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Reconsidering psychological safety from the perspective of personality organization levels

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ABSTRACT

In medical education, psychological safety in teams and organizations facilitates problem solving in healthcare teams and learning opportunities for learners. Based on four types of organizational climate, this study examines the interventions needed for each type of team and organization to increase psychological safety and create an environment in which learners can learn independently and effectively. In considering interventions, the concept of three levels of personality organization, a framework for psychological assessment, seems to be valuable. Based on the overlap between the four types of organizational climate and the three levels of personality organization, the "Apathy Zone" requires educators and learners to reestablish autonomy rooted in reality. In the "Anxiety Zone," the challenge is for educators to recognize their own limitations and be willing to understand learners. In the "Comfort Zone," educators must respect learners' autonomy while observing norms. Both educators and learners must distinguish between the realms of self and others, focusing on essential goals. The "Learning Zone" requires educators and learners to move without overthinking to achieve essential goals. The psychological perspective provides guidance for understanding the formation of organizational climate and considering specific interventions.

Keywords: psychological safety, organizational climate, personality organization levels

INTRODUCTION

When faced with complex, ambiguous and unanswerable questions, it is impossible for an individual to respond utilizing only one person's knowledge and experience. Teamwork is necessary to address such questions, and "psychological safety" is required as the team's foundation in uncertain times. Edmondson[1] defined psychological safety as "the belief shared by team members that it is safe to take interpersonal risks within the team." This indicates "a culture where everyone can express their opinions without hesitation and be themselves."[2]

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Many problems in healthcare do not have clear answers and must be examined by teams.[3] When psychological safety exists, team members do not worry about how they appear in the eyes of others; they can tell others what they do not know, focusing on the problem at hand.[4,5] Thus, cultivating psychological safety is an important theme in medical education. In clinical and educational settings, increasing psychological safety can create an environment where learners can take initiative and learn a considerable amount of information.[6] Previous studies have identified relationships between various stages of education and psychological safety, including difficulty in pointing out teachers' errors,[7] briefing and debriefing in simulation education,[8,9] peer feedback,[10] and the team approach to healthcare.[11]

It is crucial to consider how psychological safety develops. Clarke[12] identified four developmental stages of psychological safety: 1) "Inclusion Safety," in which team members feel truly accepted by the team and not excluded; 2) "Learner Safety," in which team members are not afraid of making minor mistakes or hesitant to ask for help, and are willing to ask questions and experiment; 3) "Contributor Safety," in which members feel comfortable offering ideas and suggestions without fear of embarrassment or ridicule, and can perform their duties without violating team norms; and 4) "Challenger Safety," in which members can challenge their supervisor's ideas and existing plans or directions without fear of threat to position/evaluation or retribution. Therefore, members of a psychologically safe team can express ideas when lacking confidence, ask for help when needed, and feel they proactively contribute to a task by leveraging their individual strengths, which improves team performance.

Edmondson[2] divides organizational climate into four groups according to a combination of high and low psychological safety and achievement goals. First is the "Apathy Zone," wherein both psychological safety and achievement goals are low. Members of this organization type neither know what to do nor have much autonomy. Second is the "Anxiety Zone," wherein psychological safety is low and achievement goals are high. Members are afraid of failure and their superiors' reactions, and look for someone to take responsibility when something happens. Third is the "Comfort Zone," wherein psychological safety is high but achievement goals are low. In this state, members experience a sense of ease, yet have lost sight of the organization's fundamental goals and are in a "familiar" relationship. Fourth is the "Learning Zone," wherein psychological safety and achievement goals are high. Members know the organization's goals and are willing to take the initiative to achieve them while respecting others.

The development of psychological safety and types of organizational climate have been discussed previously. However, psychological safety is communicated non-verbally as a hidden curriculum from the attitude of educators/leaders rather than verbally,[3] and creating better psychological safety is a very complex task.[5] Previous studies have proposed general interventions (mindsets and methods) to enhance psychological safety,[2,13,14] but has not addressed interventions to increase psychological safety and create environments wherein learners can learn independently and effectively in specific types of organizational climates. This study focuses on the underlying implicit mindsets that shape organizational culture and explores effective points of reflection for learners and educators, drawing on insights from the literature.

PERSPECTIVES FOR ASSESSING ORGANIZATIONAL CLIMATE

What is the origin of these differences in organizational climate? In an organization, "Psychological safety" plays the role of a "Secure Base,"[4,13] which refers to the secure attachment relationship that children form with their caregivers, allowing them to explore the world. This is similar to the therapist–client relationship in psychotherapy. The fundamental disposition required

of leaders to foster psychological safety is psychological flexibility. This includes setting team goals, striving to understand team members while upholding essential norms, and adopting a meta-cognitive perspective on one's own thoughts and emotions.[14] This attitude closely parallels the foundational stance expected of therapists during psychotherapy.[15] Accordingly, the qualities necessary for effective leadership in creating psychological safety align closely with those required of therapists in therapeutic settings. Thus, applying the framework of psychological assessment—typically used to evaluate the therapeutic relationship, the client's underlying nurturing environment, and potential future interventions—to the organizational climate may offer valuable insights. It could illuminate the state of the organizational environment, interpersonal attitudes of leaders, and directions for future development. Based on this premise, the present study explores how leaders and members can align their mindsets to foster a more productive "Learning Zone." Specifically, it investigates key points on which educators (as leaders) and learners (as members) can engage in reflective practice and expand their behavioral approaches and interpersonal attitudes within the context of medical education, contingent upon the prevailing organizational climate. When a psychologically secure relationship is established between educator and learner—one that is both formally acknowledged and genuinely experienced in pursuit of shared learning goals—learners are more likely to offer uncertain responses, make mistakes, and express doubts. This enables educators to assess learners' developmental status more accurately and respond appropriately, thereby enhancing the overall effectiveness of the learning process.

FRAMEWORK FOR PSYCHOLOGICAL ASSESSMENT –LEVELS OF PERSONALITY ORGANIZATION

This study proposes personality organization levels[16] as a psychological assessment framework based on the "validity of reality testing" (ability to objectively recognize reality), "identification of ego identity" (existence of a consistent self-image), and "defense level" (maturity of emotional control and interpersonal strategies). The personality organization levels are classified as "Neurotic Level" (general health level), "Borderline Level" (interpersonal issues level), and "Psychotic Level" (reality testing issues level). This forms the foundation for a lively, dynamic understanding of the client's internal world, which honors their individuality and complexity. It supports a therapeutic stance rooted in dynamic psychotherapy, in which interventions are guided by empathic attunement, aiming to alleviate their suffering and facilitate more autonomous and meaningful engagement with life.[17] All individuals, including healthy ones and those who experience mental difficulties, are included in these levels of assessment based on the level of personality structure. These levels may indicate why individuals experience a particular mental state and what kind of intervention might be required. A detailed description of each level is provided in the following subsection.[18]

Neurotic Level

Children have the emotional experience of being accepted for both their strengths and weaknesses in a nurturing environment. Therefore, they objectively accept themselves as they are, have stable self-esteem, and can recognize what is necessary for them. This gives the impression of being a consistent individual (ego-identity), who does not strongly seek external approval and can act autonomously while responding respectfully to others. In addition, they can clearly distinguish between reality and thoughts (reality testing), and can resolve temporary emotional turmoil independently (defense).

Borderline Level

In a nurturing environment, children have the emotional experience of being accepted only if they do what the caregiver wants, or of being rejected if they show weakness. In this case, children are not accepted as their true selves and do not develop stable self-esteem, because they are motivated by the caregiver's opinion. Their self-understanding is superficial, they do not know what they need (self-awareness), and their self-esteem can soar or plummet depending on the evaluations of others. Therefore, they strongly seek the approval of others and are not only sensitive to how others view them, but blame others for everything or become aggressive to protect their self-esteem. Conversely, they may appear to be overly considerate of others; however, this is to prevent others from devaluing them, rather than out of consideration. Furthermore, the distinction between reality and thought, while appropriate, can become blurred under stress (reality testing). In such cases, the individual's mental state is easily shaken, and they are likely to rely on others to resolve it (defense). Therefore, individuals at the Borderline Level base their behavior on others' evaluations rather than on what they want to do. The theme for growth is drawing a boundary between themselves and others.

Psychotic Level

The child has poor emotional experiences of being recognized as an independent entity in the nurturing environment and experiences of being treated as part of the caregiver. Thus, they are confused and unable to distinguish between the objective reality of the external world and their thoughts and feelings in their internal world (reality testing). They find it difficult to view themselves objectively (self-awareness), and because they do not know what they need or want, are unable to move forward. Their descriptions of others are vague or unrealistic. Given this lack of a framework for mental organization, the child is easily overwhelmed by stimuli from within and without the self, and maintaining emotional control is difficult (defense). The theme for growth is to leave the world of ideas and retain contact with reality.

CORRESPONDENCE BETWEEN THE FOUR TYPES OF ORGANIZATIONAL CLIMATE AND THE THREE LEVELS OF PERSONALITY ORGANIZATION

The four types of organizational climate described by Edmondson[2] show notable parallels with the three levels of personality organization.

In the organizational climate context, the three criteria used to assess personality structure are mapped as follows. First, the "validity of reality testing" corresponds to the extent to which the organization's achievement goals are perceived as realistic and objective across all organization levels, rather than being merely the subjective ideals or beliefs held by leaders. Next, the "identification of ego identity" corresponds to the extent to which the organization members clearly understand their own roles, capabilities, and the significance of their contributions toward achieving organizational goals. Finally, the "defense level" reflects whether members are consistently and constructively motivated toward realistic, goal-directed behavior, without resorting to maladaptive or avoidant coping mechanisms.

The "Apathy Zone" is characterized by the dominance of a leader's personal ideas, rather than realistic, objective achievement goals. Members tend to follow these directives without fully understanding the implications of their intentions and actions. Thus, their behavior shifts immediately in response to changes in the leader's views, reflecting a lack of autonomous engagement or critical reflection. In this organizational state, members lose sight of their autonomy and sense of purpose. It parallels the Psychotic Level of personality organization, which is characterized

by uncertainty and a compromised capacity for objective reality testing.

In the "Anxiety Zone," organizational goals often have a basis in realistic objectives. Members generally understand what is required to achieve these goals; however, their attention is primarily directed toward the fear of failure rather than the intrinsic value or meaning of the goals. Therefore, their behavior is driven more by a desire to avoid blame and mitigate risk than by genuine engagement. This state—marked by heightened sensitivity to evaluation and fear of negative judgement from superiors—parallels the Borderline Level of personality organization, wherein individuals strive to maintain approval and emotional connection, often by managing the emotional climate to avoid perceived rejection or disapproval from their caregivers.

In the "Comfort Zone," the organization may operate with realistic, attainable goals, but members often lack deep understanding of the goals' underlying significance. This limits the development of a shared sense of purpose, making it difficult to engage in open, goal-oriented dialogue—even within a psychologically safe environment. Hence, behavior tends to prioritize the preservation of superficially harmonious relationships over meaningful discussion or challenge. This dynamic reflects the Borderline Level of personality organization, in which individuals are preoccupied with maintaining interpersonal approval and avoiding devaluation, often at the expense of authentic expression or assertive goal pursuit.

In the "Learning Zone," realistic goals are co-constructed through shared perspectives of leaders and members, and there is clear, collective understanding of each individual's role and the significance of goals. Members can engage in purposeful action without being preoccupied with avoiding failure or preserving superficial harmony. Instead, their behavior is characterized by proactive, collaborative, and goal-directed engagement. This organizational state aligns with the Neurotic Level of personality organization, wherein individuals demonstrate a stable sense of self, capacity for self-reflection and self-acceptance, and respectful, differential views of others.

REFLECTION/INTERVENTION POINTS FOR EACH ORGANIZATIONAL CLIMATE

In educational settings, leaders correspond to educators and members to learners. This section discusses key points for reflection and intervention aimed at promoting psychological safety, as outlined by Edmondson,[2] Aoshima and Yamaguchi,[13] and Ishii.[14] These perspectives are particularly *useful* for analyzing and addressing the characteristics of each type of organizational climate (learning environment). The Table illustrates the correspondence between each type of organizational climate and levels of personality organization, along with the underlying mindsets and key reflection points relevant to each climate within the context of psychological safety in medical education.

Table Correspondence between types of organizational climate and levels of personality organization, mindset, reflection point

Types of organizational climate		Apathy Zone	Anxiety Zone	Comfort Zone	Learning Zone
Levels of psychological safety		Low	Low	High	High
Motivation to achieve goal		Low	High	Low	High
Corresponding levels of personality organization		Psychotic Level	Borderline Level (Grandiose Narcissism Type)	Borderline Level (Vulnerable Narcissism Type)	Neurotic Level
Mindset	Educator	"You do what you are told. You do not have enough experience to say different opinions."	"This is the way it has to be, so please follow my opinion. Those who agree with me, I approve. However, those who disagree, I do not care what happens to you."	"You can do whatever you want. However, please do not destroy the harmonious atmosphere."	"Everyone has their own limitations, so we all need to share our ideas to achieve our goals."
	Learner	"I do not know what I am doing" "I am not being able to move without instruction."	"I am conditionally accepted by the educator." "It is important not to offend the superior." "Failure will not be tolerated, and someone will be held accountable."	"We have something to say but cannot say it for fear of destroying the atmosphere." "It is someone else's fault that things are not going well, our decisions are the right ones, and we can do whatever we want."	"We have the emotional experience of being accepted."
Reflection point	Educator	Whether we are trapped in a framework of subjective thinking that we consider reality.	Whether we can recognize our limitations and respect others.	Whether we have intruded into the realm of others and gave excessive consideration.	Whether or not we are stuck in negative thinking based on personal experiences and other factors.
	Learner			Whether we are losing sight of realistic goals because we are preoccupied with what is not essential or what we cannot control.	

Parts of "Reflection Point" are based on existing literature.[13,14]

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"Apathy Zone"—Psychotic Level

The implicit message from educators may be "You do what you are told. You don't have enough experience to articulate different opinions." Learners are likely to experience this as being treated as "part of the educator," and are likely to be in a state of "not knowing what they are doing" and "not being able to move without instruction." This is reminiscent of interpersonal relationships at the psychotic level.[18] In medical education, some degree of one-sided instruction that does not fully incorporate the learner's perspective, is often unavoidable.

In such contexts, it is important for both educators and learners to critically examine whether they are operating within a framework of subjective assumptions that they erroneously regard as objective reality. First, the educator should reflect on "whether they are tempted to deny the other individual altogether" and "whether they feel that they lose their sense of self when they incorporate the opinions of others." At this point, the educator considers what they believe to be realistic and absolutely correct, imposes this idea on both the learner and themselves, and is considered unable to tolerate any deviation from it.

A point for the learner to reflect on is, "Based on my past experiences, do I think I am doing something for nothing?" This means that the learner considers themself from the educator's perspective, and is distanced from their own thoughts and feelings.

In such cases, both the educator and learner need to detach from their presupposed thoughts and reality, and restore their autonomy rooted in the "here and now." To support this process, the "seven column method"[19]—a cognitive behavior therapy—can be employed when individuals are inclined to assume that "this is the way it should be" concerning themselves, others, or various situations. This method encourages individuals to become aware of their emotional responses and underlying habits of thinking (ie, automatic thinking) when placed in specific situations. It guides them to examine both supporting and opposing evidence for these thoughts, thereby promoting a more balanced and realistic perspective through reflective practice. Mindfulness can also be tried both by educators and learners when systematic thinking is difficult from the outset. Mindfulness refers to "deliberately paying attention to the here-and-now, without value judgments, thereby recognizing thoughts as thoughts and gaining unmixed insight into oneself and a greater sense of control."[20,21]

"Anxiety Zone"—Borderline Level

The implicit message from educators may be, "This is the way it has to be, so please follow my opinion. Those who agree with me, I approve. However, those who disagree, I do not care what happens to you." In such cases, the learner may have the emotional experience of being conditionally accepted by the educator and often feels that it is important not to offend the superior, that failure will not be tolerated, and that someone will be held accountable. Meanwhile, the educator is a "sender but not a receiver"[22] for the learner, highlighting an interpersonal pattern similar to those of the grandiose narcissist[23] at the borderline level. In medical education, it is believed that the "Anxiety Zone" will possibly occur in simulation-based training and other areas where students are required to produce good results under strict observation.[24] In this regard, Lateef[25] illustrates that in simulation-based training, learners may experience psychological distress stemming from being observed during the session, performing and being evaluated for the same in front of peers, and having it recorded and played back.

Thus, reflection by the educator is important to determine whether they can recognize their limitations and respect others. One specific aspect to reflect on is, "When there is a problem, are you focusing on punishment or looking for the bad guy?" This is considered a state of being stuck in what has happened and cannot be changed; however, educators need to distinguish between what can and cannot be changed. To do this, a "Drawing Boundaries between Self and

Others Exercise" can be conducted in which individuals list the factors that may have contributed to the issue, divide them into those that can be changed and those that cannot (eg, the past, others), and focus on what is important now (what you can change).

Individuals should also ask themselves if they think the learner would never suggest something they would not have thought of, or if they think the learner is to blame for something not working. This can be considered a state of assuming the learner is "incapable." In such cases, educators need to have the humility to accept that there are things they do not know and they have limitations, and to be grateful to others. Furthermore, it is necessary to have an interest in the learner based on "likeability," and to listen to and understand the learner's thoughts and feelings. Such an attitude by educators also serves as a role model for learners.

"Comfort Zone"—Borderline Level

Similar to the "Anxiety Zone," the "Comfort Zone" resembles the Borderline Level; however, the underlying message is different. Here, the message implicitly sent by educators may be "You can do whatever you want. However, please do not bring in trouble and do not destroy the harmonious atmosphere." Here, the educator exhibits interpersonal aspects similar to the those of a vulnerable narcissist[26,27] at the borderline level. In other words, the organizational relationship can be opinionated and the atmosphere good, but it does not involve the rigor of resolving conflicts together. Educators do not like to make waves and will not dismiss other people's opinions. Accordingly, learners may feel they have something to say but cannot say it because it may disrupt the harmonious atmosphere, and they may suppress their own feelings and prioritize the wishes of others. Conversely, certain learners believe that it is someone else's fault that things are not going well, that their own decisions are the right ones, and that they can do whatever they want because they are not denied. In medical education, this situation can occur in inter-professional education when team members have stereotypical notions about each other's roles or lose sight of their own roles and responsibilities in the team.[24] Azim et al[28] present learners' view of inter-professional education that increased psychological safety as a double-edged sword, encouraging superficial participation but hindering true and deep engagement.

In such cases, educators need to reflect on whether they have intruded into the realm of others and given excessive consideration. Thus, they need to reflect on whether they feel they have to agree with everything the other person says, or they have to deal with the situation on behalf of the other person even though they have not been requested. If such thoughts are present, the educator assumes the learner is incapable of doing anything on their own, and therefore, invades the learner's domain and gives excessive consideration; however, this state focuses on superficial human relationships and disregards what is essential. In such cases, educators should provide a consistent framework for discipline and the scope of individual responsibility. In particular, it is important to deal fairly with anyone who deviates too far from the standards and rules, and to believe in the learner's autonomy and ability to grow and develop, as well as the importance of fostering the learner's ability to ask for and handle help independently when required.

Furthermore, educators and learners need to reflect on whether they are losing sight of realistic goals because they are preoccupied with what is not essential or what they cannot control. Specifically, individuals should ask themselves, "Do I worry about not offending others," or "Do I stop acting out of fear of shame if I fail?" If this is the case, the individual may be trapped by things they cannot change, such as the thoughts of others or the uncertainty of the future. In such cases, similar to educators in the "Anxiety Zone," individuals should "Draw Boundaries between Self and Others" to accept what cannot be changed. Subsequently, individuals utilize "Mindfulness" to distance themselves from regrets and fears about the future and turn their attention to the present to clarify the essential goals that require work.

"Learning Zone"—Neurotic Level

This is the most productive of the four organizational climates for teams facing unanswerable challenges. Educators implicitly convey the message that, "Everyone has their own limitations, so we all need to share our ideas to achieve our goals." The educator here exhibits attitudinal respect for self and others, which corresponds to interpersonal relationships at the neurotic level by Kernberg.[16] Learners have the emotional experience of being accepted, including their strengths and weaknesses, and often feel that they can share what went wrong and that their own qualities are being utilized. In medical education, it is believed that a "Learning Zone" educational environment can be achieved if educators and learners look back and adopt strategies according to each of the aforementioned climates.

However, even in a "Learning Zone," there are times when both educators and learners stop working toward their goals. When this happens, individuals should reflect on whether or not they are stuck in negative thinking based on personal experiences and other factors. It is effective to disengage from negative thoughts and look at them objectively, setting specific goals for action and moving toward what is essential.

CONCLUSION

To determine what interventions are needed to bring an organizational climate closer to the "Learning Zone," one must know the context in which the organizational climate was formed. Developmental and clinical psychological perspectives can provide suggestions when considering organizational climate as a nurturing environment and its impact on individual members. This study highlights how psychodynamic concepts, originally developed to explain individual psychological processes, can be meaningfully applied to organizational dynamics. This perspective could foster a deeper understanding of organizational climate and support a more grounded and informed approach to guiding its development.

This study has several limitations. First, this theoretical study lacks empirical data supporting the hypothesis that Edmondson's four categories of organizational climate correspond to the levels of personality structure. An organizational climate assessment tool should be developed based on the theory described in this study and it should be determined how it corresponds with Edmondson's classifications. Additionally, the underlying message of each organizational climate level assumed in this study is only one of several messages. In considering interventions to improve organizational climate, it is also necessary to explore the messages implicitly assumed by organizational members.

ETHICS APPROVAL

This study was based on a theory that has been presented in previously published articles and books, and does not deal with personal data. Informed consent was not required, and it is not subject to review by the Ethics Committee.

AUTHOR CONTRIBUTIONS

Rieko Fujie: conceptualization, investigation, writing-original draft. Nobutaro Ban: supervision, writing review, and editing. Both authors critically reviewed and revised the manuscript draft and approved the final version.

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None reported.

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