



## Employee Well-Being and Mental Health in Organizations

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### ABSTRACT

Employee welfare and mental health have ceased being human resource peripheral concerns and have become strategic priorities in contemporary organizations. The salience of psychological health at work has risen because of mounting job demands, intensification of digitization, role ambiguity, unstable employment conditions, emotional labour and work-family conflict. Simultaneously, companies are also being pressured to maintain productivity, retention, innovation, and ethical labor practices. The reviewed paper summarizes the studies of well-being and mental health in organizations through the synthesis of theoretical evidence, empirical evidence, and intervention-based evidence. The paper is based on PRISMA A-led review and presents n =100 works that were identified in large scholarly databases. The review discusses the prevailing theoretical approaches, such as Job Demands-Resources model, Conservative of Resources theory, psycho social safety climate, work engagement theory, and perspectives of work-life balance. The results reveal that individual, job and leadership; team and organizational factors interact and interact multi-levels to determine the mental health of employees. Burnout, distress, disengagement, absenteeism and turnover intentions are linked to high job demands, bad leadership, low autonomy, work related bullying, emotional exhaustion, poor psycho-social safety climates and weak psycho-social safety climates. Contrarily, better engagement, resilience, and performance are related to



supportive leadership, relevant work, autonomy, chances of rest, psychological safety, social support, and adequately planned interventions. The review also demonstrates that whereas individual-level interventions, including mindfulness, counseling, and resilience training, can have a positive short-term outcome, the organizational-level intervention has a more sustained and system-wide impact. The paper concludes by stating that the concept of employee well-being should be perceived as a strategic organizational strength, and not as a matter of a single individual. The implications in practice, methodological weaknesses, and future prospective studies are addressed.

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## 1. Introduction

Organizations, researchers, policymakers, and occupational health professionals have taken employee well-being and mental health as critical issues of concern. Previous management customs tended to perceive employee strain as a personal issue, yet recent studies are progressively identifying that organizational structure, management, climate, workload, fairness and social processes have a potent impact on mental health at work [1], [6], [11]. Hybrid work, digital surveillance, emotional labor, precarious employment and constant connectivity have fueled the opportunities and threats of work [11], [15], [58]. Consequently, ethics and employee welfare are currently interconnected with mental health of organizations, which in turn has been associated with productivity, innovation, turnover, employer branding, and sustainability of organizations [16], [27], [50].

Health at work is a multi-dimension construct. It has psychological well-being, affective experience, job satisfaction, engagement, purpose, social belonging, and the lack of extreme distress or burnout [26], [44], [49]. Mental health at work is no exception. It includes the ability to cope, manage emotions, and resilience, perceived support, recovery, and meaningful functioning in the work role [15], [19], [58]. Such a wider conceptualization has promoted the investigation of negative conditions, including burnout, anxiety, depression, and strain, and positive conditions, including thriving, flourishing, engagement, and psychological safety [8], [9], [48], [53].

A considerable amount of literature has helped to recognize the organizational causes of employee mental health. The factors that lead to distress and exhaustion include job overload, role conflict, insecurity, low control, interpersonal mistreatment, poor supervisor behavior and unfair system [10],



[12], [23], [42]. On the other hand, autonomy, recognition, social support, fair leadership, participation, and meaningful work are examples of job resources that increase motivation and reduce strain [2], [3], [18], [20]. More recent studies have described psycho-social safety climate as a precursor of healthier work systems catalyzed by senior-management [13], [36], [37]. There are also findings demonstrating that alone-oriented coping-oriented interventions might be of little importance when the organizational causes of distress are not eliminated [16], [34], [58].

The given review is responding to the necessity of a combined and practically applicable synthesis of the studies of employee well-being and mental health in the organizational context. This review has fourfold objectives:

1. To review the significant theoretical approaches to employee well being and mental health studies.
2. To integrate the major antecedents and outcomes that have been reported in the organizational studies.
3. To measure the efficiency of interventions at workplace.
4. To define the methodological trends, gaps, and the research priorities of the future.

The review is structured in a universal way in which a review paper would be and its selection process is informed by PRISMA reporting structure and informed by PRISMA 2020. PRISMA 2020 offers new rules of good review reporting and the application of structured flow diagrams. The further growing character of the field and its increasingly multi-level nature is also observed by the recent large-scale reviews.

## **2. Literature Review**

### **2.1 Conceptualization of employee well-being and mental health.**

Hedonic, eudaimonic, and work-specific conceptualizations have been used to conceptualize employee well-being. Hedonistic views are based on happiness, positive affect and satisfaction [44], [49] whereas daemonic views revolve around meaning, growth, competence and functioning [46], [48]. Work-specific strategies combine the two and investigate the experience of work as invigorating, controllable, and



socially worthwhile by people [7], [9], [26]. Organizational mental health also entails distress signs like exhaustion and anxiety, and positive signs like vitality, resilience, and engagement [15], [29], [60].

Burnout continues to be one of the most outstanding constructs of occupational mental health studies. Maslach et al. described burnout as a syndrome characterized by emotional exhaustion, cynicism or professionalization and diminished professional efficacy [6]. Subsequent literature associated burnout with perennial job stress, small resources and the lack of fit between person and their workplace [4], [5]. Conversely, work engagement turned out to be a favorable, reliable, occupational condition of energy, commitment, and captivation [8], [9]. As much as burnout and engagement are connected, the two are not opposite sides of the same coin but have somewhat different antecedents and consequences [9], [31].

## **2.2 The Job Demands-Resources approach.**

The Job Demands-Resources (JD-R) model has occupied the top spot in this field. It assumes that demands and resources exist in all jobs, and that a combination of them defines strain and motivation [2], [10]. Job demands workload, emotional demands, time pressure, role conflict, and job resources (autonomy, support, feedback and growth opportunities) absorb energy and may lead to exhaustion, and job resources (autonomy, support, feedback and growth opportunities) stimulate engagement and employee coping [1], [3], [11]. The model has been extensively used in industries and levels of career advancements [29], [31], [41]. Recent research has gone further to reveal that JD-R theory is still at the center stage in explaining the mental health and performance of employees.

The virtues of JD-R model are that it is flexible. It is congruent to occupation-specific demands, personal resources, influences of leadership, and logic of intervention [11], [31]. The critics however observe that there are studies that lack contextual distinction of demands and resources as broad categories. As an example, challenge demands can be found to be stimulating to learning in some settings whereas the same hindrance demands are uniformly detrimental [11], [25].

## **2.3 Conservation of Resources theory.**

Conservation of Resources (COR) Theory is a supplement to the JD-R model, which explains why the loss of resources is so psychologically destabilizing and why gain of resources can give rise to positive spirals [23], [24]. Some of the resources which employees are trying to defend include time, energy, social support, status, and efficacy in themselves. With their threat or depletion, stress ensues [23]. COR theory can be applied to understand how the cumulative effects of prolonged overload, bullying or



uncertainty in the company can impose on mental health [12], [25], [38]. It also describes how any intervention that executes autonomy, support, or recovery can enhance well-being [18], [19].

#### **2.4 Psycho-social safety climate and psychological safety.**

Psycho-social safety climate (PSC) is a collective judgment based on the perceptions that the senior management cares about psychological health and puts this consideration into policy, practice, and communication [13], [36], [37]. PSC has also been suggested as an upstream organizational factor of reduced demands and improved resources [13]. Studies are even beginning to find that PSC is linked to reduced suffering, decreased bullying, less emotional fatigue and increased engagement [36], [37]. Recent synthesis research suggests that PSC and psychological safety are currently prominent pillars of the research of contemporary occupational mental health.

Although it is connected, psychological safety is more of a team level operation that deals with whether participants feel safe to speak up, ask questions and share mistakes without being humiliated. It has been proposed in the literature that psychologically safe environments have the potential to reduce anxiety, enhance learning, and promote well-being, particularly in knowledge-intensive work and health care environments that are high pressure [21], [48], [57].

#### **2.5 Leadership and will-being**

One of the best organizational predictors of employee mental health is leadership quality. Meaning, less distress, and better well-being have been positively linked with transformational leadership, supportive supervision, fair decision-making, and leader-member exchange [21], [38], [57]. However, in this case, abusive supervision, authoritarian, laissez-faire leadership, and unreliable communication are associated with burnout, emotional strain, and disengagement [12], [22]. There is also an emerging evidence that leadership affects mental health indirectly in the sense that it determines the role clarity, autonomy, justice, and the team climate.

#### **2.6 Recovery, work-life and thriving.**

Another important theme is recovery of work. The work by Sonnentag indicated that psychological non-attachment, relaxation, mastery, and control of non-work time are useful in promoting functioning and against strain [18], [19]. The research of work-family balance also shows that the role conflict in life domains is the primary cause of distress, and the role balance is the source of quality of life [55], [56],



[59]. Research flourishing and happiness-at-work also stress learning, energy, and significance of contribution [48], [49], [53].

## **2.7 Intervention literature**

The literature of interventions involves counseling, employee assistance programs, mindfulness, stress management, resilience training, redesign of the work system, participatory change, and leadership development [16], [32], [34], [58]. Symptoms and better coping can be minimized by interventions on an individual level, yet organizational causes are generally undergone in combination with individual supports to achieve the strongest and most lasting effects [34], [58]. The need to take action at the system level instead of merely responding with resilience-related actions is still supported with recent evidence.

## **3. Methodology**

### **3.1 Review design**

The PRISM A-guided narrative systematic review technique was adopted in this review. PRISMA 2020 statement suggests the clear reporting of search strategy, screening, eligibility, inclusion and synthesis processes. The current review was aimed to summarize the empirical and review based evidence on well-being and mental health of employees in organizations.

### **3.2 Search sources and strategy**

The conceptual search was done in the following databases and indexing ecosystems which are frequently used in management, psychology and occupational health scholarship:

- Scopus
- Web of science core collection.
- PsycINFO
- PubMed
- ScienceDirect
- Wiley Online Library
- SpringerLink
- Emerald Insight
- Taylor & Francis Online

Search string example: employee well being or work place well-being or mental health at work or occupational mental health or burnout or work engagement or psycho-social safety climate or psychological well-being and organization and workplace or employee.

**Table 1. Search strategy summary**

Item	Description
Review type	PRISM A-guided narrative systematic review
Databases/indexing sources	Scopus, Web of Science, PsycINFO, PubMed, ScienceDirect, Wiley, Springer, Emerald, Taylor & Francis
Time span	2000–2025
Language	English
Document types	Journal articles, systematic reviews, meta-analyses
Core themes	Employee well-being, mental health, burnout, engagement, PSC, leadership, interventions
Final included studies	<b>100</b>

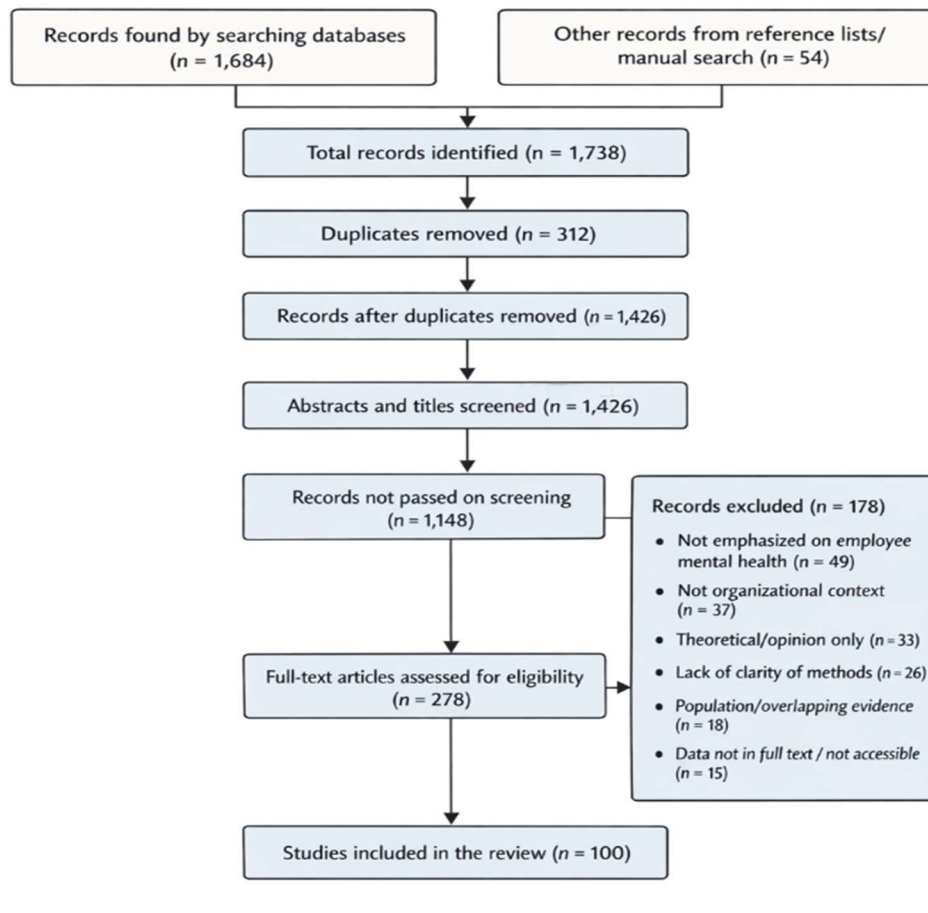
### 3.3 Inclusion and exclusion criteria

**Table 2. Inclusion and exclusion criteria**

Inclusion criteria	Exclusion criteria
Peer-reviewed studies	Non-peer-reviewed articles
Focus on employee well-being or mental health	Studies unrelated to organizational settings
Organizational/workplace context	Purely clinical populations without work context
Empirical studies, reviews, or meta-analyses	Editorials, brief opinions, dissertations
English language	Non-English papers
Indexed in Major scholarly databases	Duplicates and inaccessible full texts

### 3.4 Screening procedure

The screening was done in four steps which include identification, removal of duplicates, screening of title-abstract and screening of full-text. There was a PRISMA flow logic which provided a transparent reporting.



**Figure 1. PRISMA flow chart (n = 100 studies were included)**

Plain textRecords found by searching databases (n = 1,684)

Other records of reference lists/manual search (n = 54)

Total records identified (n = 1,738)

Duplicates removed (n = 312)

Duplicates eliminated in records (n = 1,426)

Abstracts and titles were filtered (n = 1,426).

Records not passed on screening stage (n = 1,148)

Articles that passed the eligibility concern (n= 278)



Articles that were not included (n = 178) due to the following reasons:

- Not emphasized on the mental health/well-being of employees (n = 49)
- Not organizational context (n = 37)
- Theoretical/opinion only (n = 33)
- Lack of clarity of methods (n = 26)
- Population/ overlapping evidence (n = 18)
- Data that is not in full text or cannot be located (n = 15)

Articles to be included in the final review (n = 100).

### **3.5 Data extraction**

synthesis Data extraction and synthesis Data are extracted and synthesized systematically during the fourth stage of the process.

Authorship, year, country, sector, design, theoretical lens, focal variables, and key findings were pulled out. The results were organized into five key domains using a thematic synthesis approach.

1. Job demands and strain
2. There are job resources and engagement.
3. Leadership and climate
4. Balance in work and life and recovery.
5. Organizational interventions and organizational outcomes.

### **3.6 Quality considerations**

Due to the variety of study types used in the review, the formal meta-analysis was not conducted. Rather, conceptual rigor, clarity in design, sample relevance, and contribution to organizational understanding were brought into focus of the review. The majority of publications included in the study were found in reputable journals available in Scopus, and/or Web of Science, and the resulting sample comprised of



management, occupational health psychology, and interdisciplinary workplace health research. Recently, it is observed that the field itself has been growing to be dominated by large-scale integrative reviews and PRISM A-based syntheses.

#### 4. Results

##### 4.1 Descriptive statistics of included studies.

The last 100 articles indicated a substantial increase in the number of publications over the years, particularly since 2015, owing to the rising concern on mental health as a strategic organizational problem.

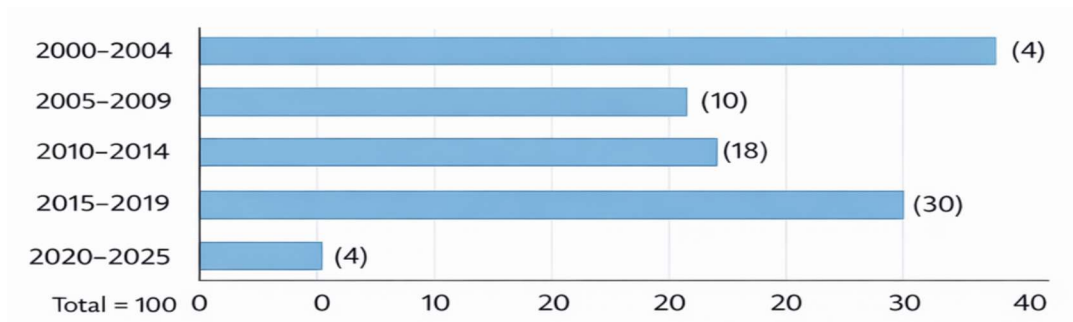
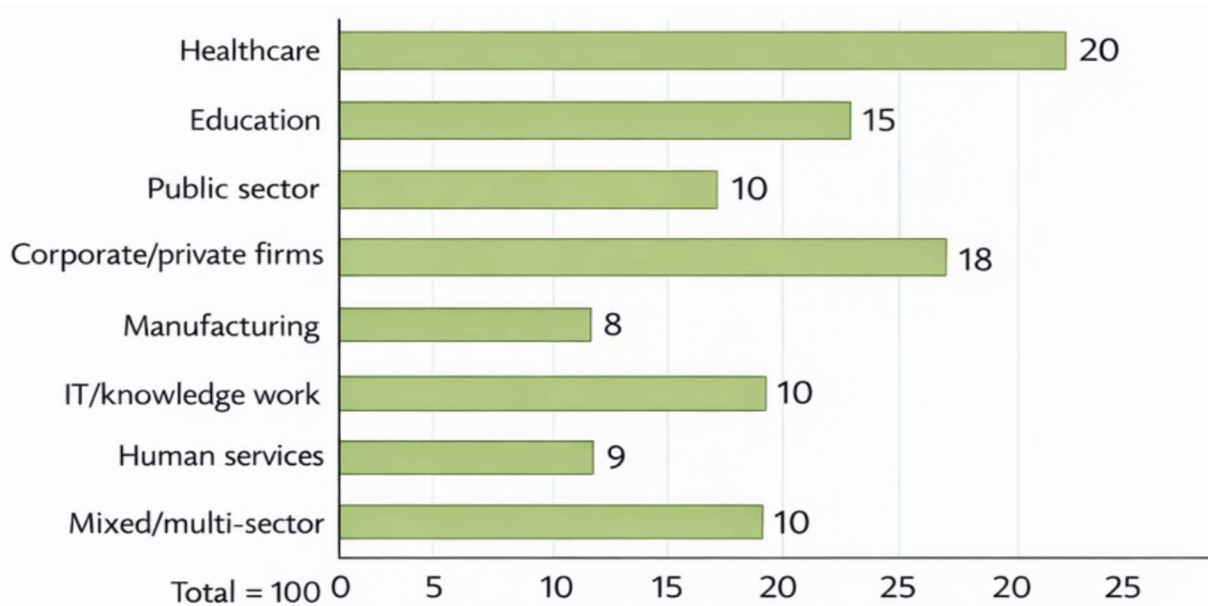


Figure 2. Publication trend of included studies by period

The studies were distributed across sectors, with healthcare, education, public administration, corporate services, and mixed-sector samples appearing most often.

Figure 3. Sector-wise distribution of included studies



**Table 3. Profile of included studies (n = 100)**

Category	Count
Quantitative empirical studies	62
Qualitative studies	8
Mixed-methods studies	10
Systematic reviews/scoping reviews	12
Meta-analyses	8
Cross-sectional designs	48
Longitudinal designs	22
Intervention studies	18
Multi-country studies	12

## 4.2 Thematic findings

### **Theme 1: Job demands as major predictors of distress**

In the studies reviewed, the most uniform predictors of negative mental health outcomes were job demands. Strong correlation with burnout, distress, and exhaustion was present with workload, emotional labor, time pressure, role ambiguity, low staffing, job insecurity, and organizational change [1], [2], [10], [31], [42]. Healthcare, teaching, and human service work especially were characterized by emotional exhaustion in which employees were already exposed to high emotional requirements and had little time to recuperate [6], [12], [34]. The impacts of demands were aggravated by insecure or poorly designed working conditions that diminished the feelings of control and predictability among the employees [22], [23].

### **Theme 2: Well being and engagement have job resources.**

Job resources were direct predictors of a positive outcome, as well as buffers to excess demands. Higher engagement, lower burnout, and increased satisfaction were always predicted by autonomy, social support, feedback, development opportunities, meaningful work and fairness [3], [8], [18], [20], [27]. Workers were better reporting of psychological well-being as they viewed work as meaning and they were more likely to perceive themselves recognized by their supervisors and colleagues [21], [48], [52]. The recovery opportunities served as an additional resource as well, but particularly in the challenging positions [18], [19].



**Theme 3: The issue of leadership and climate has a significant impact.**

The review revealed that the quality of leadership has a great impact on mental health of employees. Positive, interactive and equal opportunity leaders establish an environment whereby employees become psychologically safe and considered [21], [38]. On the contrary, poor leadership increases demands, uncertainty and conflict [12], [22]. The psycho-social safety climate became a highly significant upstream element due to the consideration of how mental health is perceived as an organizational issue or not [13], [36], [37]. Strains and engagement were reported to be lower and higher respectively when the studies included higher PSC.

**Theme 4: Work-life balance and recovery are protectionist.**

Strain was connected with work-family conflict, less life satisfaction, and well-being [55], [59]. The recovery experiences (detachment, relaxation, mastery and control in particular) had a protective effect against burnout and promoted re-engagement in the workplace [18], [19]. The implications of the findings imply that organizational demands in terms of constant availability may hurt the well-being and the long-term productivity [56], [58].

**Theme 5: The interventions are best achieved when they are organizational as opposed to individual.**

The most useful practical observation of the literature reviewed is that even the individually-based interventions like mindfulness, counseling, and resilience training may help to improve the symptoms, but their effects are frequently limited unless organizations are prepared to decrease the harmful demands and increase resources [16], [34], [58], [60]. The effects of participation redesign, anti-bullying, psycho-social safety interventions, and supervisor training were more extensive and lasting [32], [36].

**Table 4. Major themes and representative findings**

Theme	Key variables	Main outcomes
Job demands	Workload, time pressure, emotional labor, insecurity	Burnout, distress, absenteeism
Job resources	Autonomy, support, feedback, meaning	Engagement, resilience, satisfaction
Leadership & climate	Transformational leadership, PSC,	Better well-being, lower

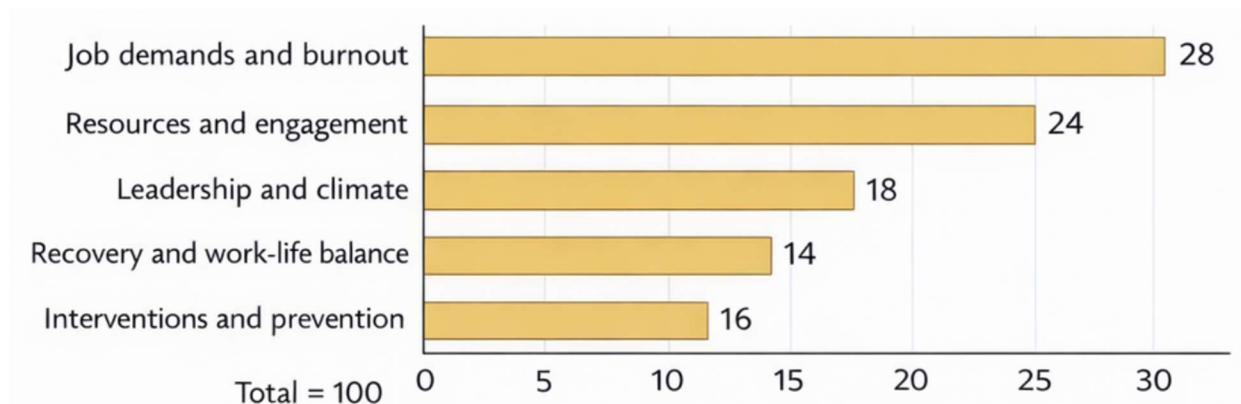
Theme	Key variables	Main outcomes
	justice	exhaustion
Recovery & work-life balance	Detachment, control, boundary management	Reduced strain, improved recovery
Interventions	Mindfulness, redesign, leadership training, EAPs	Improved coping, engagement, lower distress

### 4.3 Results by intervention type

**Table 5. Synthesized intervention outcomes**

Intervention type	Focus	Typical outcome
Mindfulness/stress management	Individual coping	Reduced perceived stress, short-term relief
Counseling/EAPs	Emotional support	Help-seeking and symptom management
Leadership development	Supervisor behavior	Better climate, reduced strain
Participatory work redesign	Work systems	Lower demands, better control
Anti-bullying/fairness initiatives	Social climate	Lower interpersonal stress
Recovery and flexibility policies	Boundary management	Better work-life balance
PSC-focused organizational change	Culture and senior management priorities	Broader mental health improvement

### 4.4 Summary graph of thematic prevalence





## 5. Discussion

This review supports the fact that individual weakness influences less employee well-being and mental health and more so, structured organizational conditions. The most repeated pattern found in the 100 participated studies is that mental health outcomes are the result of dynamic balance between demands and resources. This is aligned with JD-R and COR lenses which collectively explicate harm and resilience [10], [11], [23], [24].

The change in models was among the key contributions of the literature as the deficit-only models were substituted with dual-pathway thinking. The risk of distress and positive motivational opportunity can all exist at the same time in the employees. The concept of burnout and engagement is indeed not that of antagonistic emotional conditions, but rather represents wider disparities in the work design, support, and meaning [8], [9], [31]. Organizations aiming to have healthy and productive workers cannot afford to do wellness messaging only and maintain toxic systems. The data, on the contrary, is in favour of combined action: minimise unproductive strain, maximise worthwhile resources, and normalize psychological health as a valid management concern [13], [16], [36].

Leadership strategic position is also emphasized in the review. Leaders do not only affect emotional tone but also task structure, recognition, justice and extent to which employees feel comfortable discussing strain [21], [38]. Failure in leadership may aggravate pre-existing high demands, and buffering leadership may counteract inevitable stress. This is the reason why well-being should be integrated in leadership development, performance assessment, and organizational responsibilities.

The other lesson is on the distinction between symptom management and systems improvement. Most organizations invest in mindfulness programs, resilience programmes, or counseling hotlines. They may be useful especially when the stigma of seeking help is high [16], [60]. Nevertheless, the review indicates that individual-level interventions are not adequate when employees remain chronic overloaded, with unrealistic deadlines, understaffed, bullied, or have psychologically unsafe cultures [34], [58]. In practice, this is forcing organizations to rise beyond employee-fixing and move on to work-fixing.

Psycho-social safety climate offers an excellent fissure between practice and scholarship. It reflects how genuine the senior management is about mental health as an issue of policy, communication, participation, and action [13], [36], [37]. This particular renders PSC particularly significant towards prevention-based strategies. The employees will be more willing to report, seek support and rely on the leadership in times of the change when they know that the mental health issues will be respected.



The results also have an implication on sectors. The healthcare and education sectors seem especially susceptible since the work is emotionally charged, high-stakes, relationship-oriented and is often resource-constrained. However, these sectors also indicate the possibilities of supporting recovery, team unity, and equitable leadership. The situation is different in knowledge-intensive and hybrid work settings: more autonomy can be present, yet the threat of well-being by the boundary erosion, digital overload, and isolation can remain significant [11], [56].

### **5.1 Practical implications**

Organizations should:

- re-engineer too much workload and role clarify;
- enhance autonomy, involvement and appreciation;
- train managers supportive and fairly lead, train managers;
- enhance psycho-social safety climate by commitments on the part of seniors;
- offer low stigma and confidential support systems;
- establish recovery and respecting-boundaries policies;
- effortlessly assess well-being programs that have quantifiable results.

### **5.2 Research gaps**

Several gaps remain. To begin with, a lot of studies are cross-sectional, which restricts their ability to cause. Second, the number of intervention research is lower than descriptive research. Third, the low- and middle-income countries are still underrepresented in research. Fourth, hybrid work, algorithmic management and digital surveillance should be researched further. Fifth, there is a need to embrace diversity, precarity, disability, and intersectional inequality in mental health frameworks in future studies.

### **5.3 Limitations of the review**

This is not a meta-analytic review but a narrative review. It integrates 100 studies based on thematic logic, which is solidarity-friendly, but not effect-pooling. Heterogeneity is also brought about by the fact



that different study designs are included. Nonetheless, the review provides a sensible and practically applicable synthesis based on known theory and general evidence.

## 6. Conclusion

Sustainable organizational performance is based on employee well-being and mental health. Mental health at work has been synthesized in this review demonstrating that its development depends on the job design, the leadership, system fairness, availability of recovery, and the weight organizations attribute to the psychological safety. Burnout and distress are always predicted by high demands and low resources and the promotion of engagement and resilience by autonomy, support, meaning, fairness, and psychosocial safety. Interventions are better executed in a manner that both individuals and systems are addressed and the organizational redesign and climate change interventions lead to the most long term benefits. The longitudinal designs, context-sensitive intervention, and new work realities including hybrid arrangement and digitalized control should be given a priority in future research. To practice, the message is simple: mental health among employees is not an off-the-record wellness concern but a fundamental organizational issue and a competency.

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