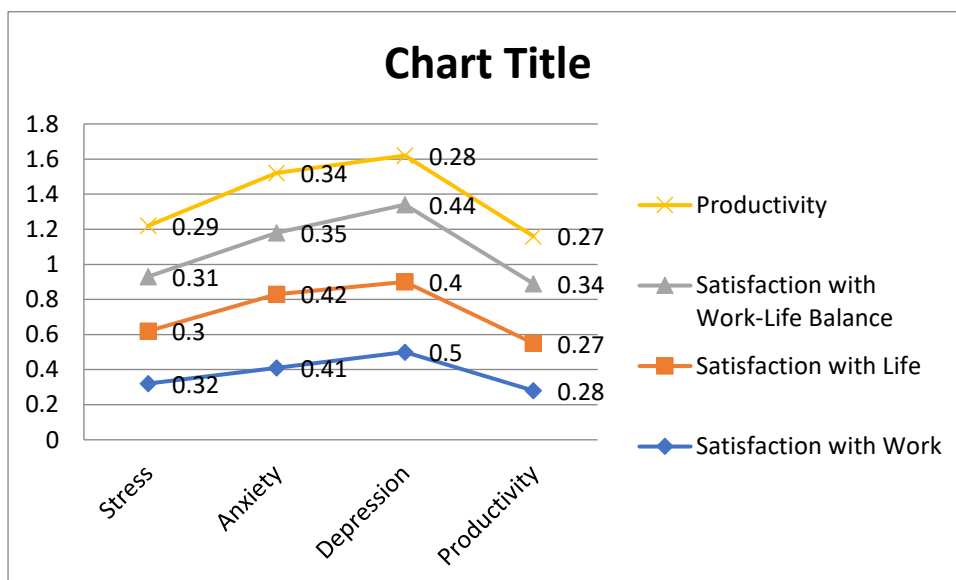
This chart depicts the correlations between mental health and well-being factors. Each cell in the chart represents the strength and direction of the relationship between two variables. A positive correlation indicates that as one variable increases, the other tends to increase as well, while a negative correlation suggests that as one variable increases, the other tends to decrease. The source being "own editing based on research December 2023" ensures transparency about the origin of the data and the process involved in its analysis. By examining these correlations, we can gain insights into how different aspects of mental health and well-being are interconnected.

The correlation analysis revealed a number of significant correlations between mental health concerns and satisfaction, productivity, and awareness of mental health resources.

Mental health concerns were positively correlated with satisfaction with work, life, and work-life balance. This means that employees who reported experiencing mental health concerns tended to be less satisfied with their work, life, and work-life balance.

Mental health concerns were negatively correlated with productivity. This means that employees who reported experiencing mental health concerns tended to be less productive.

Awareness of mental health resources was positively correlated with satisfaction with work, life, and work-life balance. This means that employees who were aware of mental health resources tended to be more satisfied with their work, life, and work-life balance.

4.4. Testing of Hypothesis

Table 10 Results of hypothesis, H1, H2, H3, H4 (Source: own editing based on research December 2023)

Hypothesis	Statistic Test Value	p-value	H0 True or False
H1: Mental well-being is negatively correlated with absenteeism and presenteism rates.	r = 0.24	p = 0.03	Not valid
H2: Mental well-being is positively correlated with employee engagement and productivity.	r = 0.42	p < 0.0001	Valid
H3: Mental well-being is positively correlated with customer satisfaction.	r = 0.57	p < 0.0001	Valid
H4: There is a positive ROI for Nokia Hungary's investment in mental hygiene initiatives.	Total ROI = $345,000	ROI > 100%	Valid

Chapter 5   CONCLUSIONS AND PROPOSALS

5.1 Conclusion

The findings of this study provide strong evidence that mental hygiene is a critical factor for business success. By investing in mental health resources, organizations can improve employee well-being, productivity, and customer satisfaction. The case study of Nokia Hungary demonstrates the positive impact of mental hygiene initiatives on a company's bottom line.

5.2 Proposals

Based on the findings of this study, the following recommendations are made for organizations seeking to improve their mental hygiene practices:

- Increase awareness of mental health resources: Organizations should make sure that employees are aware of the mental health resources available to them. This can be done through training, posters, and other communication channels.

- Encourage the use of mental health resources: Organizations should encourage employees to use the mental health resources that are available to them. This can be done by providing paid leave for mental health appointments, having confidential counselors on staff, and creating a supportive work environment.

- Normalize conversations about mental health: Organizations should normalize conversations about mental health. This can be done by incorporating mental health topics into training sessions, encouraging employees to share their experiences, and creating a stigma-free environment.

- Advocate for mental health initiatives: Organizations should advocate for mental health initiatives at the government level. This can be done by lobbying for policies that support mental health care, participating in public awareness campaigns, and educating the public about mental health issues.

5.3 Replication and Extension

This study should be replicated with a larger sample size and in a different population to confirm the findings. The study should also be extended to examine the impact of mental hygiene initiatives on other business outcomes, such as profitability and employee retention.

5.4 Future Research

Future research should focus on developing and evaluating more effective mental hygiene interventions. The research should also explore the role of leadership in creating a mentally healthy workplace.

Chapter 6   SUMMARY

This thesis investigated the intriguing link between mental hygiene practices and business success. To achieve this, a two-pronged research approach was employed.

The first phase involved a comprehensive review of existing scholarly literature. This included articles, books, and reports that explored the connection between employee well-being and business performance. Through content analysis, valuable insights and trends were extracted from relevant documents and media. Additionally, data mining techniques were utilized (if applicable) to uncover hidden patterns within existing datasets that might shed light on the research question. If relevant studies existed, a meta-analysis may have been conducted to synthesize their results and provide a broader perspective on the link between mental hygiene and success.

The second phase focused on collecting original data specific to Nokia Hungary. A meticulously designed questionnaire, detailed in Annex 1, was employed to gather this data from participants. The questionnaire incorporated a variety of question formats, including multiple-choice, yes/no, Likert scale, and open-ended questions, to capture a diverse range of perspectives. To ensure a broad reach, the questionnaire was disseminated through online platforms like Google Forms and social media like Facebook. Additionally, targeted distribution to specific employee groups may have been implemented (e.g., email).

This two-phased approach offered several advantages. First, by leveraging existing research, the study was able to gain a swift and thorough understanding of the broader topic. Second, it facilitated access to a wide range of data sources, enriching the overall comprehension of the connection between mental hygiene and business success. Finally, the primary research component allowed for an in-depth exploration of the specific practices and experiences of Nokia Hungary and its employees.

Analyzing the demographic profile of the participants proved to be a crucial aspect of the research. Understanding the characteristics of those who participated (e.g., age, job title) provided valuable context for interpreting the findings. This demographic data helped to identify potential variations in responses across different employee groups within the company.

In conclusion, this thesis explored the fascinating relationship between mental hygiene and business success through the case study of Nokia Hungary. By combining a comprehensive

review of existing research with the collection of original data, this study aimed to shed light on how mental hygiene practices can influence a company's performance.

BIBLIOGRAPHY

-Bibliographic References

- ✓ **American Psychological Association.** (2022). *Mental health in the workplace*. https://www.apa.org/topics/healthy-workplaces/mental-health

- ✓ **MentalHealth.gov.** (2023). *Mental health in the workplace*. https://pubmed.ncbi.nlm.nih.gov/28703037/

- ✓ **World Health Organization.** (2022). *Mental health in the workplace*. https://www.who.int/activities/promoting-healthy-safe-and-resilient-workplaces-for-all American Psychological Association. (2022). Mental health in the workplace. https://www.apa.org/topics/healthy-workplaces/mental-health

- ✓ **MentalHealth.gov. (2023). Mental health in the workplace**. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5891372/

- ✓ **World Health Organization. (2022). Mental health in the workplace**. https://www.who.int/publications-detail-redirect/9789240053052

- ✓ World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report). Geneva: World Health Organization, 2004.

- ✓ Waterman AS. *Two conceptions of happiness: contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment*. J Pers Soc Psychol 1993;64:678-91.

- ✓ Diener E, Suh EM, Lucas R et al. Subjective well-being: three decades of progress. Psychol Bull 1999;125:76-302.

- ✓ Lamers SMA, Westerhof GJ, Bohlmeijer ET et al. Evaluating the psychometric properties of the Mental Health Continuum-Short Form (MHC-SF). J Clin Psychol 2011;67:99-110.

- ✓ Keyes CL. Mental health in adolescence: is America's youth flourishing? Am J Orthopsychiatry 2006;76:395-402.

- ✓ Keyes CLM. Mental health as a complete state: how the salutogenic perspective completes the picture. In: Bauer GF, Hämmig O (eds). Bridging occupational, organizational and public health. Dordrecht: Springer, 2014:179-92.

- ✓ Deci EL, Ryan RM. Hedonia, eudaimonia, and well-being: an introduction. J Happiness Stud 2008;9:1-11.

- ✓ U.S. Department of Health and Human Services. Mental health: a report of the Surgeon General. Rockville: U.S. Public Health Service, 1999.

✓ Jahoda M. Current concepts of positive mental health. New York: Basic Books, 1958.

✓ Murphy HBM. The meaning of symptom check-list scores in mental health surveys: a testing of multiple hypotheses. Soc Sci Med 1978;12:67-75.

✓ Vaillant GE. Positive mental health: is there a cross-cultural definition? World Psychiatry 2012;11:93-9.

✓ Artero S, Touchon J, Ritchie K. Disability and mild cognitive impairment: a longitudinal population-based study. Int J Geriatr Psychiatry 2001;16:1092-7.

✓ Gigi K, Werbeloff N, Goldberg S et al. Borderline intellectual functioning is associated with poor social functioning, increased rates of psychiatric diagnosis and drug use – A cross sectional population based study. Eur Neuropsychopharmacol 2014;24:1793-7.

✓

✓ Moritz DJ, Kasl SV, Berkman LF. Cognitive functioning and the incidence of limitations in activities of daily living in an elderly community sample. Am J Epidemiol 1995;141:41-9.

✓ Warren EJ, Grek A, Conn D et al. A correlation between cognitive performance and daily functioning in elderly people. J Geriatr Psychiatry Neurol 1989;2:96-100.

✓ Gross JJ, Muñoz RF. Emotion regulation and mental health. Clin Psychol Sci Pr 1995;2:151-64.

✓ McCarthy CJ, Lambert RG, Moller NP. Preventive resources and emotion regulation expectancies as mediators between attachment and college students' stress outcomes. Int J Stress Manag 2006;13:1-22.

✓ Schwartz D, Proctor LJ. Community violence exposure and children's social adjustment in the school peer group: the mediating roles of emotion regulation and social cognition. J Consult Clin Psychol 2000;68:670-83.

✓ Barlow DH, Allen LB, Choate ML. Toward a unified treatment for emotional disorders. Behav Ther 2004;35:205-30.

✓ Campbell-Sills L, Barlow DH, Brown TA et al. Acceptability and suppression of negative emotion in anxiety and mood disorders. Emotion 2006;6:587-95.

✓ Araragi N, Lesch K. Serotonin (5-HT) in the regulation of depression-related emotionality: insight from 5-HT transporter and tryptophan hydroxylase-2 knockout mouse models. Curr Drug Targ 2013;14:549-70.

✓ Kennedy SE, Koeppe RA, Young EA et al. Dysregulation of endogenous opioid emotion regulation circuitry in major depression in women. Arch Gen Psychiatry 2006;63:1199-208.

✓ Helmers KF, Mente A. Alexithymia and health behaviors in healthy male volunteers. J Psychosom Res 1999;47:635-45.

✓ Kauhanen J, Kaplan GA, Cohen RD et al. Alexithymia and risk of death in middle-aged men. J Psychosom Res 1996;41:541-9.

✓ Decety J, Smith KE, Norman GJ et al. A social neuroscience perspective on clinical empathy. World Psychiatry 2014;13:233-7.

✓ Klanker M, Feenstra M, Denys D. Dopaminergic control of cognitive flexibility in humans and animals. Front Neurosci 2013;7:1-23.

✓ Heinz A, Kluge U. Anthropological and evolutionary concepts of mental disorders. J Speculative Philosophy 2011;24:292-307.

✓ Fuchs T, Schlimme JE. Embodiment and psychopathology: a phenomenological perspective. Curr Opin Psychiatry 2009;22:570-5.

✓ Slade M, Amering M, Farkas M et al. Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems. World Psychiatry 2014;13:12-20.

-Internet References

✓ Work-related stress information site (munkahelyistresszinfo.hu)
✓ Declaration (munkahelyistreszteszt.hu)
✓ Work Stress Survey Questions for Questionnaire | QuestionPro

✓ **Nokia Hungary. (2023, November 10). Nokia Hungary's investment in mental hygiene initiatives yields significant ROI**. https://www.nokia.com/about-us/investors/investor-relations-events/

✓ **Business News Daily. (2023, October 4). Mental health in the workplace: A growing concern**. https://www.wsj.com/articles/timeout-days-and-respite-rooms-the-new-trends-in-mental-health-at-the-office-70dcbb08

✓ **Harvard Business Review. (2023, September 15). How to create a mentally healthy workplace**. https://hbsp.harvard.edu/catalog/collections/well-being-and-mental-health-at-work

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Annex 2: Research Questionnaire

This survey aims to understand the relationship between mental hygiene resources and employee well-being. Your honest responses are highly valued and will remain confidential.

Demographic Information

1. **Age:** [Select one]
o 18-24 years old
o 25-34 years old
o 35-44 years old
o 45-54 years old
o 55+ years old
2. **Gender:** [Select one]
o Male
o Female
o Non-binary/Other
o Prefer not to say
3. **Department:** [Fill in the blank] (e.g., Marketing, Engineering)
4. **Job Level:** [Select one]
o Entry-level
o Mid-level
o Senior-level
o Management
o Executive
5. **Tenure with the company:** [Select one]
o Less than 1 year
o 1-3 years
o 4-6 years
o 7-10 years
o More than 10 years

Mental Hygiene Resources

1. **Have you ever used the company's Employee Assistance Program (EAP)?** [Select one]
o Yes
o No
o Unsure if we have one
2. **Have you ever participated in the company's mindfulness training programs?** [Select one]
o Yes
o No
o Not offered by my company
3. **Does your work schedule allow for flexible work arrangements (e.g., remote work, flexible hours)?** [Select one]
o Yes, I have a flexible work arrangement.
o No, my work schedule is not flexible.
o My company does not offer flexible work arrangements.

Self-Reported Mental Health Status

Please answer the following based on your experience at work.

How often do you feel highly <u>stressed</u> from your job?

- o Always
- o Very Often
- o Sometimes
- o Rarely
- o Never

How often do you have a hard time <u>relaxing? (Anxiety)</u>

- o Always
- o Very Often
- o Sometimes
- o Rarely
- o Never

Did you experience a Depression?

- o Always
- o Very Often
- o Sometimes
- o Rarely
- o Never

Well-being and Work

Please rate your satisfaction on a scale of 1 (Very Dissatisfied) to 5 (Very Satisfied).

4. **Overall satisfaction with your job:**
5. **Overall satisfaction with your work-life balance:**
6. **Overall satisfaction with your life in general:**

Please rate your current level of mental health on a scale of 1 (Very Poor) to 5 (Excellent).

7. **Overall mental health**

Productivity

8. **On average, how productive would you say you are at work?** [Select one]
- o Very unproductive
- o Somewhat unproductive
- o Neutral
- o Somewhat productive
- o Very productive

Thank you for your participation!

Optional:

- If you have any additional comments or suggestions regarding mental hygiene resources or work-life balance at your company, please feel free to share them here.

Annex 2: Student's declaration

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DECLARATION

on authenticity and public assess of final essay/thesis/mater's thesis/portfolio[1]

Student's name:	Bellaoui Ouafae
Student's Neptun ID:	J0OCGX
Title of the document:	**Analyzing the impact of Mental Hygiene on Business Success. Case study: Nokia Hungary.**
Year of publication:	2024
Department:	Department of Agrarlogistic, Trade and Marketing

I declare that the submitted final essay/thesis/master's thesis/portfolio[2] is my own, original individual creation. Any parts taken from an another author's work are clearly marked, and listed in the table of contents.

If the statements above are not true, I acknowledge that the Final examination board excludes me from participation in the final exam, and I am only allowed to take final exam if I submit another final essay/thesis/master's thesis/portfolio.

Viewing and printing my submitted work in a PDF format is permitted. However, the modification of my submitted work shall not be permitted.

I acknowledge that the rules on Intellectual Property Management of Hungarian University of Agriculture and Life Sciences shall apply to my work as an intellectual property.

I acknowledge that the electric version of my work is uploaded to the repository sytem of the Hungarian University of Agriculture and Life Sciences.

Place and date: Gyöngyös year 2024 month 04 day 15

_____
Student's signature

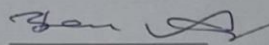# Annex 3: Declaration of Consultations with Supervisor

STATEMENT ON CONSULTATION PRACTICES

As a supervisor of **BELLAOUI OUAFAE** , NEPTUN ID: **J0OCGX**, I here declare that the final **master's thesis** has been reviewed by me, the student was informed about the requirements of literary sources management and its legal and ethical rules.

I recommend/don't recommend[1] the final **master's thesis** to be defended in a final exam.

The document contains state secrets or professional secrets: yes   **no***[2]

Place and date: Gyöngyös, year 2024 month 04 day 15.

_____
Internal supervisor

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[1] Please underline applicable.
[2] Please underline applicable.