Interpretive Structural Modeling of the Antecedents of Employee Well-Being Based on Internal Social Responsibility in Hospitals Affiliated with Mashhad University of Medical Sciences

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Abstract

Given the key role of hospitals' internal social responsibility in employee well-being, the present study aimed to develop an interpretive structural model of the antecedents of employee well-being based on internal social responsibility in hospitals affiliated with Mashhad University of Medical Sciences. In terms of purpose, this study was developmental; in terms of data collection, it employed a descriptive-survey design; and in terms of methodology, it was quantitative. The statistical population consisted of hospital experts, of whom 10 were selected through purposive sampling. Data were collected using a questionnaire in the form of an n × n matrix. Interpretive Structural Modeling (ISM) was employed to identify the relationships among the dimensions of the model. Based on the findings, job and work environment, employee welfare, justice and fairness, organizational climate and culture, compensation, social capital, leadership, training and development, and financial and job security were identified as antecedents of employee well-being. Furthermore, the results of Interpretive Structural Modeling indicated that justice and fairness, social capital, and organizational climate and culture were located in the independent cluster and exerted substantial influence on the other antecedents of employee well-being in hospitals affiliated with Mashhad University of Medical Sciences. Therefore, strengthening these three factors can improve and enhance employee well-being by promoting the other antecedents of well-being in hospitals affiliated with Mashhad University of Medical Sciences.

Keywords: *employee well-being; internal social responsibility of hospitals; Interpretive Structural Modeling.*

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1. Introduction

Employee well-being has emerged as a central concern in contemporary management and organizational behavior because organizations increasingly recognize that sustainable performance depends not only on financial, technological, and operational resources but also on the psychological, social, occupational, and economic conditions experienced by employees. Employee well-being is a multidimensional construct encompassing individuals' positive evaluations of their work and life, psychological functioning, affective experiences, health, social relationships, sense of meaning, and capacity to function effectively in the workplace. Earlier conceptualizations distinguished between hedonic well-being, which emphasizes happiness, pleasure, and life satisfaction, and eudaimonic well-being, which emphasizes meaningful functioning, personal development, purpose, and self-realization [1]. Positive psychology further expanded this perspective by conceptualizing flourishing through dimensions such as positive emotion, engagement, relationships, meaning, and accomplishment, which collectively provide a broader framework for understanding how individuals can function optimally [2]. In organizational settings, these perspectives have gradually shifted attention from merely preventing stress and

dissatisfaction toward creating work environments that actively support employees' psychological and occupational flourishing. Accordingly, workplace well-being is now viewed as a strategic organizational outcome with implications for employees' health, satisfaction, commitment, motivation, performance, and retention [3]. More recent reviews indicate that employee well-being is shaped by interacting antecedents operating at individual, job, interpersonal, organizational, and broader contextual levels, making its explanation inherently multidimensional [4, 5].

The importance of employee well-being becomes particularly pronounced in hospitals and other healthcare organizations. Hospital employees work in complex systems characterized by high workloads, continuous interactions with patients and families, emotional demands, occupational hazards, shift work, resource constraints, and substantial responsibility for human health. Such conditions may expose employees to fatigue, occupational stress, work-family conflict, presenteeism, diminished morale, and impaired psychological functioning. Research on hospital employees has demonstrated that improving staff health and well-being requires attention to multiple aspects of the work environment rather than isolated individual-level interventions [6]. Evidence from nursing settings also suggests that organizational demands, staffing conditions, commitment to patient care, and workplace pressures may encourage employees to remain at work despite health problems, highlighting the complex relationship between organizational context and employee well-being [7]. Similarly, unfavorable work conditions arising from restructuring and organizational downsizing can significantly affect employee health and occupational outcomes, suggesting that well-being is strongly embedded in the design and management of organizational systems [8]. Even physical characteristics of work, such as prolonged sitting and ergonomically unsuitable working arrangements, can influence well-being and productivity [9]. Consequently, in hospitals, employee well-being should be regarded not simply as an individual psychological state but as an organizational outcome that is produced through the interaction of managerial practices, working conditions, leadership, organizational support, fairness, job characteristics, and resource availability.

This organizational perspective has contributed to growing interest in corporate social responsibility (CSR) as a framework for understanding the obligations of organizations toward diverse stakeholders, including employees. CSR generally refers to organizational policies and practices through which organizations acknowledge and manage their economic, legal, ethical, social, and environmental responsibilities. Contemporary CSR has increasingly moved beyond externally oriented activities toward recognition that employees constitute one of the organization's primary stakeholder groups and that socially responsible organizations must also demonstrate responsibility toward their internal workforce. Conceptual and theoretical discussions of CSR have emphasized its multidimensional nature and its grounding in stakeholder, ethical, institutional, and strategic perspectives [10]. In public-sector settings, social responsibility similarly requires organizations to integrate ethical considerations and strategic objectives into their interactions with both internal and external stakeholders [11]. The role of institutional and governmental environments in encouraging CSR further indicates that responsible organizational behavior is not merely voluntary philanthropy but may be embedded in broader governance and accountability systems [12]. From this standpoint, internal corporate social responsibility (internal CSR) refers specifically to organizational practices directed toward employees, including fair compensation, occupational health and safety, work-life balance, training and development, employee participation, career opportunities, job security, equitable treatment, supportive leadership, and favorable working conditions.

Internal CSR is especially relevant to employee well-being because it operationalizes organizational responsibility through practices that directly affect employees' daily experiences. Rather than treating employees solely as productive resources, internal CSR adopts a stakeholder-oriented perspective in which organizations have an obligation to protect, develop, support, and fairly reward their personnel. Earlier research suggested that socially responsible organizational practices directed toward employees can enhance their well-being by creating a more supportive, meaningful, and humane work context [13]. Internal CSR has also been linked to stronger organizational commitment, indicating that employees respond positively when organizations demonstrate genuine concern for their needs and interests [14, 15]. During periods of disruption and uncertainty, such as the COVID-19 pandemic, internally responsible practices have been shown to reinforce employees' normative commitment, further emphasizing the importance of organizational care under challenging conditions [16]. More broadly, internal CSR activities can contribute to organizations' social

performance from the employee perspective, indicating that responsibility toward employees constitutes a central component of sustainable organizational functioning [17]. Recent scholarship has therefore described CSR as undergoing a paradigm shift toward organizational care for employee well-being rather than being confined to external social initiatives [18].

The relationship between internal CSR and employee well-being can be explained through several complementary mechanisms. When employees perceive that an organization values their contributions and cares about their welfare, they are more likely to experience perceived organizational support, trust, belongingness, and psychological safety. Organizational support theory proposes that employees form global beliefs regarding the extent to which the organization appreciates their contribution and is concerned about their well-being, and these beliefs influence numerous positive employee attitudes and behaviors [19]. Empirical research has similarly shown that organizational support and people-management policies are important antecedents of workplace well-being [20]. Organizational support can also interact with emotional and interpersonal resources to foster well-being and work engagement [21]. In contexts marked by uncertainty and vulnerability, perceived organizational support, resilience, and ethical leadership can jointly contribute to employee well-being [22]. These findings indicate that employees interpret internal CSR not simply as a set of administrative policies but as evidence concerning how much the organization values them as stakeholders.

A closely related mechanism concerns fairness and justice. Employees continuously evaluate whether organizational outcomes, procedures, and interpersonal treatment are fair, and these perceptions may substantially shape their emotional and psychological experiences at work. Procedural injustice, in particular, can undermine organizational well-being because unfair decision-making procedures communicate disrespect, exclusion, and unequal treatment [23]. Justice therefore represents more than a human resource management principle; it is a central expression of internal social responsibility. Fair salary systems, transparent promotion procedures, equitable access to development opportunities, respectful interpersonal treatment, and unbiased managerial decision-making can strengthen employees' trust in the organization and reduce uncertainty and resentment. The importance of fairness is particularly pronounced in hospitals, where employees frequently work within highly differentiated occupational hierarchies and where perceptions of unequal workload, compensation, promotion, or managerial treatment may directly affect morale. Consistent with this perspective, contemporary studies examining antecedents of employee well-being have identified organizational and employment conditions as important determinants of employees' subjective evaluations of their work lives [24]. Research conducted in Iranian settings has likewise emphasized that well-being and happiness emerge from a combination of personal and organizational antecedents rather than from a single determinant [25].

Leadership constitutes another major antecedent through which internal social responsibility can affect employee well-being. Leaders translate organizational values into everyday interactions, determine how resources are allocated, shape communication patterns, and influence whether employees experience recognition, empathy, autonomy, and support. Leadership strategies that prioritize employee needs can therefore create conditions that protect psychological health and enhance positive functioning [26]. Transformational leadership has also been associated with occupational well-being, perceived career success, and adaptive performance, indicating that leaders influence both employees' immediate work experience and their broader sense of occupational development [27]. Ethical and supportive leadership may be particularly important in healthcare settings because employees regularly confront emotionally demanding situations and require supervisors who communicate effectively, respond fairly, and acknowledge professional pressures. Accordingly, leadership should be regarded as a structural antecedent of well-being and as an organizational mechanism through which internal CSR principles are implemented in practice.

Employee development, career opportunities, job design, and meaningful work represent additional dimensions connecting internal CSR with well-being. Organizations demonstrate responsibility toward employees when they provide opportunities for learning, professional development, career progression, and participation in work that is appropriately designed and meaningful. Career-related variables such as career calling, decent work, and career adaptability have been identified as predictors of occupational well-being, suggesting that employees' experience of work is shaped partly by whether they perceive their careers as secure, meaningful, and capable of future development [28]. Psychological well-being models have similarly emphasized individual resources such as resilience and health alongside contextual conditions that enable employees to sustain effective functioning [29].

These considerations are consistent with broader positive organizational psychology frameworks such as PERMA+4, which extend well-being beyond positive emotion and relationships to include physical health, mindset, work environment, and economic security as important dimensions of work-related flourishing [30]. Thus, employee training, professional development, career advancement, job design, and the quality of the work environment can be interpreted as organizational investments in employee flourishing rather than merely productivity-enhancing practices.

Financial conditions are another critical component of employee well-being and internal CSR. Salary, benefits, financial security, and job stability influence employees' ability to meet basic needs, manage uncertainty, plan for the future, and maintain psychological security. Financial well-being has been conceptualized as an important outcome with multiple personal and organizational antecedents and consequences [31]. Within employment settings, conventional and incentive-based compensation practices may influence employees' perceptions of fairness, recognition, and organizational commitment, while financial and job insecurity can intensify anxiety and diminish well-being. This relationship becomes particularly salient in organizational environments characterized by economic uncertainty or resource constraints. Crisis-related research has shown that employee well-being and positive psychological orientation are essential for sustaining performance under unstable conditions [32]. Accordingly, a socially responsible hospital must consider not only employees' physical and psychological needs but also the economic security associated with stable employment, predictable compensation, adequate benefits, and appropriate resource management.

Work-family balance and the interface between occupational and non-work domains are also increasingly recognized as central to employee well-being. Employees do not experience work in isolation; rather, organizational conditions can spill over into family relationships, life satisfaction, and broader subjective well-being. Internal CSR can support this interface through flexible work arrangements, family-friendly practices, reasonable workload expectations, and organizational cultures that acknowledge employees' non-work responsibilities. Research has demonstrated that internal CSR can influence employees' life satisfaction through the interaction between work and non-work domains [33]. More recent evidence suggests that employee-oriented CSR influences well-being through work, family, and cultural spillover processes [34]. Work-life support practices have also been associated with higher subjective well-being among employees, confirming that organizational support for non-work responsibilities is an important aspect of employee-centered management [35]. In remote and digitally mediated work environments, work-family conflict, loneliness, and information quality can further influence employee well-being [36]. These developments have also expanded internal CSR into the digital domain, where organizations are increasingly expected to guide digitalization in ways that safeguard employees' interests, participation, and well-being [37].

Social relationships and social capital constitute another important foundation of employee well-being. Social interactions, interpersonal trust, mutual support, and the quality of relationships among colleagues can provide emotional resources, facilitate cooperation, reduce occupational stress, and enhance employees' sense of belonging. Internal CSR practices that promote organizational support, participation, inclusion, and constructive social relationships may therefore strengthen social capital and subsequently improve employee well-being. Evidence concerning social responsibility and occupational well-being has shown that socially responsible orientations are related to favorable employee psychological outcomes [38]. Moreover, internal and external CSR can increase employee work engagement through multiple psychological mechanisms, demonstrating that employees' interpretations of organizational responsibility influence how strongly they invest themselves in their work roles [39]. Studies linking CSR, environmental practices, and employee behavior have also shown that employee well-being can operate as an important mediating mechanism between responsible organizational practices and positive employee behavior [40]. In tourism settings, perceived CSR and employee well-being have similarly been linked to environmentally responsible employee behavior [41], demonstrating that employee well-being may simultaneously function as an outcome of socially responsible organizational practices and as a mechanism producing other desirable organizational behaviors.

Taken together, the existing literature indicates that employee well-being is influenced by a broad constellation of antecedents, including organizational support, justice, leadership, career development, compensation, work-family support, social relations, working conditions, and organizational culture. Workplace well-being is also closely associated with important attitudinal outcomes, including

employee job satisfaction [42]. Internal CSR offers a theoretically coherent framework for integrating these otherwise fragmented antecedents because it positions employee well-being within the organization's broader ethical and social obligations toward its workforce. Empirical research has specifically proposed internal CSR as a microfoundation of employee well-being and job performance, emphasizing that responsible human resource practices can generate both employee-centered and organizational benefits [43]. Nevertheless, existing studies have frequently examined individual relationships among CSR, organizational support, leadership, work-family practices, engagement, commitment, or employee well-being rather than clarifying how multiple antecedents structurally influence one another. This limitation is important because the antecedents of employee well-being are unlikely to operate independently. Some factors may serve as fundamental drivers, whereas others may function as intermediate mechanisms or highly dependent outcomes within a broader system.

This limitation creates a particular need for structural approaches capable of identifying hierarchical and reciprocal relationships among antecedents. Interpretive Structural Modeling (ISM) is suitable for this purpose because it enables complex systems of interrelated factors to be decomposed into a structured hierarchy based on expert judgments and pairwise relationships. By identifying driving and dependent variables, ISM can distinguish fundamental antecedents from factors that are primarily influenced by other dimensions, thereby improving theoretical interpretation and managerial prioritization. Multi-criteria and structural decision-making approaches are particularly useful when a phenomenon involves interconnected qualitative judgments that cannot be adequately represented through simple linear ranking [44]. In the context of employee well-being, such an approach can help hospital managers determine whether factors such as justice, organizational culture, social capital, leadership, compensation, training, welfare, work environment, and job security occupy equivalent positions or whether some constitute deeper structural foundations upon which the others depend.

Despite increasing scholarly attention to employee well-being and internal CSR, an important research gap remains regarding the structural configuration of employee well-being antecedents in healthcare organizations, particularly within the specific institutional and managerial context of hospitals affiliated with universities of medical sciences. Studies have demonstrated that internal CSR can improve commitment [16], social performance [17], employee well-being and performance [43], engagement [39], and life satisfaction [33]; however, these findings do not establish which employee-oriented factors possess the strongest driving power within a hospital system or how such factors are hierarchically interconnected. In hospitals, where human resources directly affect service quality, patient safety, continuity of care, and organizational resilience, identifying foundational antecedents may provide more actionable knowledge than examining isolated bivariate relationships. A structural understanding can enable administrators to prioritize interventions that generate cascading effects across multiple dimensions of employee well-being rather than dispersing resources across disconnected initiatives.

Accordingly, the aim of the present study was to develop an Interpretive Structural Model of the antecedents of employee well-being based on internal social responsibility in hospitals affiliated with Mashhad University of Medical Sciences.

2. Methodology

In terms of purpose, the present study was developmental; in terms of data collection, it was classified as a descriptive-survey study; and temporally, it employed a cross-sectional design. In terms of approach and nature, the study was quantitative. The statistical population consisted of 10 experts who were selected through purposive sampling based on the criteria of having at least 20 years of work experience in hospitals, at least 10 years of managerial experience in hospitals, at least a bachelor's degree, and familiarity with the field of healthcare services management. Data were collected using a questionnaire. The questionnaire consisted of an n × n matrix. Because an Interpretive Structural Modeling questionnaire examines all possible relationships among the elements in matrix form, the questionnaire is inherently considered to possess validity. Furthermore, given that the respondents in this method are experts with extensive professional experience and higher education, provided that the experts are appropriately selected, their judgments are expected to demonstrate adequate reliability. Therefore, methods such as composite reliability or Cronbach's alpha are not applicable to this type of questionnaire (Habibi & Afridi, 2022). Interpretive Structural Modeling was employed to identify the relationships among the dimensions of the model.

3. Findings and Results

Interpretive Structural Modeling and its results, which were obtained through eight stages, are presented below.

Step 1: Identification of the Antecedent Elements of Employee Well-Being Based on the Organization's Internal Social Responsibility

As shown in Figure 1, the antecedents of employee well-being based on internal social responsibility consist of nine dimensions: job and work environment (including the components of occupational safety, job design, and quality of the work environment); employee welfare (including welfare facilities, psychological capital, and work-family policy); justice and fairness (including distributive justice, procedural justice, and interactional justice); organizational climate and culture (including positive organizational culture, spiritual value orientation, and organizational ethical climate); compensation (including incentive-based and conventional compensation); social capital (including social interactions, organizational support, and environmental activities); leadership (including empathy and communication); training and development (including professional development and career advancement); and financial and job security (including financial stability and resource management).

Step 2: Formation of the Structural Self-Interaction Matrix

After identifying the dimensions and components of the antecedents of employee well-being based on the organization's internal social responsibility, a 9 × 9 square matrix was developed for the antecedent dimensions. This matrix constituted the Interpretive Structural Modeling questionnaire and was used to collect expert judgments regarding pairwise relationships among the dimensions of the model. The dimensions within the matrix may have a unidirectional relationship, a bidirectional relationship, or no relationship. The types of relationships used in Interpretive Structural Modeling are defined as follows:

Symbol V: Element *i* influences element *j*.

Symbol A: Element *j* influences element *i*.

Symbol X: Elements *i* and *j* mutually influence each other.

Symbol O: Elements *i* and *j* have no relationship with each other.

In the present study, the questionnaire was completed by 10 experts, who were asked to express their judgments regarding the influence of each dimension on the other dimensions in hospitals affiliated with Mashhad University of Medical Sciences using the defined symbols. Because inverse relationships among dimensions can be derived from the data in the upper triangular portion above the main diagonal of the matrix, completing the upper triangle of the main diagonal is sufficient, and the main diagonal may either be left blank or assigned a value of 1. The experts' judgments cannot be aggregated by calculating their mean because the final matrix must contain binary values of 0 and 1. Therefore, the most appropriate procedure is to use frequencies and the mode (Sarafrazi et al., 2014). Accordingly, based on the modal frequencies, the experts' judgments regarding the influence of each dimension on the other dimensions were examined. The resulting data were compiled as presented in Table 1, and the final Structural Self-Interaction Matrix was formed.

Table 1. Structural Self-Interaction Matrix of the Dimensions of the Antecedents of Employee Well-Being

Variable	C1	C2	C3	C4	C5	C6	C7	C8	C9
Job and Work Environment (C1)	—	A	O	O	A	O	A	A	A
Employee Welfare (C2)		—	A	A	X	A	X	O	X
Justice and Fairness (C3)			—	X	V	X	V	V	V
Organizational Climate and Culture (C4)				—	V	X	V	V	V
Compensation (C5)					—	A	O	O	X
Social Capital (C6)						—	V	V	V
Leadership (C7)							—	O	O
Training and Development (C8)								—	X
Financial and Job Security (C9)									—

Step 3: Formation of the Initial Reachability Matrix

By converting the Structural Self-Interaction Matrix into a binary matrix consisting of zeros and ones, the initial reachability matrix was obtained. To extract the initial reachability matrix, in each row of the Structural Self-Interaction Matrix, the symbols X and V were replaced with 1, whereas the symbols A and O were replaced with 0. The resulting matrix, presented in Table 2, is referred to as the initial reachability matrix. The entries on the main diagonal are assigned a value of 1. The initial reachability matrix

indicates whether a column variable can be reached from a row variable through a continuous directed path. The initial reachability matrix describes reachability through all paths of lengths zero and one.

Table 2. Initial Reachability Matrix of the Dimensions of the Antecedents of Employee Well-Being

Variable	C1	C2	C3	C4	C5	C6	C7	C8	C9
Job and Work Environment	1	0	0	0	0	0	0	0	0
Employee Welfare	1	1	0	0	1	0	1	0	1
Justice and Fairness	0	1	1	1	1	1	1	1	1
Organizational Climate and Culture	0	1	1	1	1	1	1	1	1
Compensation	1	1	0	0	1	0	0	0	1
Social Capital	0	1	1	1	1	1	1	1	1
Leadership	1	1	0	0	0	0	1	0	0
Training and Development	1	0	0	0	0	0	0	1	1
Financial and Job Security	1	1	0	0	1	0	0	1	1

Step 4: Formation of the Final Reachability Matrix

Following the formation of the initial reachability matrix, its internal consistency must be established. For example, if component *i* leads to component *j* and component *j* leads to component *k*, it can be concluded that component *i* leads to component *k*. If this relationship is not represented in the initial reachability matrix, the matrix must be corrected by incorporating the omitted relationship and indicating the corresponding transitive relationship. Such corrections in the final reachability matrix are generally denoted by the symbol 1*.

At this stage of the study, the transitive relationships identified in the final reachability matrix were incorporated. As shown in Table 3, in addition to establishing the consistency of the initial reachability matrix, the driving power and dependence level of each dimension were determined. Driving power refers to the extent to which a dimension influences other dimensions and is calculated by summing the values in the corresponding row of the final reachability matrix. Dependence level indicates the extent to which a dimension is influenced by other dimensions and is calculated by summing the values in the corresponding column of the final reachability matrix.

Table 3. Final Reachability Matrix of the Antecedents of Employee Well-Being

Variable	C1	C2	C3	C4	C5	C6	C7	C8	C9	Driving Power
Job and Work Environment	1	0	0	0	0	0	0	0	0	1
Employee Welfare	1	1	0	0	1	0	1	1*	1	6
Justice and Fairness	1*	1	1	1	1	1	1	1	1	9
Organizational Climate and Culture	1*	1	1	1	1	1	1	1	1	9
Compensation	1	1	0	0	1	0	1*	1*	1	6
Social Capital	1*	1	1	1	1	1	1	1	1	9
Leadership	1	1	0	0	1*	0	1	0	1*	5
Training and Development	1	1*	0	0	1*	0	0	1	1	5
Financial and Job Security	1	1	0	0	1	0	1*	1	1	6
Dependence Level	9	8	3	3	8	3	7	7	8	

Step 5: Formation of the Reachability, Antecedent, and Intersection Sets

To determine the level of each dimension in the final model, the reachability, antecedent, and intersection sets must be identified for each dimension. The reachability set (outputs) of each dimension comprises the dimensions that can be reached through that dimension, including the dimension itself and the dimensions influenced by it. The antecedent set (inputs) consists of the dimensions through which a given dimension can be reached, including the dimension itself and those dimensions that influence it. The intersection set is obtained from the intersection of the reachability and antecedent sets. After identifying the reachability and antecedent sets for each dimension, their common elements were determined and the dimensions were subsequently leveled.

Step 6: Determination of Relationships and Level Partitioning of the Dimensions

Following the aforementioned procedures, the level of each dimension was determined. The first dimensions for which the intersection set is identical to the reachability set are considered Level 1 dimensions—i.e., the uppermost or most dependent dimensions—in the hierarchy of the Interpretive Structural Model. This means that these dimensions exert relatively less influence on the other dimensions. After identifying the dimensions at the highest level, they are removed from the subsequent iteration. This process is repeated until the level of every dimension has been determined. The identified levels in the model of the antecedents of employee well-being based on internal social responsibility in hospitals affiliated with Mashhad University of Medical Sciences were subsequently used to construct the final model. As presented in Table 4, the job and work environment dimension was positioned at the first level of the Interpretive Structural Model and was removed from the table at this stage. The model then proceeded to the second iteration after this dimension had been eliminated.

Table 4. First-Level Iteration

Level	Intersection Set	Antecedent Set	Reachability Set	Variable	Dimension
First	C1	C1, C2, C3, C4, C5, C6, C7, C8, C9	C1	Job and Work Environment	C1
	C2, C5, C7, C8, C9	C2, C3, C4, C5, C6, C7, C8, C9	C1, C2, C5, C7, C8, C9	Employee Welfare	C2
	C3, C4, C6	C3, C4, C6	C1, C2, C3, C4, C5, C6, C7, C8, C9	Justice and Fairness	C3
	C3, C4, C6	C3, C4, C6	C1, C2, C3, C4, C5, C6, C7, C8, C9	Organizational Climate and Culture	C4
	C2, C5, C7, C8, C9	C2, C3, C4, C5, C6, C7, C8, C9	C1, C2, C5, C7, C8, C9	Compensation	C5
	C3, C4, C6	C3, C4, C6	C1, C2, C3, C4, C5, C6, C7, C8, C9	Social Capital	C6
	C2, C5, C7, C9	C2, C3, C4, C5, C6, C7, C9	C1, C2, C5, C7, C9	Leadership	C7
	C2, C5, C8, C9	C2, C3, C4, C5, C6, C8, C9	C1, C2, C5, C8, C9	Training and Development	C8
	C2, C5, C7, C8, C9	C2, C3, C4, C5, C6, C7, C8, C9	C1, C2, C5, C7, C8, C9	Financial and Job Security	C9

As presented in Table 5, during the second-level iteration, the dimensions of employee welfare, compensation, leadership, training and development, and financial and job security were positioned at the second level of the model and were subsequently removed from the table.

Table 5. Second-Level Iteration

Level	Intersection Set	Antecedent Set	Reachability Set	Variable	Dimension
Second	C2, C5, C7, C8, C9	C2, C3, C4, C5, C6, C7, C8, C9	C2, C5, C7, C8, C9	Employee Welfare	C2
	C3, C4, C6	C3, C4, C6	C2, C3, C4, C5, C6, C7, C8, C9	Justice and Fairness	C3
	C3, C4, C6	C3, C4, C6	C2, C3, C4, C5, C6, C7, C8, C9	Organizational Climate and Culture	C4
Second	C2, C5, C7, C8, C9	C2, C3, C4, C5, C6, C7, C8, C9	C2, C5, C7, C8, C9	Compensation	C5
	C3, C4, C6	C3, C4, C6	C2, C3, C4, C5, C6, C7, C8, C9	Social Capital	C6
Second	C2, C5, C7, C9	C2, C3, C4, C5, C6, C7, C9	C2, C5, C7, C9	Leadership	C7
Second	C2, C5, C8, C9	C2, C3, C4, C5, C6, C8, C9	C2, C5, C8, C9	Training and Development	C8
Second	C2, C5, C7, C8, C9	C2, C3, C4, C5, C6, C7, C8, C9	C2, C5, C7, C8, C9	Financial and Job Security	C9

Finally, as shown in Table 6, the remaining dimensions of the antecedents of employee well-being—justice and fairness, organizational climate and culture, and social capital—were positioned at the third level of the model.

Table 6. Third-Level Iteration

Level	Intersection Set	Antecedent Set	Reachability Set	Variable	Dimension
Third	C3, C4, C6	C3, C4, C6	C3, C4, C6	Justice and Fairness	C3
Third	C3, C4, C6	C3, C4, C6	C3, C4, C6	Organizational Climate and Culture	C4
Third	C3, C4, C6	C3, C4, C6	C3, C4, C6	Social Capital	C6

Step 7: Development of the Interpretive Structural Model and Interaction Network

The final model of the dimensions of the antecedents of employee well-being based on internal social responsibility in hospitals affiliated with Mashhad University of Medical Sciences consists of the hierarchical arrangement of the dimensions relative to one another and the relationships among them across three identified levels, as presented in Figure 1.

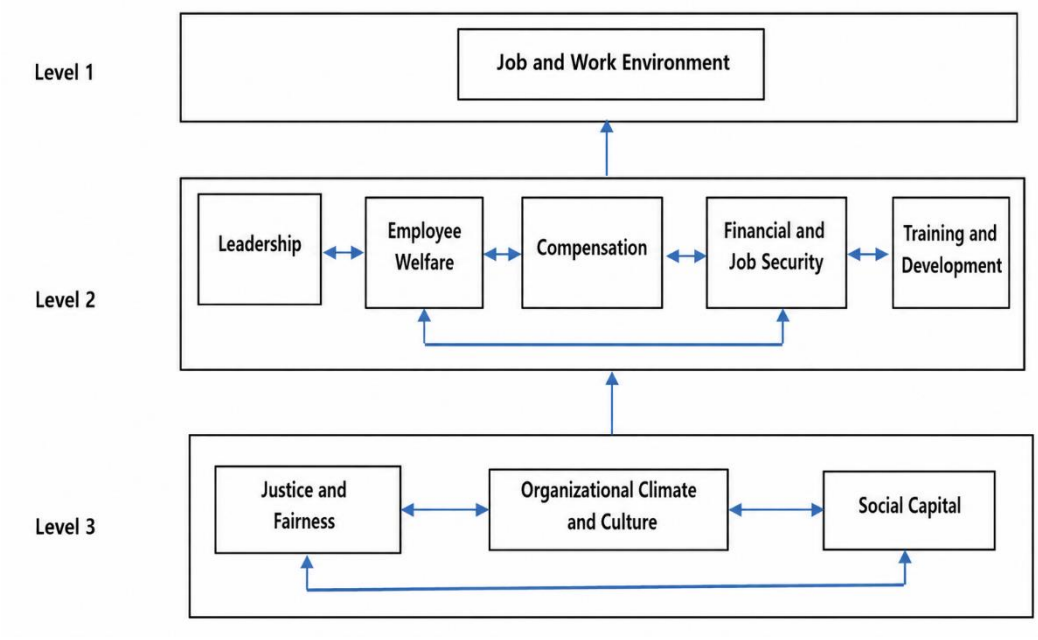

Figure 1. Interpretive Structural Model of the Antecedents of Employee Well-Being Based on Internal Social Responsibility in Hospitals Affiliated with Mashhad University of Medical Sciences

Step 8: Driving Power–Dependence Analysis

Driving power–dependence analysis within Interpretive Structural Modeling clearly demonstrates the reciprocal and influential relationships among the dimensions and the relationships among their different levels. This analysis involves two types of variables. The first consists of antecedents, which are factors that generate changes in other variables (causes), whereas the second consists of outcomes, which are the results generated through the influence of antecedents (effects). Based on the interpreted relationships, the antecedent set consists of variables that are not themselves influenced but exert an influence on other variables and therefore possess high driving power, whereas the reachability set consists of variables that are influenced by other variables and consequently exhibit high dependence.

In Interpretive Structural Modeling, reciprocal relationships and influences among the dimensions, as well as the relationships among their different levels, are clearly demonstrated, thereby facilitating a better understanding of the decision-making environment of administrators in hospitals affiliated with Mashhad University of Medical Sciences. The driving power–dependence diagram was developed to identify the key criteria concerning the driving power and dependence of the dimensions in the final reachability matrix. Both the Interpretive Structural Model and the driving power–dependence diagram involve similar computational processes; however, Interpretive Structural Modeling primarily helps clarify direct relationships among dimensions because it presents the hierarchical structure of the dimensions. In contrast, the driving power–dependence

diagram constitutes an analytical tool for classifying dimensions based on their latent and indirect relationships.

Based on the driving power and dependence of the dimensions, a coordinate system can be established and divided into four clusters: autonomous, dependent, linkage, and independent. Driving power–dependence analysis is based on the driving power (influence) and dependence (degree of being influenced) of each dimension and enables a more detailed examination of the position of each dimension. Dimensions in the autonomous cluster have low dependence and low driving power, whereas dimensions in the dependent cluster exhibit high dependence but low driving power. In the independent (fundamental) cluster, dimensions exhibit low dependence and high driving power, whereas dimensions in the linkage cluster possess both high dependence and high driving power. As shown in Figure 2, with respect to the antecedents of employee well-being based on internal social responsibility in hospitals affiliated with Mashhad University of Medical Sciences, the job and work environment dimension (C1) was located in the dependent cluster. The dimensions of employee welfare (C2), compensation (C5), leadership (C7), training and development (C8), and financial and job security (C9) were positioned in the linkage cluster. Finally, the dimensions of justice and fairness (C3), organizational climate and culture (C4), and social capital (C6) were located in the independent (fundamental) cluster.

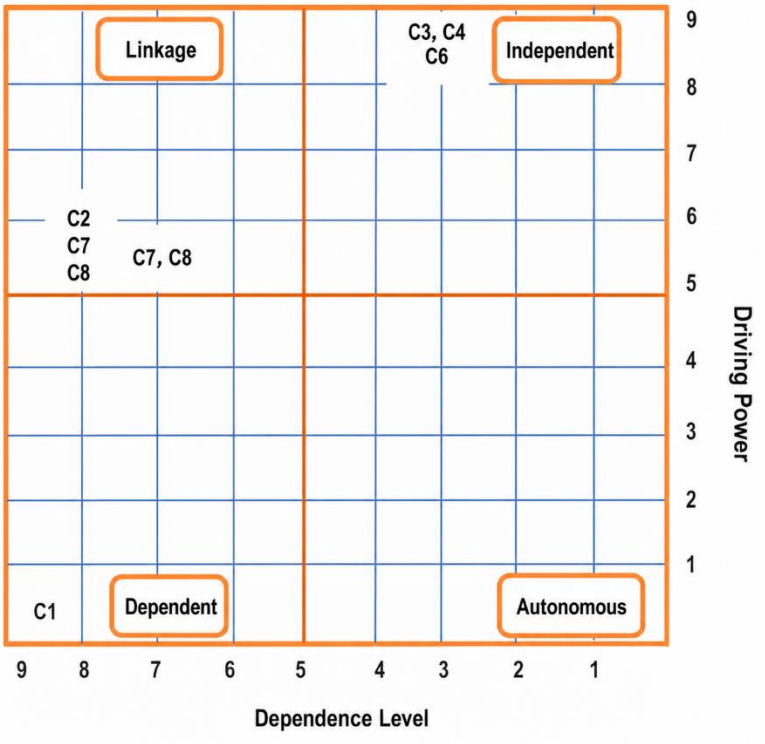

Figure 2. Driving Power–Dependence Analysis of the Antecedents of Employee Well-Being

4. Discussion and Conclusion

The present study aimed to develop an interpretive structural model of the antecedents of employee well-being based on internal social responsibility in hospitals affiliated with Mashhad University of Medical Sciences. The findings identified nine major antecedents: job and work environment, employee welfare, justice and fairness, organizational climate and culture, compensation, social capital, leadership, training and development, and financial and job security. The Interpretive Structural Modeling results further showed that these antecedents were arranged across three hierarchical levels. Job and work environment was located at the first level and therefore represented the most dependent dimension. Employee welfare, compensation, leadership, training and development, and financial and job security were positioned at the second level. Justice and fairness, organizational climate and culture, and social capital were located at the third and most foundational level. The driving power–dependence analysis also showed that justice and fairness, organizational climate and culture, and social capital belonged to the independent cluster, indicating high driving power and relatively low

dependence. Employee welfare, compensation, leadership, training and development, and financial and job security were classified as linkage variables, while job and work environment was classified as a dependent variable. Overall, the results indicate that employee well-being in hospitals is not produced by isolated practices; rather, it emerges from a layered system in which foundational social and organizational conditions shape intermediate managerial practices, which in turn influence employees' immediate experience of the work environment.

The identification of justice and fairness as one of the strongest driving antecedents is consistent with the broader literature on organizational well-being. Fairness in the distribution of rewards, the procedures through which decisions are made, and the quality of interpersonal treatment can strongly influence employees' evaluations of their organization and their own psychological functioning at work. Perceived procedural injustice has been shown to undermine organizational well-being, suggesting that employees experience negative psychological consequences when organizational procedures are viewed as unfair or arbitrary [23]. Similarly, studies of employee well-being have repeatedly emphasized the importance of fair people-management systems, organizational trust, and supportive policies [20]. In hospital environments, where employees are highly attentive to workload allocation, promotion criteria, compensation, shift distribution, managerial decisions, and access to resources, perceptions of fairness may become especially salient. Justice may therefore function as a foundational antecedent because it shapes employees' interpretations of many other practices, including compensation, leadership, professional development, and job security. When fairness is perceived to be low, even otherwise positive organizational initiatives may be interpreted as inconsistent or selective. By contrast, when employees perceive distributive, procedural, and interactional justice, they are more likely to trust organizational systems and regard subsequent managerial practices as legitimate.

The strong driving role of organizational climate and culture is also theoretically plausible. Organizational culture provides a set of shared values, norms, expectations, and behavioral standards that guide how employees and managers interact. A positive organizational culture can institutionalize respect, ethical conduct, mutual support, openness, and employee-centered decision-making, thereby creating a context in which well-being-oriented practices become sustainable rather than episodic. The findings are consistent with frameworks of workplace well-being that emphasize work environment, relationships, meaning, and positive organizational functioning as interconnected contributors to employee flourishing [2, 30]. They also correspond with evidence showing that organizational conditions are central antecedents of psychological and occupational well-being [4, 5]. From an internal social responsibility perspective, a supportive organizational climate communicates that employee welfare is valued as an organizational objective rather than treated as an individual responsibility. This may explain why organizational climate and culture exerted broad influence over several other dimensions in the model. A hospital with a positive culture is more likely to support fair leadership, constructive communication, employee development, work-family support, ethical decision-making, and psychologically safe interaction.

The positioning of social capital as another independent and highly influential antecedent further reinforces the importance of relational resources in employee well-being. Social capital encompasses trust, reciprocity, social interaction, cooperation, and access to supportive relationships within the organization. In complex work systems such as hospitals, where clinical and administrative activities depend heavily on interprofessional coordination, social capital can shape both practical functioning and emotional experience. Employees who work in environments characterized by mutual support and strong interpersonal ties may be better able to manage demanding workloads, uncertainty, emotional strain, and organizational changes. This interpretation is consistent with organizational support theory, which emphasizes that employees' beliefs regarding organizational care and appreciation contribute to favorable attitudes and well-being [19]. It is also supported by studies indicating that organizational support contributes to well-being and engagement [21] and that perceived organizational support interacts with resilience and ethical leadership to promote well-being under difficult conditions [22]. The present findings therefore suggest that social capital should not be regarded merely as an interpersonal by-product; rather, it can act as a structural resource that enables other employee well-being antecedents to operate effectively.

The classification of employee welfare as a linkage variable indicates that it is both influenced by more fundamental organizational conditions and capable of influencing other dimensions. Employee welfare practices may include welfare facilities, psychological capital support,

and work-family policies. Such practices can improve employees' experience of organizational care, but their effectiveness likely depends on whether the broader organizational context is characterized by fairness, supportive culture, and social trust. This result aligns with research showing that internal CSR influences employees' life satisfaction through work and non-work domains [33] and that work-family and cultural spillover play important roles in the relationship between employee-oriented CSR and well-being [34]. Similarly, work-life support practices have been associated with higher subjective well-being [35]. In hospital settings, where rotating shifts, long working hours, and family-role interference are common, welfare initiatives may be particularly valuable. However, such initiatives are unlikely to generate sustained benefits if employees perceive organizational injustice, weak social support, or a negative organizational culture.

Compensation was also positioned as a linkage variable, suggesting that it is both affected by foundational factors and capable of influencing other aspects of employee well-being. Compensation is closely connected to fairness because employees evaluate not only the absolute level of pay but also its equity, transparency, consistency, and relationship with effort and responsibility. The finding is consistent with the broader literature on financial well-being, which has identified economic security and financial conditions as important antecedents of subjective and occupational well-being [31]. It also aligns with evidence indicating that crisis and uncertainty can magnify the importance of employee well-being and positive psychological functioning for sustaining performance [32]. In hospitals, compensation can symbolize recognition and organizational valuation, particularly when employees operate under demanding physical and emotional conditions. Yet the linkage position suggests that compensation alone cannot serve as the sole foundation of well-being. Even competitive pay may have limited impact if employees experience unfair procedures, unsupportive leadership, weak communication, or poor organizational climate.

Leadership was similarly categorized as a linkage factor. This result implies that leadership is shaped by broader organizational values and culture while also serving as a conduit through which those values are translated into employees' day-to-day experiences. This is consistent with studies showing that leadership strategies can improve employee well-being [26], while transformational leadership has been associated with occupational well-being, career success, and adaptive performance [27]. Ethical leadership has also been shown to contribute to employee well-being in combination with organizational support and resilience [22]. In the present model, leadership likely occupies an intermediate position because leaders themselves operate within a broader organizational culture and justice system. A leader who is personally supportive may still face constraints if the organization lacks fair policies, trust, or employee-centered values. Conversely, a positive culture can empower leaders to act empathetically, communicate effectively, and promote employee development. The linkage classification therefore suggests that leadership is a critical implementation mechanism rather than the deepest structural driver.

Training and development also emerged as a linkage variable. This finding emphasizes the role of professional growth, career advancement, and skill development in employee well-being. Employees tend to experience greater occupational well-being when they perceive their work as meaningful and when they believe they have opportunities to grow and progress. Career calling, decent work, and career adaptability have been linked to occupational well-being, supporting the importance of developmental opportunities in shaping positive work experiences [28]. Psychological well-being has likewise been associated with resources such as resilience and professional health [29]. Training and development may also communicate organizational investment in employees, thereby strengthening perceived organizational support. However, its intermediate position suggests that development opportunities are unlikely to be fully effective if access to training is unfair, promotion decisions are opaque, or the organizational culture does not value learning and professional growth.

Financial and job security was another linkage dimension, reflecting the interconnected nature of economic stability, resource management, and employee well-being. Job insecurity and financial uncertainty can generate anxiety, reduce organizational trust, and undermine employees' ability to plan for the future. This is especially important in hospital settings where staff may already experience emotional and occupational demands. The finding is consistent with broader evidence that well-being is affected by economic and employment conditions [31]. It also corresponds with research on organizational change showing that adverse work conditions and uncertainty can negatively affect employee outcomes [8]. From an internal CSR perspective, providing job stability and predictable financial conditions signals organizational responsibility

toward employees. Nevertheless, the linkage position again indicates that security is influenced by deeper organizational factors. Transparent, fair, and culturally consistent resource management may determine whether employees experience genuine security.

The placement of job and work environment at the most dependent level is another important result. Job and work environment included occupational safety, job design, and quality of the work environment. These are proximal aspects of employees' daily experience and may therefore be strongly shaped by more fundamental organizational and managerial conditions. The finding is consistent with research showing that hospital employees' health and well-being depend heavily on organizational conditions and the design of work systems [6]. Studies of presenteeism among nurses have also demonstrated that workplace demands and organizational expectations can directly shape employee health-related behavior [7]. Ergonomic research further indicates that physical work design can affect both well-being and productivity [9]. In the present model, the dependent status of job and work environment suggests that improving work conditions may require upstream reforms. For example, safer work practices may depend on organizational culture, fair resource allocation, effective leadership, adequate staffing, professional training, and financial investment. Therefore, interventions limited to the physical workplace may produce only partial improvements if more fundamental drivers remain unchanged.

The overall model is broadly consistent with the internal CSR literature. Internal CSR has been associated with organizational commitment [14, 15], social performance [17], employee well-being and job performance [43], and normative commitment during crisis conditions [16]. It has also been described as a form of organizational care directed toward employee well-being [18]. The present findings extend this literature by showing that internal CSR-related antecedents are not structurally equivalent. Rather, justice, social capital, and organizational climate and culture appear to operate as foundational drivers, whereas welfare, compensation, leadership, development, and security function as intermediate mechanisms, and job and work environment represents a more dependent manifestation of the broader system. This hierarchical interpretation also corresponds with evidence showing that CSR can affect work engagement through multiple mechanisms [39], while employee well-being may mediate the relationship between CSR-related practices and positive employee behaviors [40, 41]. In other words, internal social responsibility may affect employee well-being through a network of mutually reinforcing pathways rather than through one direct process.

The model also has implications for understanding the role of organizational support. Perceived organizational support can be generated through fair treatment, supportive leadership, career opportunities, work-family policies, and employment security. These factors jointly communicate that the organization values employees and cares about their welfare. This interpretation is consistent with organizational support theory [19] and with evidence that internal CSR, organizational support, and work-life practices can improve employee well-being [21, 33, 35]. Furthermore, digitalization and changing work patterns increase the need for internal CSR to protect employee interests during organizational transformation [37]. Remote and digitally mediated work research has similarly demonstrated that information quality, loneliness, and work-family conflict can affect well-being [36]. Although hospital work is often predominantly on-site, digital transformation, electronic systems, telehealth, and administrative technologies increasingly influence healthcare employees, making the underlying principles of support, fairness, and organizational care highly relevant.

Overall, the findings reinforce the multidimensional and systemic nature of employee well-being. Previous literature reviews have shown that well-being is shaped by individual, interpersonal, job-related, organizational, and contextual antecedents [3-5]. The present study adds a structural perspective by demonstrating how these antecedents may be hierarchically ordered in hospitals. The results suggest that interventions targeting visible outcomes alone, such as physical work conditions or specific welfare programs, may be less effective unless underlying organizational foundations are simultaneously strengthened. In particular, justice and fairness, organizational climate and culture, and social capital appear to provide the institutional and relational infrastructure upon which other dimensions depend. This interpretation also aligns with the broader view that CSR should be integrated into organizational strategy and ethics rather than treated as a peripheral activity [10-12]. Accordingly, employee well-being in hospitals may be improved most effectively when internal social responsibility is institutionalized across organizational systems rather than implemented through isolated human resource initiatives.

The present study has several limitations that should be considered when interpreting its findings. First, the model was developed on the basis of the judgments of 10 experts,

and although the participants were selected according to substantial professional and managerial experience, the relatively small expert panel may limit the breadth of perspectives represented. Second, the study was conducted specifically in hospitals affiliated with Mashhad University of Medical Sciences, and institutional, managerial, cultural, and economic characteristics of these hospitals may differ from those of private hospitals, non-university hospitals, or healthcare organizations in other regions. Third, Interpretive Structural Modeling relies on expert judgment to determine pairwise relationships among dimensions, and the resulting hierarchy may therefore be influenced by subjective interpretations despite the systematic nature of the method. Fourth, the cross-sectional design does not permit examination of how the relationships among antecedents may change over time or in response to organizational reforms. Finally, the model focused on structural relationships among identified antecedents and did not directly assess employee-reported well-being outcomes or test causal effects using longitudinal or experimental data.

Future studies are recommended to validate the proposed model using larger and more diverse samples of hospital managers, healthcare professionals, nurses, physicians, administrative personnel, and support staff. Researchers could combine Interpretive Structural Modeling with quantitative techniques such as structural equation modeling to test the strength and direction of the relationships identified in the present study. Comparative studies across public, private, teaching, and specialty hospitals would also be valuable for assessing the stability of the model across organizational contexts. Longitudinal research could examine whether changes in justice, organizational culture, social capital, leadership, welfare policies, or job security are followed by changes in employee well-being over time. Future studies may also investigate possible mediating and moderating mechanisms, including perceived organizational support, trust, resilience, psychological capital, work engagement, and work-family balance. In addition, researchers could examine whether the relative importance of the antecedents differs across occupational groups, employment contracts, managerial levels, or demographic categories within hospitals.

Hospital administrators should prioritize justice and fairness, organizational climate and culture, and social capital as foundational areas for intervention because improvements in these dimensions are likely to influence multiple other antecedents of employee well-being. Transparent decision-making procedures, equitable allocation of resources and opportunities, respectful interpersonal treatment, and consistent compensation and promotion policies should be institutionalized. Managers should also cultivate a supportive and ethical organizational culture that encourages trust, collaboration, psychological safety, and open communication. Strengthening social capital through teamwork, interprofessional cooperation, peer support, and participatory decision-making can further improve the relational environment of hospitals. At the same time, hospital leaders should integrate these foundational reforms with practical initiatives involving employee welfare, work-family support, fair compensation, career development, leadership development, financial and job security, occupational safety, job design, and improvement of the physical work environment. A coordinated internal social responsibility strategy is likely to be more effective than fragmented interventions because the dimensions of employee well-being are structurally interconnected.

Authors' Contributions

Authors equally contributed to this article.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

All procedures performed in this study were under the ethical standards.

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