

The strategic opportunity of work wellbeing

How to maximise the benefits of employee wellbeing
while minimising the risks of ill-being

White Paper

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This document is published by the Center for Work Wellbeing as a contribution to the literature on wellbeing at work.

The findings, interpretations and conclusions expressed herein are the result of a collaboration between Niels Kemp Rasmussen and Mark C Noort, and is based on their review of existing literature, their own research, and professional practice.

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Executive Summary

The increasing global concern about declining employee mental health has prompted both public and private organisations to increase their focus on employee wellbeing, but existing organisational practices are struggling to stem the tide on mental ill-being. Despite recent studies showing that enhancing employee wellbeing can lead to improved performance, lower turnover, and increased profitability, many companies also lack effective frameworks to promote wellbeing, often turning to ineffective solutions.

This review summarises traditional and emerging strategies for fostering wellbeing and emphasises the importance of integrating promotion with prevention efforts. Mental ill-being represents a significant risk to employee wellbeing with enormous costs to organisations, and without prevention, underlying ill-being can persist and risk erosion of positive wellbeing made through promotion efforts.

The Work Wellbeing Integration Framework is presented as a model for organisations to systematically structure their wellbeing initiatives and strategically guide them to align promotion with prevention. By leveraging evidence-based tools, organisations can address both current challenges in employee mental wellbeing and foster positive wellbeing that benefits both the organisation and its employees.

Organisations are encouraged to view wellbeing as an integral component of their culture, not just as a compliance issue, but focus proactively on management practices that can significantly enhance employee wellbeing and contribute to a happy, productive, and resilient workforce.



Profiles

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With a background in social psychology and safety management, Mark supports leaders, teams and client organisations to translate insights into practical approaches that improve psychological safety (including speaking up about hazards), ethical behaviour, and the organisational conditions that shape culture and everyday decision-making.

Advisor, trainer, speaker, and writer, with a human-centred and systems-aware perspective: focussing on behaviour and culture, while staying grounded in how organisations are structured, governed, and led.

- PhD in Social Psychology (London School of Economics), on how people raise concerns about safety risks (*safety voice*)
- MSc in Social and Cultural Psychology (London School of Economics)
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Based in the Netherlands and working internationally, Mark draws on a strong network built through advisory, research and teaching roles across both academia and public and private sectors.

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Foreword

The white paper is for anyone involved in organisational life - leaders, managers, and employees - who value work wellbeing and want to better it for their colleagues.

Our aim is to equip organisations with the insights and tools needed to enhance wellbeing at work in ways that benefit individuals and elevate wellbeing across the whole system. The potential gains - for organisational performance and for employees' wellbeing - are substantial. In this paper, we set out how these gains can be realised in practice.

Drawing on more than 25 years of professional experience in transforming work behaviours, safety and wellbeing across diverse industries in Europe and Asia-Pacific, we have seen a consistent pattern: organisations want to do more to improve work wellbeing, but seem to lack the expertise, clarity and practical tools to act effectively. This realisation has motivated us to identify applicable, evidence-based solutions and to specify how they can be implemented for meaningful, lasting impact.

Our work is firmly grounded in comprehensive scientific research on how to promote wellbeing and prevent ill-being at work, and we integrate these findings with extensive practical experience. This white paper presents our key insights, along with concrete tools and solutions that enable organisations to strengthen work wellbeing at low cost, while also improving outcomes such as productivity and retention.

We hope this paper will deepen the understanding of work wellbeing and its benefits and inspire organisations everywhere to take decisive steps towards transforming the wellbeing of their employees.



1. Introduction

It is becoming increasingly clear across commercial and public sector organisations, and their international and national governmental entities, that the state of employee mental health globally demands urgent attention. The growing concern has caused organisations to concentrate on mitigating the current poor mental health of employees and preventing future mental health problems in the workplace.

Simultaneously, there is also a rising awareness that positive employee wellbeing in itself is an asset. In a recent survey of leaders in the US, 87% agreed that improving employee wellbeing could give their companies a competitive advantage. 79% agreed that unhappiness within their workforce hurts productivity. Yet, only 19% of the organisations had a workforce strategy for wellbeing [1].

The lack of a wellbeing strategy may prevent these organisations from realising the benefits of positive work wellbeing, which robust evidence shows is a significant and underutilised opportunity. The positive effects of wellbeing range from enhanced productivity and profitability, improved retention and recruitment, and stronger resilience against future ill-being and uncertainty. So, whilst recognising that prevention of ill-being is essential, there is also a substantial positive effect from focusing on the promotion of better wellbeing.

Unfortunately, organisations rarely pursue the promotion actively or effectively, even though we know most companies wish to do more to both ease ill-being and boost wellbeing for their employees. Research has pointed to a considerable amount of literature advocating positive workplace practices, but with limited guidance for organisations on how to execute them [2]. Perhaps this is why there is a tendency amongst organisations to roll out wellbeing policies based on management intuition with limited empirical evidence of their effectiveness [3]. Ideally, a stronger collaboration between organisations and academic research will help to establish a more accessible knowledge base to build stronger wellbeing at work [4].

In comparison, the risks and prevention of physical ill-being are well understood, and the corresponding health and safety measures in organisations are already anchored in industry practices and legislation. There is also an emerging understanding of the hazards leading to mental ill-being at work, even though less general awareness or applied approaches to its prevention.

Our aim is to outline and summarise existing approaches and interventions for both promotion and prevention, and contrast these with new and emerging wellbeing approaches with promising abilities to make a transformative difference. We will also introduce a new framework for the systemic promotion of wellbeing and the effective integration of existing as well as new proactive interventions. By integrating these into existing management and HRM practices, organisations will be able to create improvements, not by doing something they have never done before, but by doing something they already do - but intentionally do it better - to achieve extraordinary outcomes.



'No health without mental health'

- Propositioned by WHO at European Ministerial Conference, Copenhagen, 2005.



Knowledge Box 1

How we define Work Wellbeing

The term 'work wellbeing' refers to employees' thoughts and feelings about work in line with the concept of subjective wellbeing, which is well-established in psychology [85-86]. Also, see knowledge box #3 regarding measurement of work wellbeing.

We use the phrases "mental wellbeing" and "mental ill-being" to denote positive and negative mental health, respectively.

Our main focus is on mental health rather than physical health, because a decline in mental health represents the biggest threat to anyone's wellbeing and is also the most significant cause of organisational costs and personal misery.

Mental ill-being affects overall wellbeing three times more negatively than physical ill-being [89-90] and is generally less understood than physical health. It follows that organisations are already adept at preventing physical harm at work.

2. The Benefits of Work Wellbeing

Is a 'happy worker a productive worker'? The affirmative answer has long been common sense, but for decades, research found only small effects and weak correlations. Clear evidence of a causal link was long missing, reducing certainty for intervention design and leaving doubts about return on investment. Now, overwhelming and recent evidence unequivocally shows that work wellbeing can substantially increase individual performance, contribute to long-term organisational profitability and reduce staff turnover.

Employee performance and productivity outcomes are the most sought-after. While often used interchangeably, performance typically refers to the quality of work and creativity, whereas individual productivity denotes the efficiency of outputs per unit of inputs, for instance, sales per hour. Both outcomes have found strong support in research, but one recent study [5] stands out. It found causal evidence of boosting individual productivity by 12% on average for a one-point increase on a 10-point wellbeing scale without working longer hours. For non-routine job tasks that require higher cognitive effort, productivity was significantly higher.



Profitability also has a positive relationship with wellbeing. Publicly listed companies depend heavily on their firm performance for market value, investor confidence, and access to capital. Recent research [6] tracked 100 companies with high wellbeing scores against general stock market performance over two years and found their performance was 20% above the S&P 500 index.

Long-term success of organisations relies on their ability to attract and retain high-quality talent. A recent study found work wellbeing indicators explained four to nine times more variation in the intention to quit than wages and hours combined [7]. Employees are more likely to leave if unhappy and seek new jobs in companies with higher wellbeing scores [8-9]. Wellbeing also predicts lower absenteeism [10], higher motivation [11], and a potential for increased creativity and innovation [12-14].

Another key argument for the benefit of work wellbeing, often understated, is the considerable financial savings it would generate. In the EU in 2015, mental health problems cost over 4% of GDP, a figure that could be substantially lowered by promoting wellbeing [15].

Beyond these substantial organisational benefits, work wellbeing also enables employees to thrive better at work and gain more recognition and appreciation from superior performance. Wellbeing develops stronger individual resilience too, which provides better protection against future stress, as well as being more adaptable to novel and uncertain situations [16].

With such promising outcomes from work wellbeing for both organisations and employees, it must be tempting for companies of all sizes to think about wellbeing as a strategic goal. Now that the happy worker-productive worker is no longer a dream, organisations need to know how to achieve this. The rest of this whitepaper is about how to promote wellbeing proactively, while simultaneously seeking to prevent the future deterioration of the added wellbeing.

3. The Consequences of ill-being at work

During the early industrialisation, fatalities were more common than we would like to acknowledge due to severely unsafe working conditions. From the middle of the 20th century, when office work became more pervasive, the most common work injury was musculoskeletal disorders. In Europe today, the dominant cause of absence from work is poor mental health [17-18].

The majority of mental ill-being in the workforce is because of common mental health problems such as stress-related conditions, depression and anxiety – which are usually treatable and even preventable [17]. Depression and anxiety alone are responsible for company losses of up to 12 billion working days per year, costing the global economy \$1 trillion each year [19].

There are many more examples of the severity of mental health challenges, and there is consensus in the literature about many of these dimensions. Of course, they are not all work related, but even if they are not, the effects of ill-being for people within the workforce will eventually spill into the work domain, too.

3.1 Negative outcomes from work ill-being

While there are substantial positive benefits from work wellbeing, there are equally significant negative outcomes of mental ill-being. All mental ill-being conditions and disorders can cause negative outcomes at work. Undiagnosed or undeclared illnesses can lead to presenteeism, where an employee is present at work, but underperforms due to not being well [20]. This affects the quality of work, results in poor decision-making, work errors and low performance [21], and eventually leads to losses in productivity [22].

Similar scenarios exist for absenteeism, where employees, because of mental ill-being, take regular or prolonged absences from work beyond normal levels, and when diagnosed, may result in additional prolonged sick leave. The costs associated with absenteeism and sick leave [23] are likely further increased by costs for temporary staff and business disruption.

These effects rarely exist in isolation; they often trigger a downward spiral. As colleagues absorb the workload, their own strain increases, and decision-making suffers, raising the risk of further decline. Mental health is therefore not just a personal concern, but a systemic risk to overall organisational wellbeing and resilience.

In addition, substantial replacement costs are the result of employees leaving the organisation because they cannot recover, or colleagues who decide the pressure is too high. These costs are further compounded by lost expertise and disrupted team cohesion.

And we have not even considered the cost of personal misery, and the effect this has on the employee's work-life, career, and family. The cost of mental ill-being doesn't just stop at the door of the company but reaches out far beyond and into society too.

While the benefits of wellbeing are highly encouraging, the consequences of mental ill-being are equally daunting and can seem insurmountable.



3.2 Causes of work ill-being

Wellbeing is a complex and multi-dimensional concept, and there are many factors influencing work wellbeing as well as what can cause ill-being. Factors can originate from all domains of one's life, but we know that work contributes to conditions that can cause or aggravate mental ill-being. Long-lasting pressures at work can lead to stress and strain, which again can lead to a range of ill-being symptoms (Knowledge Box #2).

While such pressures could be caused by long working hours, the long-term trend in the EU is that working hours have declined considerably over the last 60 years. Instead, it is likely the way we work that is the main issue. There are signs that the 21st century has seen a work intensification with high-speed work, tight deadlines, and heavy workloads [24]. In short, if high job-demands are met with insufficient job resources, the situation can lead to stress and subsequent burnout [25].

Such work practices can contribute to psychosocial hazards at work, which can lead to both mental conditions and disorders [26-27]. Psychosocial hazards are associated with a lack of work variety, meaningless work, high uncertainty, work overload, continuous tight deadlines, unpredictable hours and lack of control [28]. There is consistent evidence showing that such aspects of the psychosocial environment at work have the potential to cause psychological harm [28].

Some causal factors are beyond the scope of this white paper, such as bullying, harassment, racism and violence. These types of violations can result from serious structural dysfunctions in organisations and require dedicated approaches.

When considering causes of ill-being, it's important to distinguish between who did it,

and what caused it: meaning distinguishing between individual shortcomings and systemic conditions. While accountability for behaviour remains essential for professionals, many of the most persistent wellbeing issues stem not from isolated individuals, but from how work is structured, led, and managed.

Shifting the attention from individual errors, which are not the cause, but a symptom, and focusing on the underlying causes, can build a systemic understanding and enable interventions that are more durable and effective [29]. This is an important distinction because the norms and values embedded in organisational culture can contribute significantly to ill-being via chronic stress and psychological strain.

3.3 Summary

While this paper primarily explores the proactive promotion of wellbeing, we will also consider the impact of the above outline of ill-being causes to investigate and identify the most effective prevention of ill-being, in the recognition that if you do not seek to protect the work wellbeing gained, there are plenty of risks it will deteriorate again. Thankfully, there are several options for companies to prevent ill-being while simultaneously seeking to optimise wellbeing.



Knowledge Box 2

Common mental ill-being conditions and disorders at work.

Mental ill-being at work exists on a spectrum, from everyday strain to mental conditions and clinical disorders.

Mental health conditions:

Mental conditions such as stress, strain, and burnout, are frequent and often recur in imbalanced work environments where workplace demands consistently outweigh resources [25]. While short-term stress ('eustress') can enhance performance [91], sustained pressure without recovery can impair focus, energy and decision-making. A prolonged state of distress and tension can lead to strain, which is characterised by impaired mental health. Burnout is defined as a state of emotional, mental and sometimes physical exhaustion [30;92]. Left unchecked, these conditions can cause serious physical and mental ill-being, resulting in long-term sick leave. Both strain and burnout are recognised as occupational hazards and often referred to as stress-related mental health conditions.

Mental health disorders:

The most common mental disorders (CMDs) at work are depression and anxiety [93]. CMDs are highly prevalent in the general population and in the workforce. They can result from long-term work stress-related conditions or originate from personal life circumstances. Severe mental disorders, such as schizophrenia and psychosis, are much less common and are, to our knowledge, not linked to working conditions or environment.

Prevention and treatment:

Stress-related conditions are highly preventable and treatable, but recovery can be extensive and yet result in medium to long-term impairment, such as brain fog, tiredness and reduced stress tolerance. CMD's are less preventable but are also treatable and may require prolonged support [94-95]. For both conditions and disorders, recovery is often shaped by the work environment [26].



4. Organisational wellbeing strategies

Before delving into the many current and emergent interventions available, we will outline and evaluate available corporate wellbeing strategies, their value, and which of these would be the most optimal to apply, while also reviewing the levels of the organisation that are the most effective targets for intervention success.

4.1 Wellbeing strategies

There are essentially four different strategies [30] to how organisations can support, protect or improve mental wellbeing at work, all of which are currently applied in work settings.

Treating mental ill-being is a necessary approach, especially when prevention fails. Treatment typically occurs outside the workplace, facilitated by company policies and insurance. Another strategy, and a less recognised approach, is accommodation, which is about providing individualised work arrangements, such as flexible work schedules or reduced hours, while individuals recover from ill-being or prepare for return-to-work arrangements to prevent relapse [31]. While both approaches have an important role to play, they primarily function as stop-gaps and are not game changers in making significant contributions to either gaining wellbeing or preventing ill-being.

Prevention is often a powerful strategy. Even though prevention traditionally has been mostly reactive, it can become proactive by moving beyond managing escalating harm to preventing future occurrences of harm. This is challenging and requires a systemic lens that addresses the factors of stress and subsequent ill-being from an organisational perspective and not just through individual employees learning to cope better.

Promoting wellbeing is a proactive strategy because it focuses on strengthening future wellbeing. However, apart from the promotion of physical health, which is currently applied frequently at work, the promotion of mental wellbeing is far less common. As mentioned earlier, there is a gap between research evidence and translating this to practical knowledge and implementation efforts [2], but there may also simply be uncertainty about

organisational outcomes and its investment justification by not realising the substantial organisational benefits that can be gained.

4.2 Promoting wellbeing and preventing ill-being - they are not opposites.

Importantly, and perhaps less intuitively, the absence of mental ill-being is not equivalent to good mental wellbeing, and neither is the other way around. You can be thriving even though you live with anxiety, and vice versa; you can be languishing without signs of mental health issues [32]. This dyadic relationship between mental wellbeing and mental health conditions illustrates you cannot singularly focus in one direction but also have to consider the other side of the same spectrum. (Fig. 1).

Such a dyadic interrelation also reflects the double-sided relationship between prevention and promotion. This distinction is important because combining proactive promotion of wellbeing with active prevention of ill-being offers organisations the strongest approach for sustainably enhancing work wellbeing.

Although conceptually distinct, practice often conflates promotion and prevention. Prevention primarily ensures compliance and avoids harm: keeping the ship afloat by not dipping below a baseline. Promotion actively seeks growth, performance, and flourishing: enabling the ship to sail forward by creating conditions for individuals and organisations to thrive.

A promotion-focussed approach thus goes beyond mere compliance, setting ambitious targets that also foster resilience and innovation. Yet without effective preventive strategies, underlying ill-being can persist, risking erosion of gains made through promotion efforts. Therefore, organisations should clearly distinguish between these strategies, ensuring stability through prevention and advancement through promotion.

Dyadic Relationship between mental wellbeing and ill-being

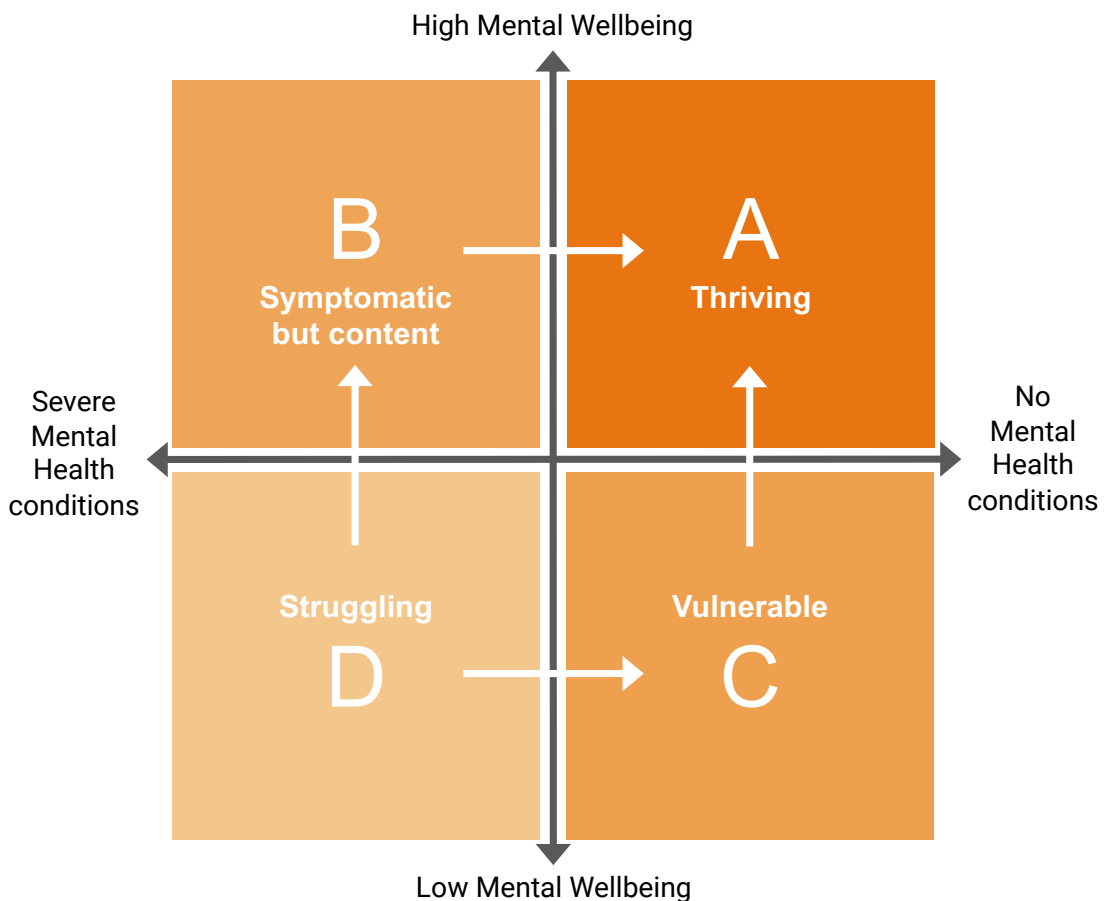


Fig.1: Inspired by Agteren (2018), WHO (2022) and Keyes (2005) [32-34].

4.3 Organisational intervention levels

Work interventions typically target four different levels: individual, group, leader, and organisation. Many wellbeing interventions at work currently fall into two broad categories. One is organisational-level interventions typically applying policies or programmes aimed at all employees, or they target individual employees typically through self-managed interventions.

But there is no reason collective wellbeing interventions could not address a subset of the whole organisation. For some interventions, it may be more effective to direct interventions towards groups. Teams form an essential part of organisational

change as they can initiate, create and implement change [35]. Teams are often characterised by their own norms and team-building abilities, and this cohesion can help team members embrace change more effectively [36]. Likewise, managers and leaders can also be just as valid as a subset of individuals in comparison with all employees.

Most wellbeing literature focuses on individual-level actions [37] and in the corporate world, interventions also primarily target the individual [38]. There is evidence of achieving higher impact through group or organisation-level interventions, such as working conditions [39]. For typical wellness interventions, this is true. They often fail because they rely on employees to fix issues

without organisational support. Research suggests that it is safer to bet on multiple levels and potentially apply these simultaneously. For example, one intervention may address social cohesion through teams, while another could focus on autonomy through individuals [40].

In the following, we categorise interventions as primarily targeting either a collective of employees or individuals. The collective refers both to the whole organisation or to a group of employees such as teams; and individuals can refer to all employees or a subset of everyone, such as managers or leaders.

4.4 Summary

The strategies for promotion and prevention are the most promising to support companies in enhancing wellbeing while reducing ill-being. Which levels of the organisation interventions should target is also a worthwhile reflection, especially in relation to cost-effectiveness and evaluations of maximum impact, but the starting point should be that all levels of the organisation are relevant to consider, even multiple levels at the same time. As we consider different types of interventions, we also see that different interventions may target different parts of the organisation, which then decides which level is the primary target.

In the next two chapters, we will focus on identifying traditional interventions and a new set of emerging interventions. The purpose is to examine both categories through the lens of prevention versus promotion, and whether they are targeting the collective or the individual levels of the organisation.



5. Traditional work wellbeing interventions

Out of all the traditional interventions currently applied in organisations, we have examined interventions that are widely utilised in the work environment. The aim is not to describe all the interventions currently in use, but to group them in clusters according to their key attributes and how they complement or differ from each other. We have defined four clusters of interventions defined by how they group in relation to the dyadic spectrum of collective versus individual on the vertical axis and prevention versus promotion on the horizontal axis.

5.1 Collective interventions

The most common collective intervention is **Occupational Health and Safety (OHS)**. It is far more than an intervention and is really a system built on legislation, procedures, risk assessments and reporting, and has an important organisational role to protect and prevent ill health at work.

OHS is a collective intervention because it focusses on every employee. Traditionally, OHS has been addressing prevention of physical harm; but is beginning to include mental ill-being prevention too. Historically, OHS has been primarily preventive, but there is no reason it cannot play a more promotive role. The latest ISO 45001 standard for OHS is a good example of such a shift by going from mitigation of psychosocial risks to promotion of wellbeing through good leadership.

We are placing OHS at the collective end of the spectrum, and in the middle of the prevention and promotion axis because it may operate on both sides of this continuum.

5.2 Promotive interventions

Among the traditionally applied interventions classified as promotion of wellbeing, we have identified training programmes and campaigns. An example of promotion is a training programme for all or groups of leaders or managers on mental health awareness [37]. Another is new OHS procedures, or company policy initiatives that need leadership and management support. Likewise, communication or campaigns to address ill-being awareness, or even crisis

management communication, would also fit into this category.

This intervention type belongs on the promotion side of the spectrum as it primarily focusses on changing behaviours, even though it could also play a preventive role. It sits between the collective and individual levels as it can address both levels through training and communication. We have named this cluster of interventions **Training & Campaigns**.

5.3 Preventive interventions

The most typical preventive interventions, which we call **Policy & Programmes**, fall between the collective and individual spectrum. It comprises organisational policies, programmes or other initiatives aimed primarily at preventing ill-being. A typical example is Employee Assistance Programmes (EAPs), which provide employees with anonymous support helplines. The intervention is for everyone but accessed by individuals on a needs basis only. EAP has shown positive effects from applying cognitive and behavioural tools applied by trained counsellors. Unfortunately, even though widely available within organisations, EAPs are generally underutilised [21,42].

5.4 Individual interventions

Wellness programmes are currently the most common corporate intervention aimed at individuals. They are a mix of prevention and promotion by focussing either on promoting general positive functioning or building future resilience against mental ill-being. Usually offered to employees, but participation is voluntary and depends on individual engagement. Wellness typically targets mindfulness or resilience training or better health through exercise, diets, and sleep.

One recent study [42] across 250 organisations with 46,000 employees in the UK found that the general application of wellness-type interventions on average had zero effect on mental wellbeing. This finding aligns with results from other large-scale studies studying the impact of physical wellness programmes [43-44].

The primary concern behind these findings is that the interventions are provided to employees for self-management. This places the burden of resolution on the employee, implicitly suggesting that poor wellbeing is a matter for the individual to sort out, rather than an organisational fix to poor working conditions. Staff are expected to resolve their own stress issues without organisational support through adjustments to their work, resources or other structural changes [42]. For example, mindfulness has shown small positive effects in limited trials, but is not effective for everyone [45]. When applied in organisations to reduce stress, they often fail to deliver sustainable improvements without systemic support [46].

5.5 Summary of traditional interventions

One common factor across these four clusters of traditional interventions is that they are primarily reactive. In relation to prevention, reactive means acting after an incident occurs with a focus on mitigation, and proactive means intervening before the next occurrence. For instance, to treat someone's symptoms to avoid escalation, as opposed to preventing future cases of the same cause. The same meaning can also apply to reactive and proactive promotion but shifts the focus from specific issues to more general issues, for example, reacting to the general state of health, such as stress, versus promoting individual adoption of healthier work styles.

It can be a little tricky to distinguish between reactive and proactive and whether it is preventive or promotive, but it is an important consideration, because research confirms that proactive strategies deliver superior results compared to reactive, crisis-related responses. For instance, proactive interventions towards employee mental health are more cost-effective than reactive interventions, with a return of investment of 5:1 compared to 3:1 [47].

We have identified and described four clusters of interventions: OHS; Training & Campaigns; Policy & Programmes; and Wellness, which are positioned in the diagram for traditional interventions (Fig. 2). The diagram features collective versus individual on the vertical axis, and prevention versus promotion on the horizontal axis, reflecting their differences in focus, but also how they might interact towards common organisational goals. The dyadic nature of the graph suggests considering both aspects of the spectrum for optimal effect.



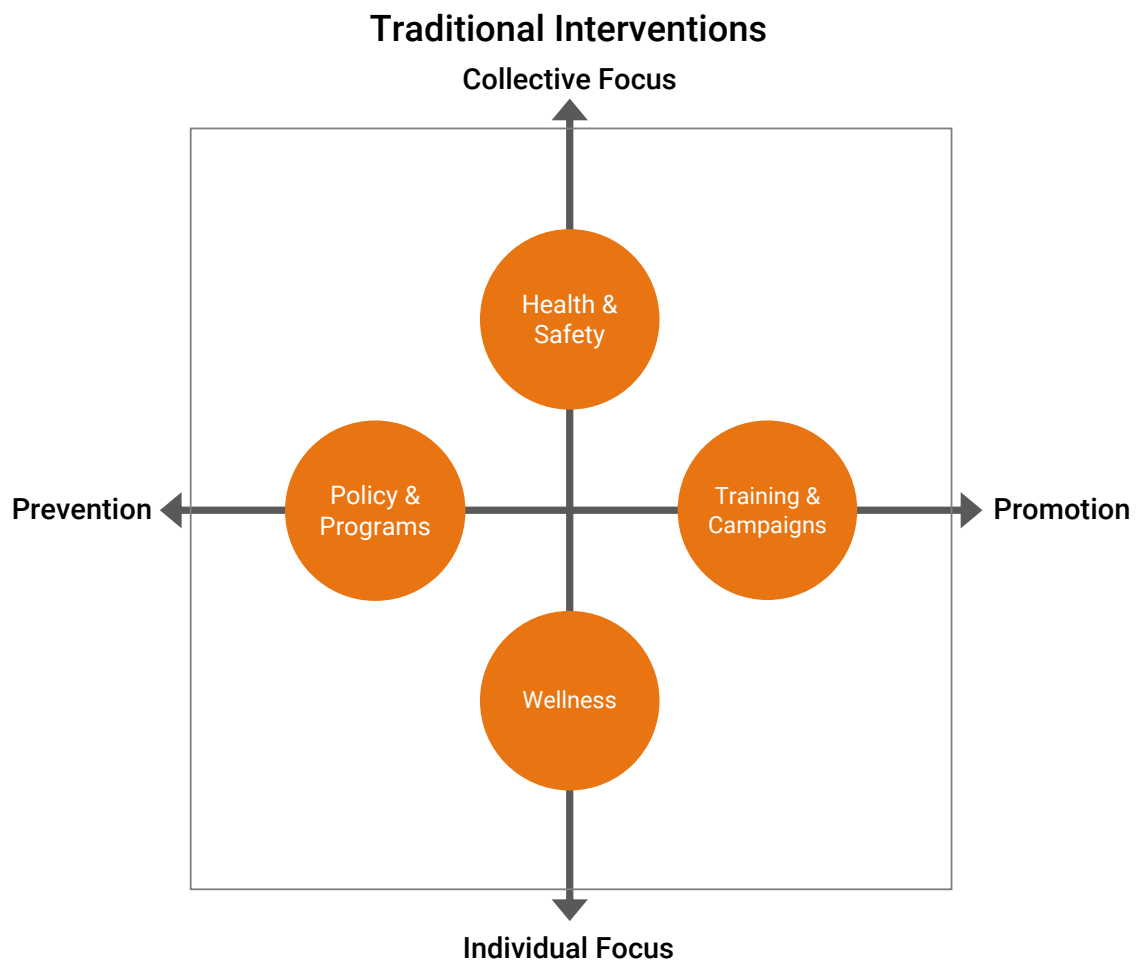


Fig.2: Traditional Interventions Diagram



6. Emerging work wellbeing interventions

The most promising approach to improving wellbeing at work has arisen through recent research on the promotion of wellbeing through a series of wellbeing drivers. An interesting discovery reveals a robust argument for pursuing promotion more intently through practising particular wellbeing drivers in organisations. The argument builds on well-known factors but is innovative in its approach.

6.1 New research on promotion

The ability to actively promote wellbeing at work requires an understanding of what actually drives wellbeing at work. Across decades of research in cognitive, social, and organisational psychology, several consistent wellbeing themes have emerged and are described in well-established psychological theories^(a).

But to enable application of these insights towards the promotion of work wellbeing, we need to know that a particular aspect at work will promote wellbeing directly, so we can measure wellbeing and track its impact. For example, having a sense of belonging is widely accepted to be positively linked to wellbeing [48-49], but if we were to promote belonging, and simply track the increase of belonging, we would not know if wellbeing had improved too. Measuring belonging cannot replace measuring wellbeing. This is an important distinction between what are the inputs and outputs. If the output we are looking for is wellbeing, we need to know what inputs can cause wellbeing.

In two recent studies, both at Oxford University [8;50], researchers examined data in two different ways to define input factors that can produce wellbeing at work. One study reviewed approximately 3,000 academic articles for evidence of factors that have a positive effect on work wellbeing. They identified twelve specific factors, which were called drivers of wellbeing (e.g., purpose, appreciation and learning) [50]. In a similar study, analysis of five large data sets, including the European Working Conditions

Survey, identified six key drivers of work wellbeing, e.g., independence, development and relationships [8].

The resulting drivers are not surprising in themselves, as previous job satisfaction research [51] and psychological theories have already linked many of them to wellbeing. But researchers in the study with the large data sets [8] correlated these drivers with wellbeing data and found that the drivers had high predictive value of work wellbeing. This means a high probability that these factors will influence wellbeing positively if applied in organisations.

This is interesting because the drivers of wellbeing identified in both studies represent practices most managers are applying either well or badly every day. If leaders were to pay more attention to these specific management practices in their day-to-day work and intentionally focus on doing these a little better each workday, they would invariably promote wellbeing for employees every single day.

The large data study [8] also found wellbeing varied significantly across different organisations, even within the same type of business in the same location, indicating that local management practices strongly influence employee wellbeing. This shows that a lot of the variance in wellbeing among workers is down to how each company manages its own workforce, and less because of other generalised influences or causes. It is tempting to believe in a generalised explanation, such as people are more unhappy in one industry or people are more miserable in that location, but the data reveals it is down to specific work factors within one small entity. That is a powerful argument for focusing more on these management practices because there is a high probability that they will lead to higher work wellbeing when applied optimally.

(a) For instance, self-determination theory, equity theory, and positive psychology.

6.2 Introducing wellbeing promoters

Our research has resulted in a set of nine wellbeing factors that we call **Work Wellbeing Promoters**. We believe these: a) capture a suitable range of work conditions impacting work wellbeing, b) provide sufficient precision to enable practical application, c) are distinguishable and relate to different levels of organisations, and d) are supported by available evidence. These promoters shift the focus from individual coping mechanisms to the conditions at work and how work is managed.

The nine wellbeing promoters are described below, ranging from fundamental aspects such as employee support to higher-order learning and development factors.

The promoters are further divided into three groups representing different levels of the organisation which are considered best placed to support each work wellbeing promoter. The three levels are organisational, leadership and team.

Health & Safety is foundational for all wellbeing promoters:

OHS represents a system of policies and practices that we consider essential for all other wellbeing initiatives. Most companies will already have OHS in place, and we don't think of it as an intervention, but as an assurance for basic protection of both physical and mental wellbeing. OHS also helps to address the more extreme end of negative management practices, such as bullying and other unprofessional behaviour [52-54].

Promoters at the organisation level: 'Policies & Support':

1. Support & Flexibility:

Support is central to the Job Demands-Resources theory, through which high job demands coupled with low resources, i.e., low support, can contribute to burnout [25]. A large review found workplace resources are positively related to both employee wellbeing and performance [40], and employees who feel supported by their managers and colleagues are more satisfied and less stressed at work [50]. Flexibility in where and when work is carried out has become another central aspect of today's work, increasing the ability to juggle demands better, and providing self-support, resulting in strengthened wellbeing [55]. When employees have control over their work schedules, they experience a greater sense of agency and job satisfaction [56]. In addition, the flexibility of hybrid work improves job satisfaction while maintaining performance [57].

2. Autonomy & Independence:

Autonomy is largely undisputed in psychology and defined as a fundamental psychological need in self-determination theory [58]. Having a say over how to organise and plan one's work has a positive impact on wellbeing, vigour and reduces stress levels [59], and contributes to work-life balance [50]. Independence [8] means doing the work without relying on others, while autonomy means controlling how one carries out the work. We have brought these two concepts together, recognising their connection to adapt to evolving work environments, which are being reshaped by hybrid work and the growing impact of AI.

All of the above four aspects are closely interconnected. Support can enable employees to use their flexibility and autonomy effectively, and flexibility strengthens autonomy and independence. In combination, they offer multiple ways to help individuals manage work demands effectively while maintaining their own wellbeing.

Support is also the safeguard from the potential double-edged sword of isolation or pressure from excessive self-management expectations [60] (Dong, 2025). The four concepts also provide a solid foundation for the other wellbeing promoters to anchor and grow from.

3. Belonging & Relatedness:

Belonging at work is strongly related to wellbeing [48-49] and the need to belong is recognised as related to interpersonal attachments [61]. Researchers also recognise relationships with colleagues and managers as important for wellbeing [8]. Relatedness is generally accepted as a fundamental need in self-determination theory [58], and positive relationships at work also have an effect on employees’ work engagement and wellbeing [62]. Belonging is the feeling of being accepted, while relatedness is about meaningful relationships. Hence relatedness helps to enable belonging, and vice versa.

Promoters at the leadership level: ‘Direction & Inspiration’:

4. Psychological safety:

Psychological safety is included as a promoter even though it is not a single management practice, but a cultural and shared belief about learning and feeling safe to speak up. This cultural aspect can help destigmatise mental health issues and make it easier for employees to ask for help. An environment that accepts candour also encourages openness and increases wellbeing, better coping with stress and strain, and creates more supportive teams [8;63-64]. Psychological safety also helps to build trust and transparency.

5. Trust & Transparency:

Employees who trust their organisation, managers and colleagues are more likely to engage positively with new ideas, working together, and building a work environment of support and satisfaction [50;65]. Trust also correlates with wellbeing, especially its social aspects [66], and transparency drives and reinforces trust. We see both as essential organisational elements to strengthen work wellbeing.

6. Meaning & Purpose

Meaning and purpose are vital for wellbeing and therefore integral to the measure of work wellbeing (knowledge box #2). There is a strong connection between wellbeing and the meaning provided through work and the contributions made through work [50;67]. Meaningful work has several benefits for employees, such as job satisfaction, wellbeing, having a purpose in life, and lower intentions to quit, and additional benefits for organisations in relation to employee creativity and innovation [68]. There is also a weighty argument that meaning has the same core significance in human existence as the needs for autonomy, relatedness, and competence [69]. Meaning and purpose are not interchangeable concepts, even though they are closely related. Purpose relates to the reason for doing something, whereas meaning relates to the importance of something.

Promoters at the team level: ‘Teamwork & Cohesion’:

7. Recognition & Appreciation:

Employee recognition plays an important role as an incentive method used in management practice and can promote work wellbeing [70]. Employee recognition strengthens psychological functioning (its absence worsens it) and employee wellbeing [71], and recognition is more strongly related to wellbeing when leaders are perceived as transformational [72]. Appreciation and recognition are similar concepts, but recognition is the more public or formal of the two, while appreciation rests on gratitude and deeper acknowledgement. When they are genuinely and thoughtfully expressed or publicised, they can have a profound effect on work wellbeing. Both are linked to achievement and compensation and can have powerful effects without the need for financial reward.

8. Achievement & Compensation:

The sense of achievement from completing work-related goals through effort, skill and dedication is linked to work wellbeing. Supporting employees in achieving goals that are meaningful to them will increase both productivity and wellbeing [50] and are also positively related to life satisfaction. Achievement is directly correlated with compensation for successful performance. When employees are satisfied with their rewards; they experience greater job satisfaction and lower stress [73]. Compensation in the form of salary and bonuses is important for wellbeing, though pay is not as important for wellbeing as most people think, but fairness in compensation is essential. Unfair pay is hugely demotivating.

9. Learning & Development:

There is robust evidence that learning is good for wellbeing [74], and access to learning and development opportunities has several benefits for wellbeing [50]. Career advancement is another positive effect on wellbeing [8]. There is other research suggesting there is a two-way relationship between happiness and career success, that both may lead to the other [75]. Well-being and performance may also be improved by training workers to improve their own jobs [76], and there is evidence showing that job crafting can enhance employee wellbeing [77-78]. The learning and development concepts are intertwined, where learning builds a foundation of new skills and development builds further on this foundation to grow individual potential.

6.3. Summary of wellbeing promoters

We have briefly introduced nine evidence-based wellbeing promoters to illustrate their potential to drive positive work wellbeing. Each of these promoters can easily be applied and emphasised at work through the regular management practices all organisations engage in every day. Alignment with equivalent HRM practices may also further strengthen these practices. We believe that once individual leaders and managers understand the power of these touch-points, their interactions can transform wellbeing incrementally.

The promoters are the inputs, and wellbeing is the output. Over time, consistency will pay off, and as we shall see later, these practices will also help to counter psychosocial risks of mental ill-being. We have not described in detail how to ensure these promoters are implemented optimally within the organisation. The underlying research is too extensive for this white paper, and its application often requires a tailored approach. Yet, we always welcome requests for information.

There is also potential for a range of other positive influences that could strengthen the impact of wellbeing promoters, such as work-life balance in relation to autonomy, but the aim of this paper is to stay true to factors that we know have direct causes, and not mediators, while trying to keep a complex topic reasonably simple. Wellbeing promoters provide a sound starting point, and additional mediators or moderators can be introduced over time, weighing them against evidence and specific company circumstances.

We have developed the Work Wellbeing Promoters model (Fig. 3) to illustrate how organisations can apply these in relation to each organisation's capabilities and existing

interconnected and influence each other, so promoters can also be aligned for maximum effect. We suggest considering these aspects when comparing the model to the organisational status quo, its resources and business goals.

6.4 All emerging wellbeing interventions

New research thinking about wellbeing and how to promote it has also influenced our exploration of other emerging interventions capable of enhancing wellbeing. We believe they establish a new paradigm for understanding and implementing wellbeing interventions within organisations.

Work Wellbeing Promoters



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Fig.3: Work Wellbeing Promoters

solutions. The model is a useful tool for considering which promoters to address first, and in which order to apply them. The model also suggests which levels of the organisation are best placed to be responsible for implementation. However, the model is not intended to be hierarchical, nor does it suggest implementing all drivers at once, though there is a logical flow from foundational elements to the more complex aspects. Many wellbeing promoters are

Our primary focus for the emerging intervention categories is on proactive strategies that foster positive wellbeing, in contrast to the reactive nature of traditional interventions. Also, like traditional interventions, the emerging interventions are divided into clusters that are split along a spectrum of collective versus individual approaches (vertical axis) and prevention versus promotion strategies (horizontal axis).

6.4.1 Collective and promotive interventions

We have already described at length the collective wellbeing promoters through management practices, which represents the most promising of all the promotion interventions we have researched.

6.4.2 Collective and preventive interventions

This is the category where OHS usually dominates, but as we are looking for a proactive approach to prevention, there is another solution. Wellbeing promoters encourage certain management approaches to boost wellbeing, but these same approaches, when implemented poorly or ignored, can lead to psychosocial risks.

There is consistent evidence showing that the psychosocial environment at work has the potential to cause psychological harm. These psychosocial hazards are associated with a lack of work variety, meaningless work, high uncertainty, work overload, continuous tight deadlines, unpredictable hours, and lack of control [28]. These hazards are, by comparison, the opposite of what most of the wellbeing promoters are working against. If an organisation delivers positively on all promoters, it will create a forum for wellbeing and productivity, but if the organisation were to do the opposite, it would invariably create psychosocial hazards. These hazards would have the potential to cause harm and increase the risk that someone will be harmed.

Considering this, there is an important relationship between wellbeing promoters and minimising psychosocial risks by being aware of this double-edged relationship. We have named this aspect **Wellbeing Preventers**. The intervention primarily contributes as a collaborator with interventions already provided by OHS, such as compliance, and in alignment with the positive efforts of wellbeing promoters. If poor management practices indirectly cause psychosocial risks—often being subtle and hard to detect—the collective wellbeing promoters could be the most effective in preventing these. Whereas OHS would be more effective in stopping the direct and severe types of psychosocial hazards, such as bullying, harassment or violence.

6.4.3 Individual and promotive interventions

Positively influencing employees' mental wellbeing towards flourishing above the line of already functioning has not traditionally been a focus in corporate environments. To our knowledge, the only interventions operating in this area are wellness initiatives, which, as discussed earlier, focus primarily on overall health and with little success in improving mental wellbeing.

However, companies often utilise coaching as a tool for executives to help them achieve their goals or grow as leaders. Actively seeking to increase an individual's mental wellbeing from one functioning level to another higher level would be more akin to coaching than counselling. A coach looks for ways to help a coachee grow or transform instead of trying to fix the past or look for pathology. The emergence of Positive Psychology Coaching provides such an opportunity to utilise the science of positive psychology to enhance wellbeing outcomes for both leaders and employees [79].

A recent study found that 80% of leaders in a coaching program focussed on improving mental wellbeing achieved a meaningful positive change in wellbeing [80]. This is a small study but shows promising opportunities. Coaching for wellbeing is broader than coaching for better health as it deals with issues regarding relationships, belonging and meaning [81]. Many of the things people struggle with in incorporating wellbeing factors into their work lives relate to changing behaviours, habits and translating known wellbeing factors into meaningful parts of their work lives. Providing individual coaching support could ease these frictions as well as provide flexibility and support for employees to navigate effectively within a potentially generic organisation-wide program.

Coaching would be a good fit for a wellbeing intervention for individual employees, who, despite systemic efforts, struggle to strengthen their own wellbeing. And since coaching is already recognised within organisations as an effective tool, applying new coaching techniques to improve the

wellbeing of employees would not be a foreign idea. Hence, we have appropriately named this intervention **Coaching**.

6.4.4 Individual and preventive interventions.

The tools and techniques utilised by psychologists and therapists to treat people with mental health problems, such as depression, are equally effective when applied to preventing escalation of early symptoms. In fact, many of the same tools, such as Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Theory (ACT) can also help to promote wellbeing. ACT typically aims to reduce an individual's level of engagement and belief with negative thoughts and emotions, and CBT encourages individuals to challenge thoughts and presumptions [82].

Offering employees access to a trained counsellor when they first show signs of mental distress could be more budget-friendly than addressing severe mental health problems down the line. Instead of delegating responsibility for employee mental wellbeing to staff, maybe companies can think of it as a partnership? [83]. Any effort to prevent individual misery and its associated costs must be an attractive option.

Counselling is already on offer in organisations, especially through treatment or EAPs, but it may not be applied systematically. Whereas a dedicated prevention option could proactively seek to avoid later stages of medium to severe mental ill-being. We call this intervention type **Counselling**.

6.5 Summary of emerging interventions

Similar to traditional interventions, we have identified four clusters for emerging interventions: Wellbeing Promoters; Ill-being Preventers; Coaching; and Counselling. They differ from the traditional interventions by being more proactive, which gives them the potential for more effective outcomes. The approaches are also different, though not so different that the two sets of interventions cannot work together.

As with the traditional interventions, we plot the emerging equivalents along the same diagram, with the vertical axis showing collective versus individual approaches, and the horizontal axis showing prevention versus promotion. However, different dynamics prevent them from directly aligning with the diagram for traditional interventions (Fig. 4).

This reflects their differences in focus, but also how organisations could utilise them in unison towards common goals. Again, the dyadic nature of the graph suggests that for optimal effect, both aspects of the spectrum need to be considered.



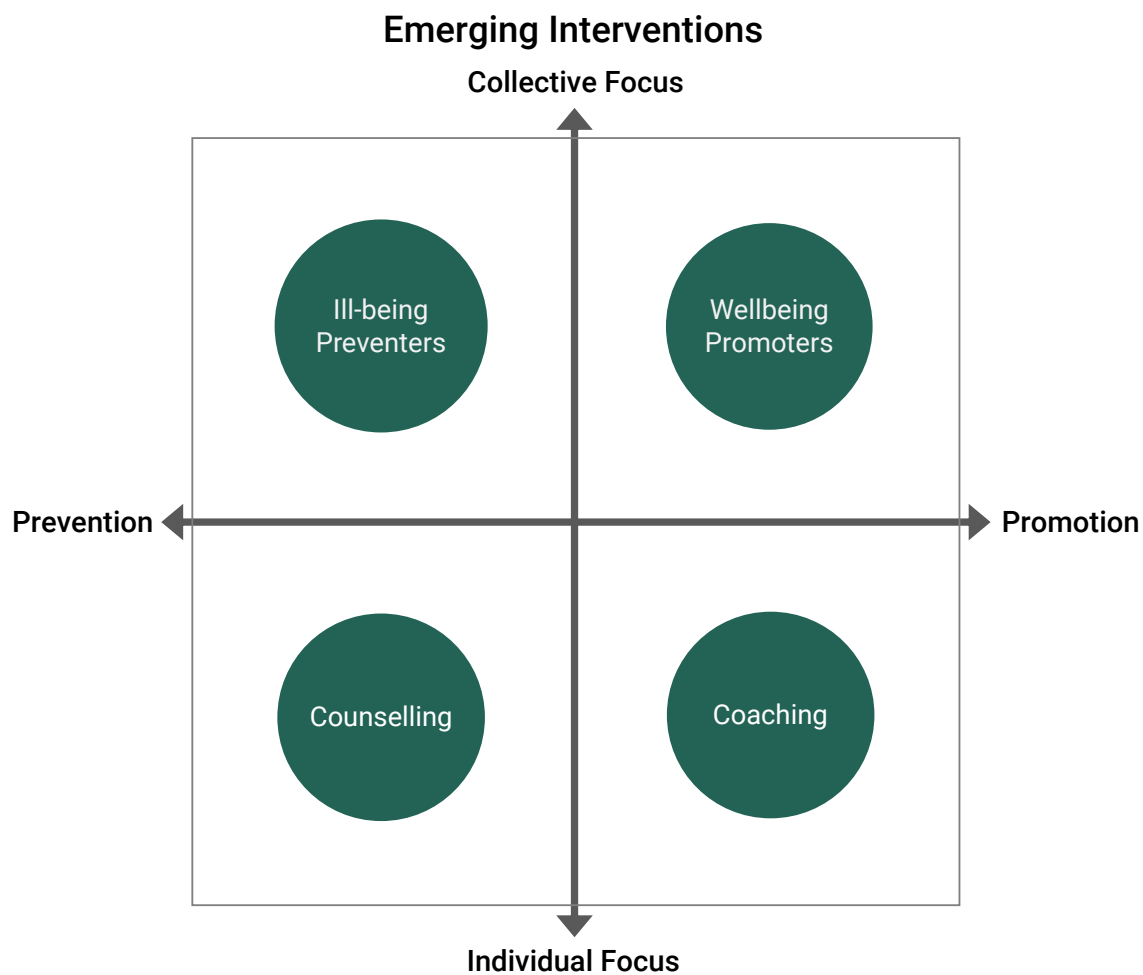


Fig.4: Emerging Interventions Diagram



7. The 'Work Wellbeing Intervention Model'

The diagrams of emergent and traditional interventions enhance understanding and highlight their shared origins, despite their differing methods. Ideally, they should be applied together. Emergent interventions utilise a more proactive approach, which is more likely to foster effective outcomes, and proactive strategies can also be preventive. But promotion cannot eliminate ill-being alone and needs preventive interventions too.

We recommend applying the emerging interventions in alignment with traditional interventions and seeking to optimise the results by playing to each intervention's strength. For instance, there is an obvious beneficial coordination between Wellbeing Promoters, OHS, and Ill-being Preventers to minimise psychosocial risks. There is also potential in using Leadership and Campaign interventions for implementing the operationalisation of Wellbeing Promoters. Even though most leaders and managers are familiar with the relevant management practices, the key is to understand the application of these drivers, so it increases promotion, and not the opposite. Awareness of this opposite relationship is therefore key.

Both OHS and EAP interventions play important roles, and their contributions could potentially be increased. For instance, it's a shame that employees underutilise widely available EAPs, despite their positive effects on early prevention. Counselling also has a close relationship with EAPs because they are both effective in early prevention and utilise similar tools. The most cost-effective solution could be to utilise EAPs actively in the early stages of ill-being before potential handover to face-to-face counselling.

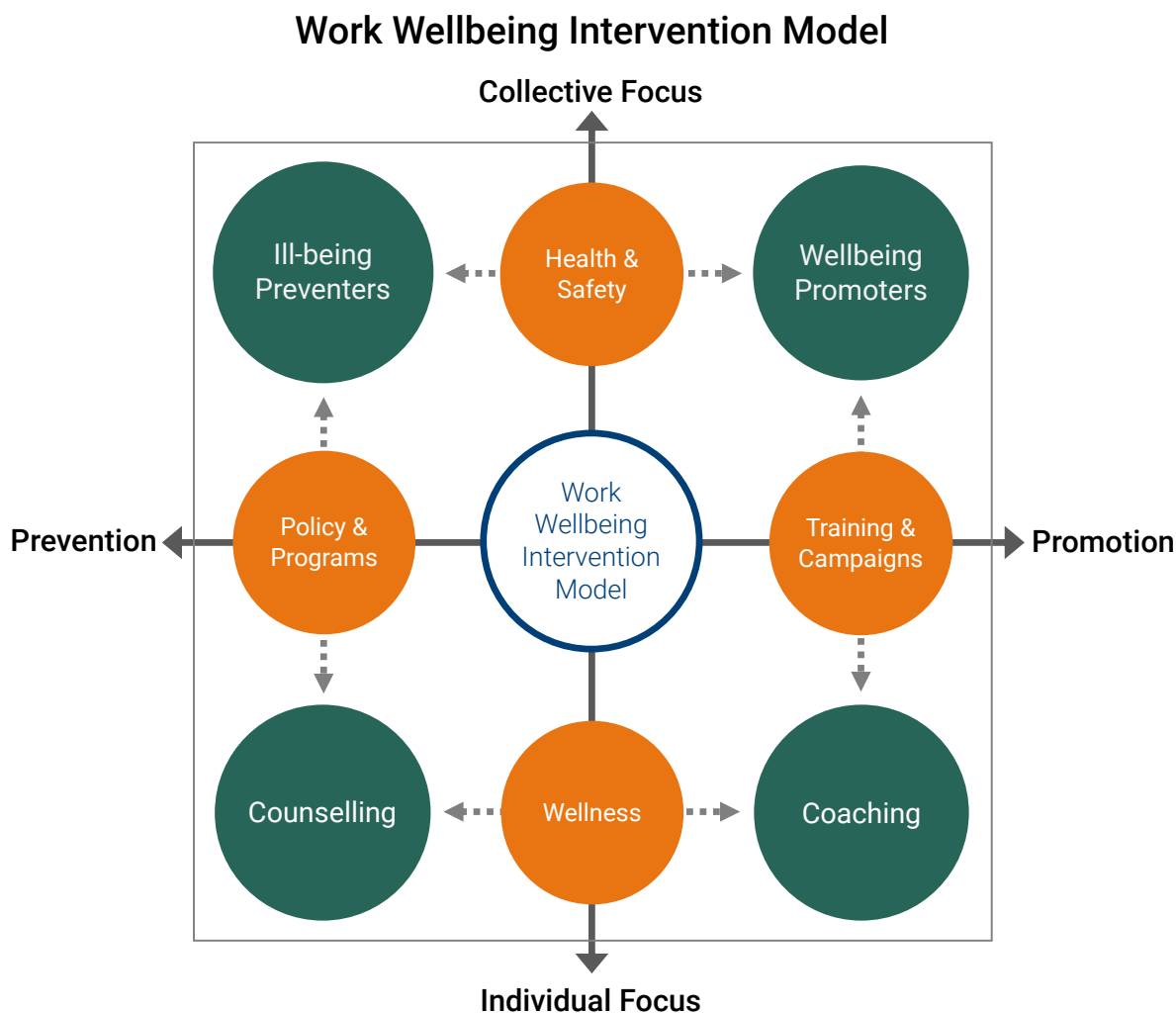
If the quality and pricing of the resources for early EAP conversations are efficient, there is also potential for moving this intervention into promotion mode and creating synergies with coaching for strengthening individual wellbeing proactively. EAPs and counselling are already moving to AI chatbots, apps and digital therapeutics, potentially making access to these therapies both easier and cheaper. As for prevention and treatment, the same tools could deal with the early stages of

discomfort and stress before handing over to the face-to-face therapy options to resolve more serious issues.

Wellness has not yet lived up to the hope that it would help prevent mental ill-being or even increase mental wellbeing, and it may have a better future focussing on promoting physical or cognitive health instead. Coaching may play a partnership role with Wellness because of the shared focus on building individual improvements. In addition to self-management through tools provided by Wellness, coaching could provide more individual support, widening the scope for broader and more successful outcomes.

Finally, there is also a potential synergy between Counselling and Coaching. Even though one is seeking to treat and prevent, and the other to promote, they could both be utilising the same tools, just with a different focus: treatment and prevention versus promotion.

Because of the transformative potential of uniting the traditional and emerging interventions, we have merged the two intervention diagrams into a combined diagram named the **Work Wellbeing Intervention Model** (Fig. 5). The model enables both understanding of the tools available and provides a platform for evaluation of how best to combine existing corporate wellbeing interventions with emergent interventions for optimum utilisation. And more importantly, maximising the output from both the promotion of wellbeing and the prevention of ill-being.



© Work Wellbeing Intervention Model by Center for Work Wellbeing (2025)

Fig.5: Work Wellbeing Intervention Model

Knowledge Box 3

How to measure work wellbeing:

Work wellbeing comprises three core dimensions, which have shown to have consistently high validity and reliability across multiple population surveys [85,87-88].

A four-question pulse survey, scored 1-10, asking employees to rate their evaluation of:

1. Job satisfaction
2. Positive emotions at work**
3. Negative emotions at work**
4. Sense of purpose or meaning in their work.

** Both positive and negative emotions are measured because they are not inversely related.

8. The ‘Work Wellbeing Integration Framework’

8.1 Work is a powerful setting for wellbeing interventions

Even with its many challenges, work continues to have a strong positive influence on employees. Beyond income, it offers individuals the opportunities for connection, personal growth, learning, and meaning [38]. The workplace also offers a promising setting for the delivery of wellbeing initiatives [84], and as a uniquely collaborative setting, also allows people to contribute to shaping systemic conditions collectively. Organisations are therefore not just part of the problem: they are also key to the solution. Workplace intervention studies have demonstrated that the organisation of work is indeed changeable, and real improvements are feasible [38]. The transformative nature of change during the COVID-19 pandemic is a testament to the malleability of how work is organised.

8.2 Strategic priorities: what to focus on first

The most promising entry point to intervention design is the set of wellbeing promoters. These nine evidence-based factors align closely with broadly applied management and HR practices and can be implemented without major system overhauls. Their strength lies in their positive orientation and their daily visibility in how teams are led and supported.

In parallel, ill-being preventers offer a proactive way to reduce psychosocial risks, especially the subtle, systemic stressors embedded in daily routines and leadership behaviours. When combined with OHS and existing compliance mechanisms, these elements form a coherent strategy that addresses both risk and potential.

Targeting the right level of the organisation is key. Interventions that rely solely on individual uptake, such as wellness programmes, often fail. Instead, multilevel efforts that engage teams, leaders, and the wider organisation tend to produce stronger and more sustainable outcomes [40].

8.3 The Work Wellbeing Integration Framework

The foundation for success in applying our Work Wellbeing Intervention Model relies on integrating the interventions both operationally and strategically with what the organisation is already doing to ensure its business and compliance goals. We have already shown how the work wellbeing promoters and ill-being preventers can roll out operationally through the three main levels of the organisation. In our Work Wellbeing Integration Framework (Fig. 6), we have integrated our two other models with five core strategic phases for implementation. The first stage is the alignment and planning of the wellbeing initiatives, followed by safeguarding employees, delivering prevention and promotion, and finally integrating all efforts with organisational culture to sustain long-term work wellbeing.

Our framework allows organisations to opt for a phased approach that is tailored to the maturity, capacity and culture of the organisation:

A: Alignment of efforts: Assign roles, responsibilities and resources.

B: Safeguarding employees: Strengthen basic protection through OHS and policies.

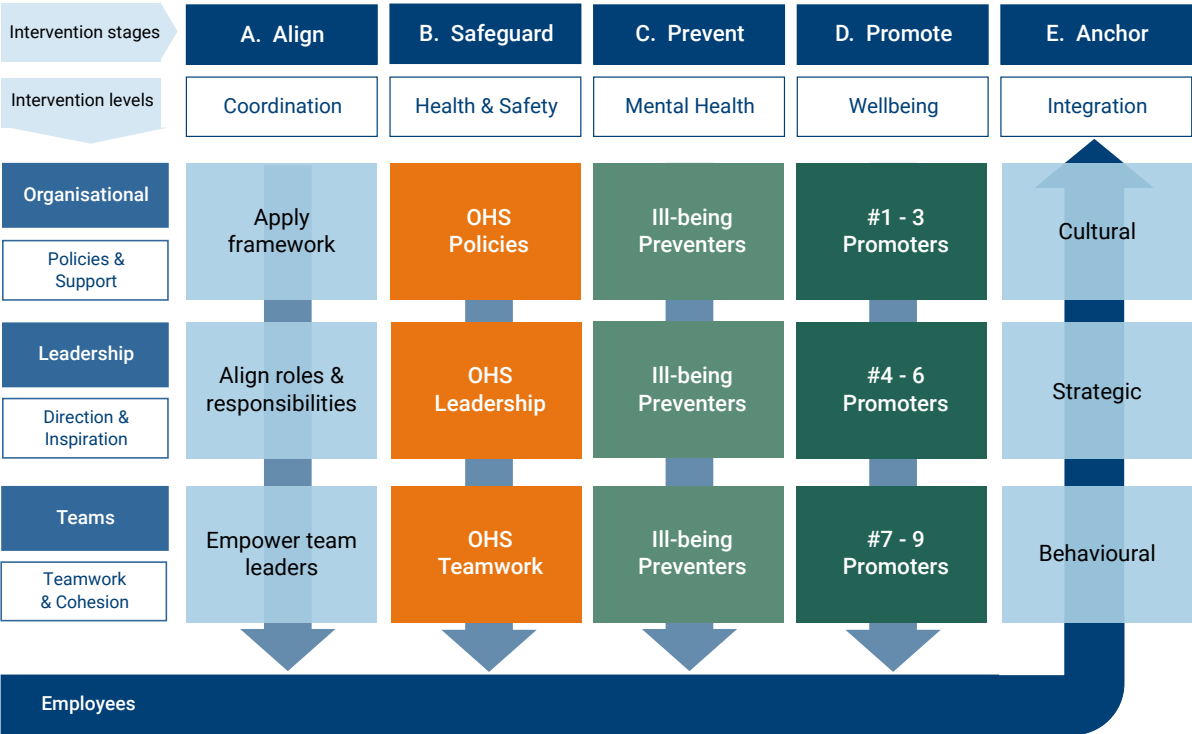
C: Prevent ill-being: Identify psychosocial hazards and reduce risks through ill-being preventers.

D: Promote wellbeing: Integrate promoters into leadership, teamwork and policies.

E: Anchor wellbeing: Embed wellbeing outcomes and interventions into organisational culture through work practice, behaviours, and values.

Ultimately, wellbeing should not be a separate initiative, but be an integral part of how we work, how we make decisions, and how we manage people.

Work Wellbeing Integration Framework



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Fig. 6: The Work Wellbeing Integration Framework

8.4 Measure what matters

Wellbeing improvements require measurement to ensure progress is achieved. We recommend regular pulse surveys using the four validated questions covering satisfaction, affect, stress, and meaning (Knowledge Box #3). These short surveys allow for frequent monitoring of wellbeing status and its progress. Combining the wellbeing survey with other organisational metrics, such as employee turnover, engagement, or absenteeism, can reveal improvements in for instance, employee retention, or discover correlations that indicate potential relationships between wellbeing and specific organisational factors. Positive correlations can show support for the business case, or if they are negative, may point to areas for evaluation of ongoing interventions.

With all organisational interventions aimed at creating change, there is never a 100% success rate across the whole organisation, and therefore it is important not to be discouraged if progress is slow or some parts of the organisation is less successful. Measurements below expectations should

never be used to blame others but be used to understand patterns and discover ways to strengthen ongoing implementation.

8.5 Pitfalls to avoid

In our professional practice, we often see new workplace initiatives launched as driving wellbeing. New employee perks or physical space upgrades are sometimes re-labelled as wellbeing even though there is no evidence for such claims. Companies should avoid this because it erodes employee trust. Equally risky are half-hearted programmes that are not followed up or monitored, or relying on individuals to self-manage new initiatives.

Wellbeing is often framed as an intuitive good, but without evidence-based design and critical reflection, interventions may do more harm than good. Organisations must resist the temptation of symbolic action and instead commit to continuous progress and seek to promote wellbeing through evidence-based solutions, such as the interventions outlined in this paper.

9. Final Reflections

This white paper has provided compelling evidence of multiple benefits from enhancing wellbeing at work for both organisations and employees, while also pointing out the challenges of not addressing the increasing levels of mental ill-being. We have also identified evidence-based tools for how the promotion of wellbeing at work can take place through already existing management and HR practices. If these practices are performed well, they will also indirectly help prevent future cases of mental ill-being, which otherwise would likely reduce the already gained increase in positive wellbeing.

We hope that this white paper will encourage you and your organisation to consider our findings and find ways to utilise our models to strengthen work wellbeing for all the stakeholders of your organisation. If you have questions to our recommendations or approaches, you are always welcome to contact us directly.

Wellbeing is a highly sought-after human attribute, and in times with high volatility and uncertainty in the world, it is even more important to strengthen our capabilities for wellbeing, optimism and resilience.

But wellbeing is not just a personal trait or an individual challenge. Wellbeing is shaped by organisations, our behaviours, the values we uphold, and the culture we create collectively. And because these are all malleable, we can nurture these to grow collective wellbeing in any organisation.



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