# Building Mentally Healthy Workplaces: Interim Report August 2023

**The MQ, Peopleful & WorkWell Research Unit Research Programme**

MQ Mental health research

Peopleful

NWU® | WorkWell Research Unit

# Contents

# Letter from the CEO of MQ Mental Health Research

## Lea Milligan

**Every employer and employee has faced the unprecedented challenge of the COVID-19 pandemic and the global health response that transformed the workforce seemingly overnight.**

Beyond its obvious physical health implications, it has cast a formidable shadow over global mental wellbeing. Amidst this backdrop and coupled with the additional challenges of a cost of living crisis, the importance of the workplace in shaping and influencing the mental wellbeing of its employees has come to the forefront.

This report presents research spearheaded by MQ Mental Health Research, the WorkWell Research Unit at North-West University, and Peopleful, in an ambitious pursuit of forging healthier workplaces for the future. Through surveys and analysis, this research draws back the curtain on the intimate relationship between workplace environments, employee wellbeing, and broader organisational success. It speaks to the nuances of mental health, burnout, and their effects on productivity and retention. The report reveals insights as to why those with high burnout risk are nearly seven times more likely to think about leaving their jobs.

The statistics paint a picture of global workplaces at the crossroads. With alarming burnout rates, an emerging trend of professionals considering career changes, and evolving workplace dynamics due to the adoption of hybrid work models, the challenges are many. However, so are the opportunities.

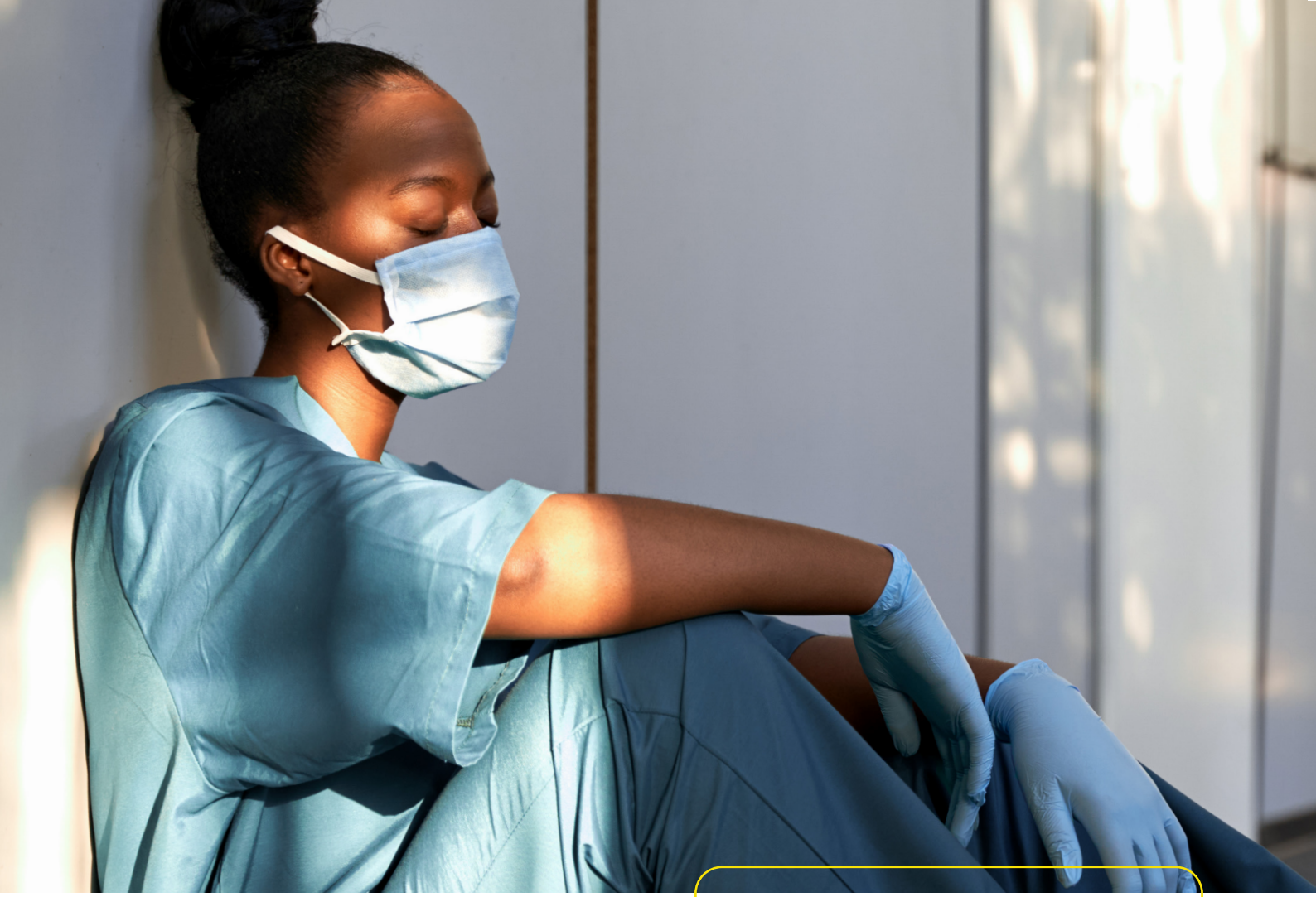
This report builds on MQ's recently published report on the cost of living crisis that challenged the private sector to integrate mental health considerations into HR policies, making sure staff feel security in their jobs and have good working conditions, because nurturing mentally resilient workplaces is not just a moral imperative, but an economic necessity.

Like MQ's Cost of Living report, the conclusions and solutions proposed in this focussed report are both a call to action and a roadmap. They underscore the compelling case for businesses to not merely consider, but prioritise, holistic employee wellbeing. By recognising the importance of factors like workload management, person-job fit, and growth opportunities, businesses can align themselves to this new era of work.

Whether you are a senior leader, business owner, trade unionist or simply passionate about workplace mental health, I believe this new report will offer evidence-based insights to plan a more thoughtful and productive workplace of the future that recognises that mental health is an intrinsic part of every successful business.

Yours sincerely,

**Lea Milligan**
**CEO MQ Mental Health Research**



# Executive Summary

## It is clear from the evidence that workplaces have an impact on the mental health and wellbeing of the people that work in them.

Building mentally healthy workplaces therefore requires a systems approach to understanding an organisation: What are the drivers of burnout and stress-related ill health, and where are they present? How do they interact with one another, and what impact are they having? Understanding these dynamics allows organisations to take targeted action which, done well, accrues benefits to both the organisation and its people.

**Headline findings at this interim stage are as follows:**

- Large numbers of people are struggling with their mental health, showing signs of burnout or experiencing stress-related ill-health.
- **1 in 4 employees** are at high risk of burnout (occupational stress and exhaustion).
- Added to this, similar numbers show signs of stress-related physical and/or psychological ill-health.
- The main driver of work-related stress and burnout risk is workload, followed by perceived person-job fit, and emotional load.
- **Nearly a third of all employees** report a strong intention to leave, with a quarter being psychologically detached from the organisation, their work and an eye firmly on the door.
- Those at high risk of burnout cost, on average, nearly 11 times more than those experiencing manageable levels of stress and strain.

# Building Mentally Healthy Workplaces: Introduction

The coronavirus (COVID-19) pandemic profoundly affected the mental health and wellbeing of people across the globe. Financial uncertainty, job insecurity, isolation, alongside seismic shifts in how and where we work, set against a backdrop of lockdowns, fear, and great societal unrest, has resulted in reports of rapidly rising rates of burnout around the world[1] and contributed to what some have deemed a "mental health pandemic"[2]

There is a clear moral case for catalysing change, but also a compelling business one too: In the UK, mental ill-health is the leading cause of sickness absence resulting in 70 million workdays lost[3] and a conservative cost of between £42 - £45 billion.[4] Globally, the Word Health Organization (WHO) estimates the number of working days lost annually to depression and anxiety is more than 12 billion, at a cost to the global economy of US$1 trillion each year.[5]

With mental health increasingly in the spotlight, employee wellbeing has gained significant momentum with many businesses showing renewed efforts to prioritise and support the health and wellbeing of their staff: companywide **switch-off** and **rest up weeks**; **flexible hours**, **meeting-free days** and **hybrid working**. However, many employers continue to overlook the crucial role the workplace plays in driving employee mental health and wellbeing[6], continuing instead to focus on individual interventions that remediate symptoms and are far less likely to have a sustainable impact on employee health than systemic solutions that resolve drivers upstream.[7] Moreover, while recent events have gone some way towards normalising the importance of mental health and wellbeing in the context of the workplace, converting this into meaningful, cost-effective, and sustainable action remains poorly understood.

> **"Mental health science is the key to answering this... It is not enough for employers to be investing in well-intentioned initiatives; they need to also invest in science to understand what actually works."**
>
> **(Wellcome Trust, 2021, p.3).**

What is needed is a scientific and practical basis to understand, support and grow mentally healthy workplaces. And central to this is a clear imperative for employers and researchers to work in partnership to create it.

Against this backdrop, MQ Mental Health (MQ), a leading mental health research charity, the academically acclaimed WorkWell Research Unit at North-West University, and Peopleful, experts in people analytics, have partnered to develop a new research programme to create a robust, evidence-based approach to workplace mental health. By bringing together the academic, science-led community with the corporate sector, our vision is that by 2030, no organisation will be without a research-based mental health framework operating throughout its workplace.

## The Mentally Healthy Workplace Research Programme

The "Building Mentally Healthy Workplaces for the Future" (referred to as MHWP from here onwards) Research Programme was designed to create a robust, rigorously assessed, but practical evidence-base on the state of work-related wellbeing and employee mental health as we emerge from the COVID-19 pandemic.

Nearly 5,500 employees across the UK and Ireland have already completed the first phase of the project designed to map the current state of employee wellbeing and assess the impact of the workplace on employee functioning and performance. Each participating organisation received their own individual report giving detailed insight into their organisation's unique dynamics and company specific makeup.

This report presents the interim findings from the aggregated data across all baseline assessments, measured in 2022, and compares them with data gathered globally using the same assessment captured slightly earlier in the pandemic (2020 – 2021). It seeks to provide insight into the nuances of employee mental health and wellbeing, identify key drivers of

burnout and stress-related ill-health outcomes demonstrating the critical role of the workplace itself, and support employers in creating the right environments for all employees to flourish.

## Background

The statistics aren't pretty: Worldwide up to 1 in 4 employees is reported to be experiencing symptoms of burnout[8]; the number of people not working in the UK due to long-term sickness has risen to a new record, with more than 2.5 million not working due to health problems[9]; record numbers of individuals are leaving their jobs or embarking on new careers; and more than half of employees cite financial pressures as affecting both their behaviour at work and ability to perform in their job, with 8% of the UK workforce admitting to taking time off work because of financial stress.[10]

But with the average person spending 90,000 hours at work over the course of their life, the WHO recognises the workplace as one of the priority settings for health promotion in the 21st Century: Work can, and should, be good for our mental health.

A number of recent reports underline the key role that organisations play in driving employee mental health and wellbeing[11] and the need to embed a culture of health and wellbeing throughout their business. In parallel, evolving government regulations and policies across several countries continue to raise the bar in terms of the employers' responsibility to protect the health and wellbeing of workers.

But are businesses doing enough? Or enough of what works?

Research by the McKinsey Health Institute found that across 15,000 employees and all 15 countries included in the study, toxic workplace behaviour had the biggest impact in predicting burnout symptoms and intent to leave. The report argues that employers underestimate the critical role of the workplace in reducing burnout and supporting employee mental health and wellbeing and suggest that a focus on well-intentioned quick fixes that seek only to remediate symptoms, rather than resolve their causes may lead to an overestimation of the impact of their wellness programmes and benefits.[12]

Moreover, by focussing on programmes designed to supplement broad indicators of wellbeing and less on how specific workplace factors are actually hindering employees, organisations have been largely unable to identify ways in which they can enhance the employee experience.

Ultimately, are employers measuring what they need to in order to build mentally healthy workplaces?

Research by REBA and AXA Health[13] published in 2021 found that nearly half of employers (47%) say the biggest barrier to understanding the effectiveness of their employee wellbeing initiatives is the lack of indicators to measure against.

It is critical for organisations to know their starting points, measured alongside key business performance metrics, so that they can understand where to focus their efforts and how to track progress and impact over time. By using objective[14] data and robust analytics to diagnose the current state of its workforce and, in parallel, identify the conditions, circumstances and workplace demands that are impacting the mental health of their people, employers can affect tangible change and take action using targeted interventions as part of a comprehensive mental health framework.

## About the study

Baseline data has been collected from 5,445 individuals across 15 organisations[15] and a number of different industry groups providing rich, anonymised data for the UK & Ireland which we have used to understand patterns and insight into the current state of employee mental health and the experience of the workplace:

- Employees who participated in the research represent a range of demographics.
- All data was gathered anonymously.
- Data was collected over the course of 2022, during the COVID-19 pandemic and as we began to emerge from it.
- We compare data gathered as part of the MHWP Project with data collected globally using the same diagnostic (n = 47,537; OHFB Trends) but slightly earlier in the pandemic, between 2020 and 2021.

Our research is based on the Job Demands-Resources (JD-R) model[16], a popular model used to understand work-related stress in employee and wellbeing research, and how the balance between job demands (such as workload and toxic working environments) and job resources (including job autonomy, role clarity, management style, support from both colleagues and supervisors, and development opportunities) affect employee functioning and organisational performance (see Annex for more detail).

We use the Organisational Human Factor Benchmark© (OHFB; Afriforte, 2013). The OHFB Workplace Analytics System is a state-of-the-art human factor and workplace risk diagnostic that operationalises the JD-R model, using statistical modelling to measure employee performance energy ("Can I do this?") and motivation ("Do I want to do this?") and identify drivers of what is working and what is not working in that company.

PART I:

# The Current State of Employee Mental Health

## The Wellbeing Spectrum

The World Health Organization defines mental health as "a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stress of life, can work productively and is able to make a contribution to his or her community"[17] – much more than the absence of illness or a binary state of either being mentally healthy or ill.

And so understanding mental health, particularly in the context of the workplace, can be usefully conceptualised as a more holistic concept that applies to everyone, includes both positive and negative aspects of health and wellbeing, and can change over time: a mental health continuum.[18]

This approach also sits in parallel with renewed efforts in the workplace to prioritise and support the health and wellbeing of employees in the broadest possible sense: while historically this might have meant a focus on health and safety, more recent initiatives have expanded their traditional reach to encompass mental, physical, social and financial dimensions of wellbeing.

Our research maps[19] individuals onto such a continuum, the Wellbeing Spectrum, containing five zones[20] ranging from "In Crisis" where individuals are experiencing a complete lack of energy and motivation, alongside stress-related ill-health[21], and a lack of resilience[22], to "Excelling" where individuals are highly energised and enthused in their jobs, are performing at their full potential and report excellent mental health. In this way, the Wellbeing Spectrum considers the presence and/or absence of both the positive and negative aspects of health and wellbeing in tandem.

Our data show that in 2022 nearly half of employees, 46%, were at risk of mental health difficulties:

- **18% of the sample are classified as "In Crisis":**
  - Individuals "In Crisis" experience high levels of physical and psychological stress-related ill-health symptoms (presence of the negative), but also lack the personal resources to buffer against, and cope with, adverse experiences (absence of the positive and low resilience). Individuals here also show complete disengagement with work.
  - This state is marked by feelings of despondency, low self-worth, emotional numbing and exhaustion.
- **A further 28% are "Struggling":**
  - Individuals here are mostly burnt-out[23], that is exhausted and disengaged from work, with moderate stress-related ill-health, low or moderate resilience combined with disengagement risks. They report slightly better levels of personal resilience and potential to mitigate the accompanying negative effects of mental ill-health.
  - This state is marked by showing signs of agitation, tiredness and the need to escape.

**1 in 5 employees are classified as "In Crisis" and experience high levels of stress-related ill-health, while 1 in 4 were found to be "Thriving" or "Excelling".**

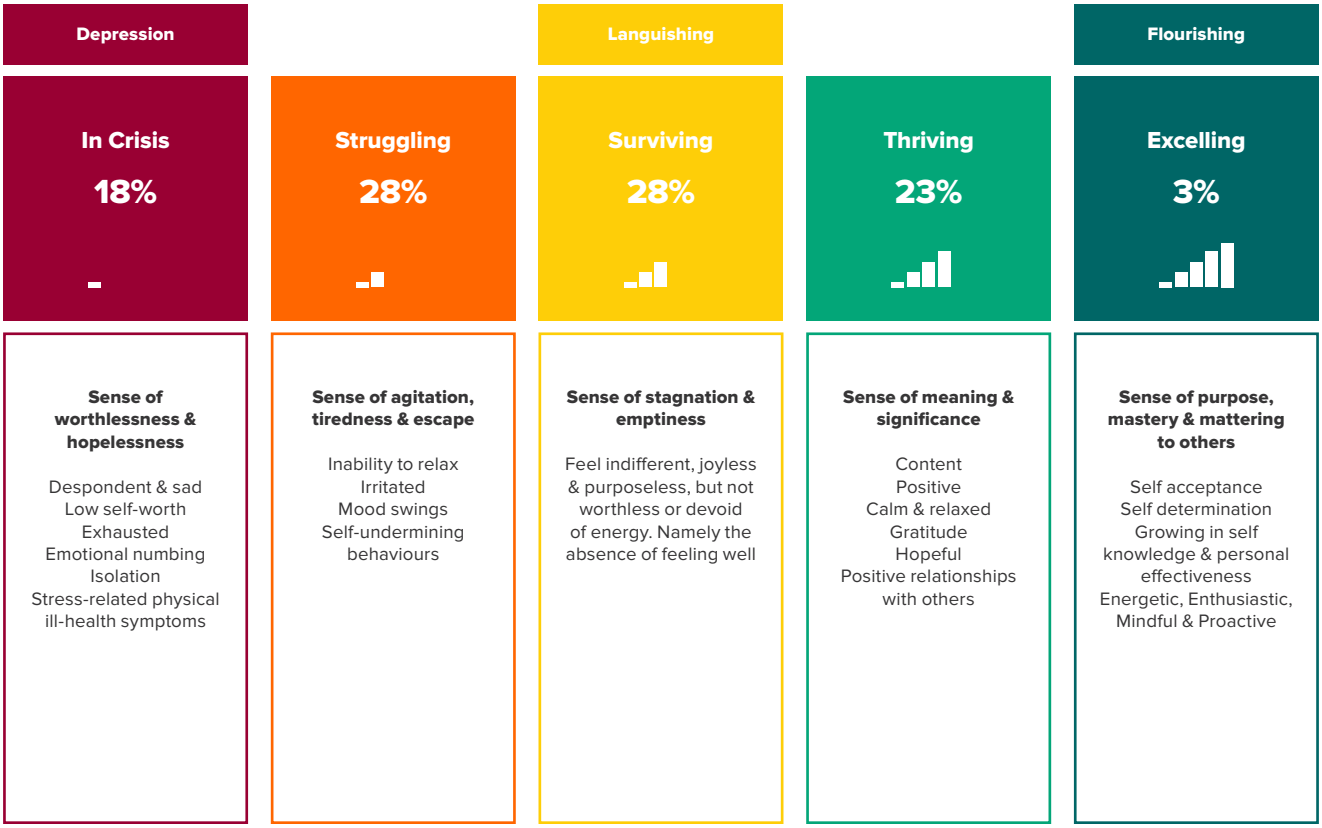



**Figure 1:** *The Wellbeing Spectrum*

**Just 1 in 4 employees in our data were found to be "Thriving" or "Excelling":**

- Employees to the right of the Wellbeing Spectrum report high levels of energy and motivation in their roles, experience little to no stress-related ill-health and show excellent levels of resilience and grit: presence of the positive and absence of the negative.
- Individuals here are energised and find real meaning and significance in their work, alongside feelings of purpose, mastery and mattering to others.
- Compared with those who are "Excelling", individuals who are classified as "Thriving" experience the same high levels of dedication and devotion to their work but might show some of the early signs of exhaustion.

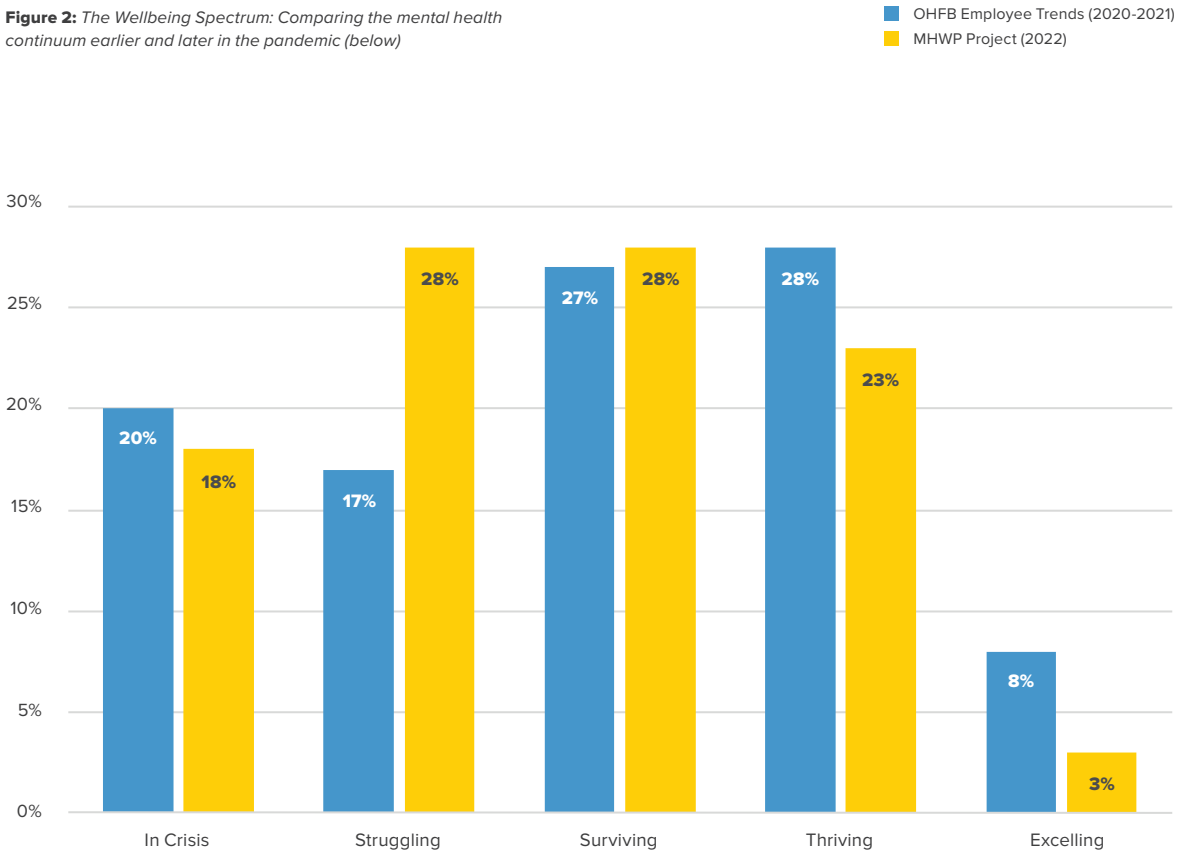
The remaining 28% of employees were classified as "Surviving" - often referred to as "languishing" - defined as a sense of stagnation and emptiness where there is no diagnosable mental illness, but individuals feel low levels of subjective wellbeing and show little or no energy or enthusiasm for their work.

**Professor Adam Grant revived the term 'languishing' during the pandemic putting it forward as the "dominant emotion of 2021".**

Our data suggest that - in the UK and Ireland at least - he underestimated the deleterious impact COVID-19 had on people's mental health, with equal proportions classified as "Struggling" and "Surviving", both 28%. Compare these figures with OHFB Employee Trends Data measured in the same way but assessed earlier in the pandemic:

- Similar numbers fall into the 'Surviving' - or Grant's 'Languishing' - group but compared to earlier in the pandemic (2020 – 2021) far more are categorised as 'Struggling' in 2022: 28% vs. 17%.
- Alongside this, fewer employees are identified as 'Excelling' or 'Thriving', highlighting a shift to the left across continuum and indicating a clear decline in overall wellness over the period.

**Figure 2:** *The Wellbeing Spectrum: Comparing the mental health continuum earlier and later in the pandemic (below)*



## Burnout & Stress-related Ill-health

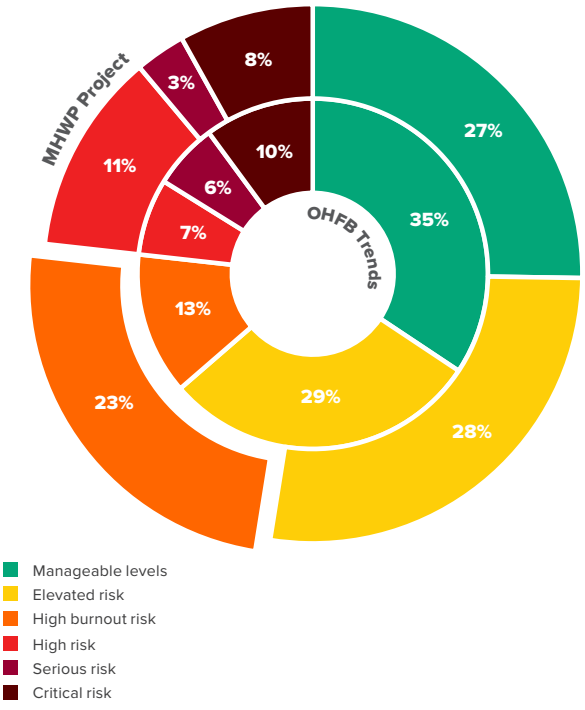
According to the World Health Organization (WHO), burnout[24] is an occupational phenomenon that results from chronic workplace stress that has not been successfully managed and is characterised by three dimensions:

- Energy depletion or exhaustion – mental, physical or emotional;
- Increased mental distance from, or negative feelings and cynicism in relation to, one's work; and
- Reduced professional efficacy.

Burnout is specific to the workplace and is not reflective of stress and strain experienced in other areas of life. It occurs when employees feel overwhelmed and unable to meet constant work-related demands over an extended period and results in a loss of interest and motivation, and decreased productivity. But it is much more than just an emotional response to long hours or a challenging job, rather mounting evidence demonstrates the profound physical toll burnout can take, including impaired cognitive functioning[25] and changes to the anatomy of the brain.[26]

Our research finds that 1 in 4 employees are at high risk of burnout. This risk has increased during the pandemic and is nearly twice as high in our 2022 data compared with recent trends captured over the course of 2020 and 2021 (OHFB Employee Trends).

**Figure 3:** *Burnout and Stress-related Ill-health levels in the MHWP Project and OHFB Employee Trends*




## Defining levels of stress-related ill-health

Burnout and its link to stress-related ill-health is not something that happens overnight or reflects a simple dichotomous state. Rather like the Wellbeing Spectrum shown above, it can be thought of as a continuum or a funnel where, if not supported, individuals can gradually fall further into "ill-being", with each successive state of risk harder to remedy or recover from. As such, individuals at various stages require different kinds of support and/or intervention to proactively manage, reduce or treat any risks that might be evident.

- **Manageable Levels:** These individuals experience manageable levels of stress.
- **Elevated Risk:** These employees might experience some risks in terms of burnout and/or stress-related ill-health symptoms but these risks are not regarded as high.
- **High Burnout Risk:** These individuals are at high risk of burnout caused solely by unmanaged workplace stress, which if left untreated, will likely result in stress-related ill-health in the future.
- **High Risk:** These employees experience high levels of stress-related psychological symptoms, and some might be at risk of burnout or lower levels of personal wellbeing.
- **Serious Risk:** These individuals experience high levels of stress-related psychological and physical symptoms and may be at risk of burnout, but their personal resources are stable and help buffer against some of the more acute risks.
- **Critical Risk:** Employees at critical risk experience high levels of stress-related psychological and physical ill-health symptoms and might also be at risk of burnout, but crucially they also have low levels of personal wellbeing and resilience to mitigate these risks.

In line with the McKinsey research, we similarly find that burnout risk is similar across various demographics, rising slightly amongst middle-aged groups and declining into older age. However, our data clearly show that younger cohorts – those aged 20 to 39 - are struggling more in terms of stress-related ill-health risks. This latter result is also seen in AXA's latest **Mind Health and Wellbeing Report** which shows that younger adults experience more depression, anxiety and stress.

These results are consistent with recent research by the McKinsey Health Institute[27] which also found that, on average, 1 in 4 employees report experiencing burnout symptoms, and parallel messages from other businesses, the media and academics that the COVID-19 pandemic saw declines in employee mental health and unprecedented increases in burnout rates.

Interestingly, the OHFB which separates out the purely work-related dimension of burnout from the incidence of stress-related ill-health, reports similar levels of psychological and physical ill-health over the pandemic, but a near doubling of the proportion experiencing chronic workplace-based stress: 13% in the OHFB Employee Trends to 23% in the MHWP data.[28]

There is also evidence of employees falling further into the risk "funnel" at the top-end: Our data show declines in the numbers experiencing manageable levels of risk – from 35% to 27% - and a likely corresponding shift of individuals moving from elevated levels into the high burnout risk category.[29]

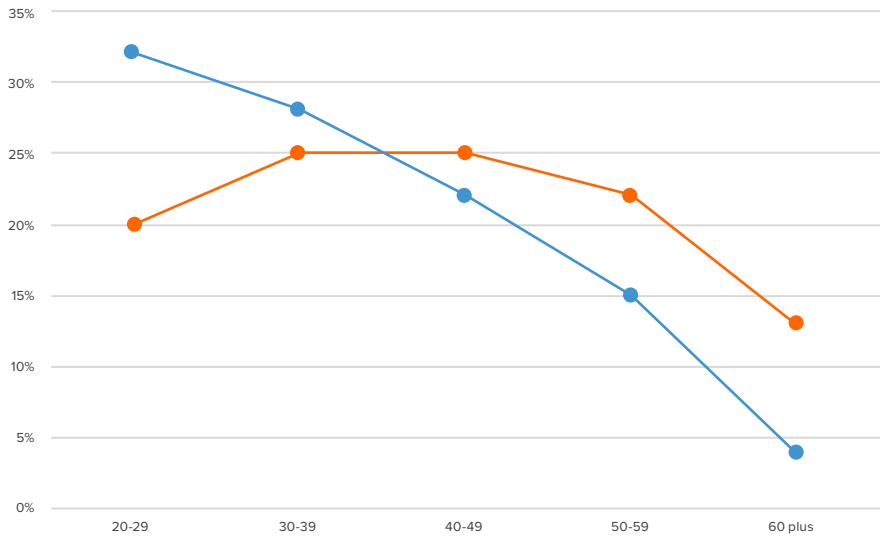
**1 in 4 employees are at high risk of burnout**

## What is stress-related ill-health? How does it differ from burnout?

Stress is the emotional and/or physical reaction to challenges and demands. Short-term, or acute stress, tends to go away quickly and can be beneficial – meeting a deadline, or braking hard to avoid an accident, for example - but chronic stress which keeps the body in a constant state of alert leads to psychological and physical symptoms.

Mental and emotional symptoms include an inability to relax, anxiety, issues with memory and learning, poor judgement and risky decision-making, personality changes, and depression – as well as physical ones, such as headaches, muscle pain, gastrointestinal troubles, sleep problems, and several metabolic risks, such as high blood pressure and heart disease. Chronic stress can also exacerbate existing health conditions.

Burnout can result in stress-related ill-health at a psychological and physical level, but they are not necessarily linked: When burnout risks are low, stress-related ill-health symptoms likely have their origins outside the workplace - personal factors or relationship difficulties, for example – and so to better understand the impact of the workplace on employee mental health, we pull apart their incidence in our measures.




* **Notes:** Stress-related Ill-health risk combines the proportions experiencing "High Risk"; "Serious Risk" and "Critical Risk" as defined above.

**Figure 4:** *High Burnout Risk and Incidence of Stress-related Ill-health, by age (left)*

PART II:

# The Role of the Workplace

The coronavirus pandemic cast a formidable shadow over global mental wellbeing, its impact having a huge effect on all aspects of our lives, not least where, how, and when we worked. Focus on improving and enhancing employee wellbeing proliferated as a result. However, the simple fact remains: if not well managed, work can be a direct contributor to poor physical and mental health and so understanding the ways in which the workplace itself affects employee health and wellbeing has to be front and centre in building healthy environments and creating the right conditions for employees to flourish.

> **"Organisations need to refocus their efforts on addressing the root causes of mental health and wellbeing challenges in a systemic way; one-off and incremental fixes won't be enough."**
>
> **(McKinsey, 2023)[30]**

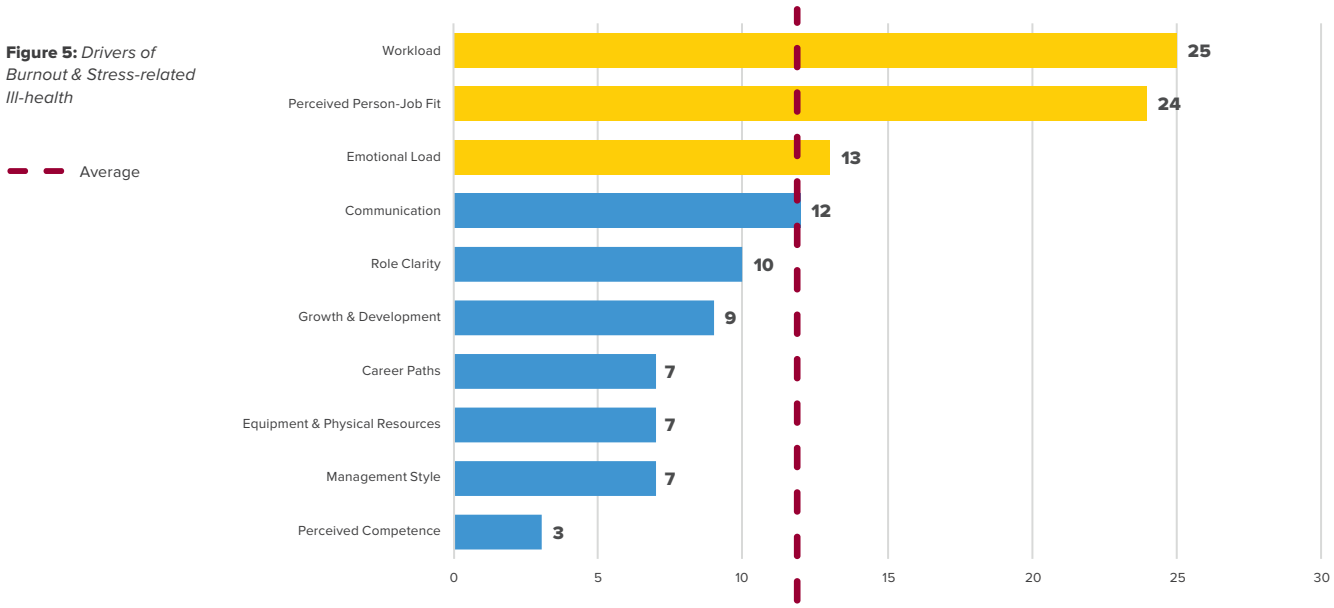
## Our Approach: Understanding key drivers

Our research uses the Organisational Human Factor Benchmark © (OHFB; Afriforte, 2013), a people analytics and workplace risk diagnostic that that operationalises the job-demands-resources (JD-R) model.[31] The OHFB uses structural equation modelling to generate statistically robust, psychometrically validated metrics which identify drivers[32] of what is working and what is not working in that company.

## Drivers of Burnout & Stress-related Ill-health

Our data show that the dominant workplace factor contributing to high levels of work-related stress and burnout risk is **Workload**[33] followed by Perceived Person-Job Fit, and Emotional Load. These three key drivers reflect areas of the working environment with the most potential for intervention to improve employee mental health and wellbeing.

**Figure 5:** *Drivers of Burnout & Stress-related Ill-health*



## Defining Workload

- Workload refers to the pace and amount of work that employees experience, that is the quantity of work and the time pressures under which it must be done.
- It is distinct from other job demands, namely **Mental Load** - the extent to which individuals have to juggle different tasks and attend to many things simultaneously - and **Emotional Load** - that is, dealing with difficult people and/or situations at work which affect individuals personally.

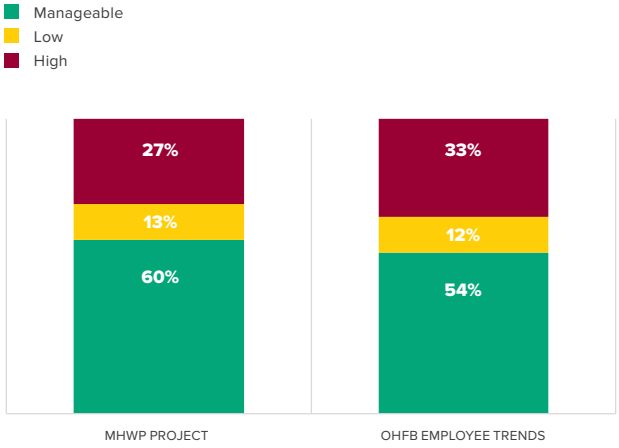



**Figure 6:** *The experience of Workload in the MHWP Project and OHFB Employee Trends*

More than 1 in 4 employees, 27%, report 'high' workloads. These individuals are struggling to complete the amount of work expected of them in the time available which is having a large impact on their risk of Burnout.

- Interestingly, around 1 in 8 (13% of employees) report having 'low' workload. Having too little work can present its own set of issues leading to 'burnout through boredom' for those individuals experiencing it, as well as heightened stress and related risks for those unable to delegate down.
- Workload is slightly better than in the OHFB Employee Trends comparison data: higher proportions reporting 'manageable' levels and fewer experiencing 'high' levels. Similar proportions report 'low' levels of workload.

The importance of understanding the whole organisational system is particularly relevant here. In this sample, tackling issues around workload is not just a matter of increasing headcount and getting "more bums on seats". Rather, our approach which allows us to peel back each layer of the system piece by piece, indicates that Workload is driven, primarily, by **Systems and Equipment Frustration**, and to a lesser extent by inadequate **Supervisory Support**: Workload is high because employees don't have the necessary - or good enough - tools to do their jobs and the availability of line managers, and support needed from them in important moments, is insufficient. In short: the deficiencies in these support factors are causing the employees in our sample to take longer to do the work required of them, which is driving up their stress levels.

- Just over 4 in every 10 employees (42%) reported good availability of equipment and resources (i.e., low levels of frustration) required to execute work activities effectively, with more than 1 in 5 (22%) indicating high levels of frustration here.
- Employee reports of frustration around systems and equipment are comparable with our MHWP sample than in the trend data: Similar numbers report 'high' levels of frustration, and fewer experience 'low' levels.

The availability and quality of, and frustration with, systems and equipment necessary to effectively carry out work effectively and efficiently mean different things in different organisations – IT equipment and up-to-date software in some, telephones and dishwashers in others – but, regardless, when they are inadequate or not fit-for-purpose this adds to workload, increasing stress and burnout risk, and all their related costs.

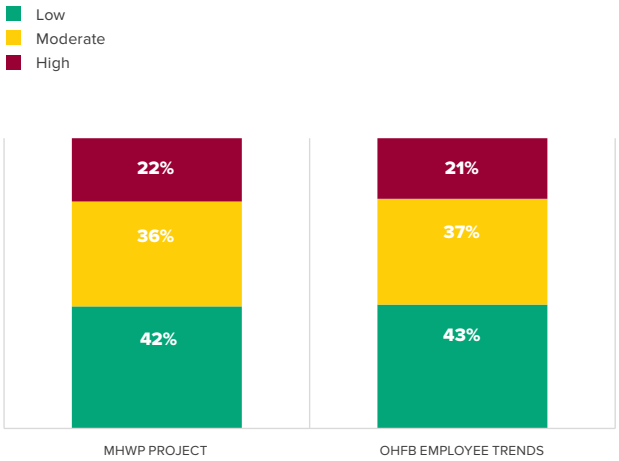



**Figure 7:** *Employee reports of the level of systems and equipment frustration in the MHWP Project and OHFB Employee Trends*

The second biggest driver of Burnout & Stress-related Ill-health is Perceived Person-Job Fit.

## Defining Perceived Person-Job Fit

**Perceived Person-Job Fit** is an outcome of work environment experiences and indicates the extent to which employees believe their personality and self-view fits with the requirements of their jobs. It's really a function of how individuals see themselves and their skills alongside what's expected of them in the role that they are in, and how they see themselves in the future.

Several studies highlight the importance of focusing on perceived, or subjective, job fit as opposed to actual job fit, such as the set of skills and competencies checked against recruitment and selection criteria, because the congruence between an individual, their job and the environment they work in is an ongoing and dynamic process[34] and can change over time.[35] Indeed, subjective assessment of job fit has been shown to be a better predictor of employee mental and physical wellbeing, job satisfaction and extra-role performance than objective job fit assessments.[36]

And when people feel they are a "poor fit" with their role, they are less motivated to perform the tasks required of them and substantially more likely to leave – with obvious knock-on effects to the bottom line:

- Almost 7 in 10 employees who consider themselves a "poor fit" are seriously considering leaving their roles, with fewer than 1 in 8 who believe themselves to be a "good fit" with their jobs thinking likewise.
- In terms of productivity loss, "poor fit" individuals rate themselves as nearly three times less productive than "good fit" individuals with absenteeism rates more than twice as high.

Less than half of employees surveyed, 46%, report feeling a “good” sense of fit with their roles, lower than in the OHFB Employee Trends data of 51%.

If work environment challenges are perceived as incompatible with an employee’s personality and self-view to fit with the requirements of their jobs, perceived job-fit is affected resulting in poorer functioning at work. Simply put, individuals with “good fit” feel that their skills, personalities and self-view align with the jobs they’re employed in while those with “poor fit” don’t.

While only 10% of employees in our MHWP Project report experiencing “poor” fit in their roles, our findings highlight that even those who have “moderate” fit are struggling:

- More than twice as many in the “moderate” group are at High Burnout Risk compared to those in the “good fit” group: 30% vs. 13%
- 40% of those in the “poor” fit group are experiencing signs and symptoms of stress-related ill-health, compared with just 13% of those in the “good” fit group.
- With a further 43% at High Burnout Risk, more than 8 out of every 10 employees who feel a real disconnect with their jobs are at risk of mental ill-health and/or burnout.

**“We wanted to invest further in our people given that the hospitality industry took such a hit during the pandemic. We knew that mental health had been impacted but wanted to understand where support was most needed and what other issues existed.’**

**Managing Director, Hospitality Group**

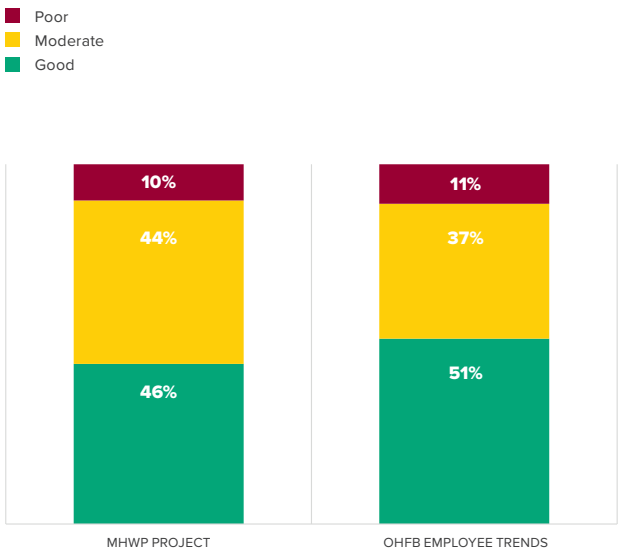



**Figure 8:** *Employee reports of Person-Job Fit in the MHWP Project and OHFB Employee Trends*

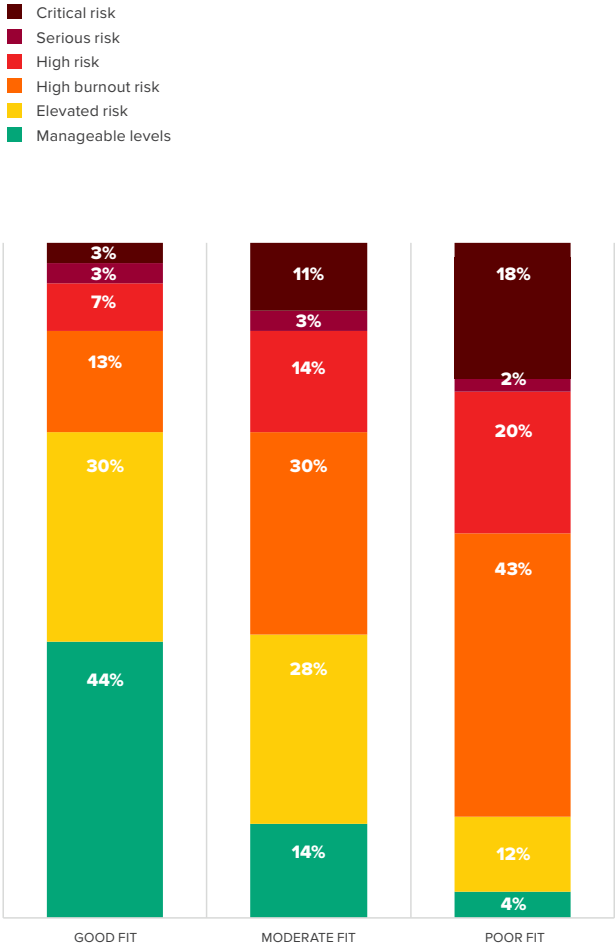



**Figure 9:** *Burnout & Stress-related Ill-health risk, by Person-Job Fit in the MHWP Project*

## Growth & Development

Again, the value in adopting a systems perspective which highlights the linkages between workplace dynamics and identifies the upstream drivers of employee outcomes is key in creating tangible change: As Workload was primarily driven by frustration with equipment and poor supervisory support, so Person-Job Fit is underpinned by growth and development opportunities.

- Just 1 in 4 employees (25%) indicate good opportunities to learn and grow professionally and attain new skills as well as advance existing ones, with more than a third (36%) reporting few options here.
- These figures are lower than average, with 38% reporting many opportunities and 1 in 4 poor availability in the OHFB Employee Trend data.

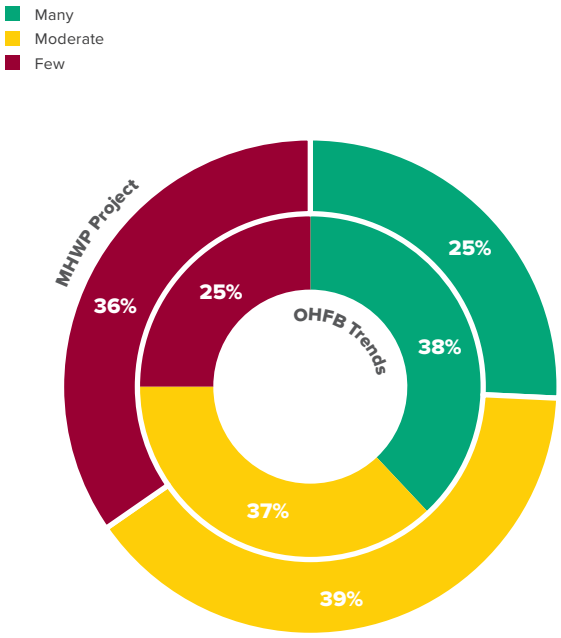



**Figure 10:** *Employee reports of Growth & Development Opportunities in the MHWP Project and OHFB Employee Trends*

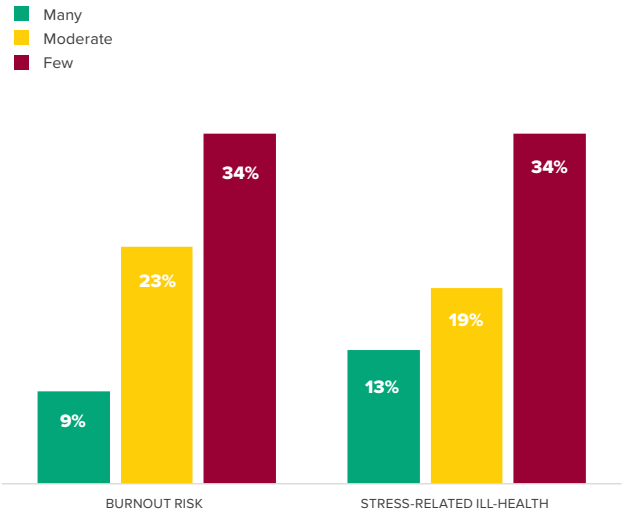
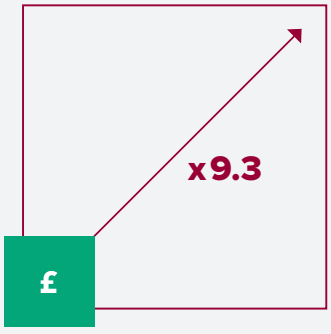



**Figure 11:** *Burnout & Stress-related Ill-health risk, by Growth & Development Opportunities in the MHWP Project*

The relationship between growth and development opportunities and employee mental wellbeing is also highly apparent:

- Just 10% of employees indicating “many” learning and development opportunities are at high risk of burnout, with a further 12% experiencing stress-related ill-health, compared with over a third – 35% and 34%, respectively - of those reporting “few” options.




- Again, risks here have an organisational impact with employees who report few development opportunities costing, on average, more than 9 times as much as those experiencing many, with these costs manifesting as impaired productivity, and increased absenteeism and attrition rates.

## Emotional Load

Emotional Load is the third main contributing risk factor for Burnout & Stress-related Ill-health. Emotional Load indicates the extent to which employees have to deal with difficult people and/or situations at work that affect them personally; in essence it captures the level of toxic workplace behaviours that individuals must tackle. Research here has shown that unhealthy interaction styles at work, experiences of dysfunctional behaviour, including bullying behaviour, favouritism, and diversity difficulties, as well as inadequate support from colleagues and/or supervisors are the main contributors to emotional load in the workplace.[37]

- The incidence of high emotional load is actually lower in our research than average levels in our trends data observed earlier in the pandemic: 15% of employees in the MHWP sample indicated high work-related emotional loads, compared with 25% - 1 in 4 – in the OHFB Employee Trends.

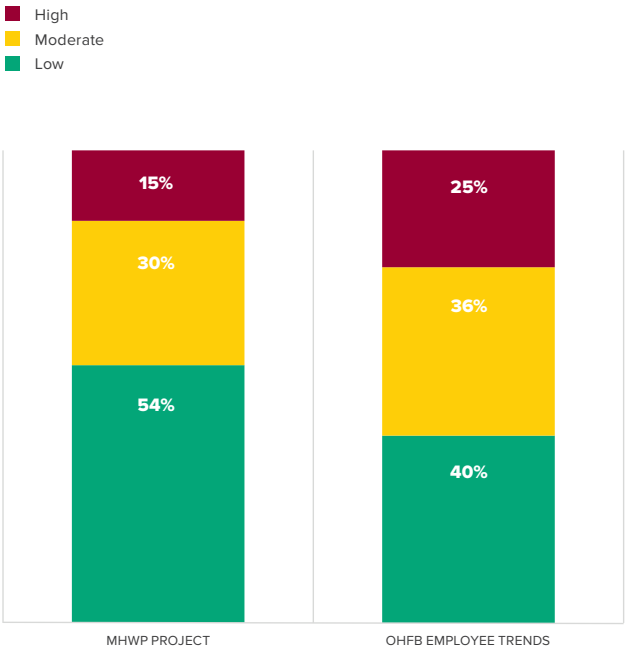



**Figure 12:** *Employee reports of Emotional Load in the MHWP Project and OHFB Employee Trends*

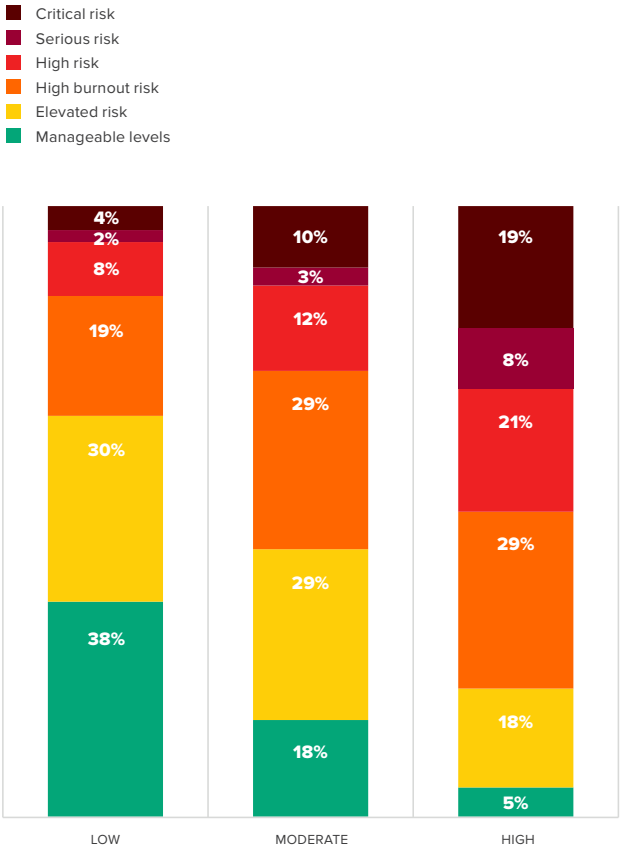



**Figure 13:** *Burnout & Stress-related Ill-health risk, by Emotional Load in the MHWP Project*

But the real impact is evident when comparing the risk of burnout & stress-related ill-health for those experiencing a highly toxic workplace:

- For those working in environments with low emotional loads, wellbeing risks are relatively small: 38% report manageable levels of stress, with a further 30% elevated risks; 1 in 5 are at high risk of burnout (lower than the 24% sample average) and 14% report experiencing the signs and symptoms of stress.

- In comparison, more than three quarters (77%) of employees indicating they work in a highly toxic workplace are struggling with their mental health: 29% are at high risk of burnout; a further 21% experience high levels of stress-related psychological symptoms; 8% indicate high levels of stress-related psychological and physical symptoms; and 19% are at critical risk experiencing chronic levels of stress in conjunction with low levels of resilience.

PART III:

# The Cost of Workplace Stress

There is a clear moral case for better understanding and improving mental health and catalysing change in the workplace, but also a compelling business one too: In the UK, poor mental health, even conservatively, costs employers around £42-45bn each year[38] with mental ill-health the leading cause of sickness absence resulting in 70 million workdays lost.[39] Moreover, the WHO estimates that in most countries work-related health problems result in an economic loss of 4 – 6% of GDP.[40]

At the same time, there is clear evidence of the considerable returns on investment for proactively developing a healthy and engaged workforce: the same research by Deloitte demonstrates that for every £1 spent on workplace mental health interventions, employers received £5 back in reduced absence, presenteeism and staff turnover.

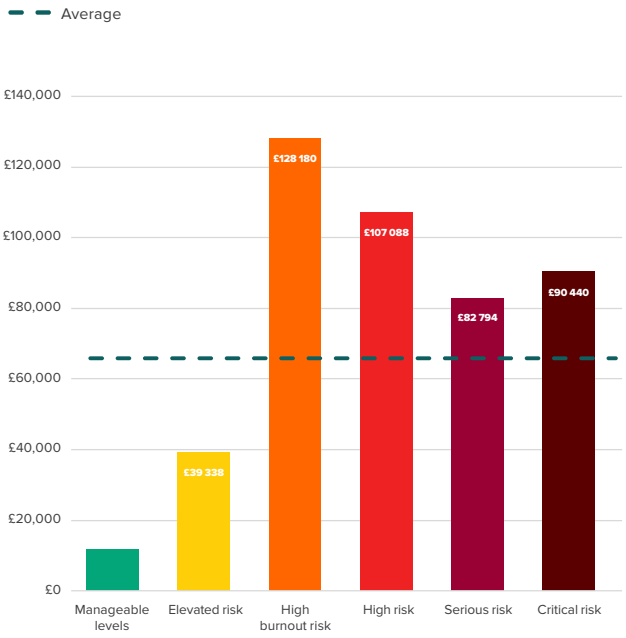
In short, a good business is good business.

## Costs of Burnout & Stress-related Ill-health

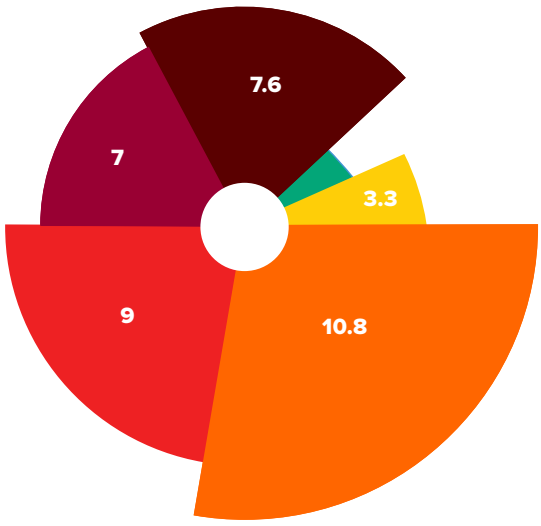
Our research estimates that the average cost of burnout and stress-related ill-health per employee is £65,778.[41] This figure nearly doubles, rising to over £120k for those who are at high risk of burnout and is considerably higher than those who report experiencing stress-related ill-health alone.

And relative to those with manageable levels of stress, whose cost sits below £12k[42], those at High Burnout Risk cost, on average, nearly 11 times more!

**Figure 15:** *Costs ratios of Burnout & Stress-related Ill-health relative to "manageable" levels (below)*




**14**: *Average cost per person in each risk category, MHWP Project*



**Costs consist of Absenteeism, Presenteeism and Serious Turnover Intention – the latter being by far the largest contributor to overall costs.**

It is widely accepted that a significant amount of turnover adversely influences organisational effectiveness and disrupts performance and productivity. However, while attrition costs are more visible, the total costs of employee turnover are hard to measure, in particular the effects on the organisation's culture, employee morale, and social capital or loss of organisational memory.

Several research studies have estimated the cost of employee turnover to an organisation to be on average 75% to 150% of the employee's annual salary.[43] We use conservative cost calculations based on 75% of annual salary.

## Turnover Intention & related costs

The pandemic had an enormous negative impact on the job market across most countries and industries as employees left the workforce or switched jobs in **droves**. In 2022, a global survey by Microsoft of more than 30,000 workers reported that **41% of workers** were considering quitting or changing professions in a movement termed by many as "The Great Resignation".

Reasons abound for why employees are seeking change, but the trend seems set to continue: Recent estimates from **Gallup** suggest that globally over half (51%) of currently employed workers expressed some level of intent to leave their job. Figures for European workers are slightly lower at 34%, but nevertheless high.

Our research shows that 1 in 4 employees are at serious turnover risk, meaning they show strong signs of being psychologically detached from the organisation and their work and are actively seeking another job or seriously considering doing so.

With an additional 7% at high risk of leaving – those who might consider another job if an opportunity came up – a third, 30%, of employees in the MHWP also have their eye on the door!

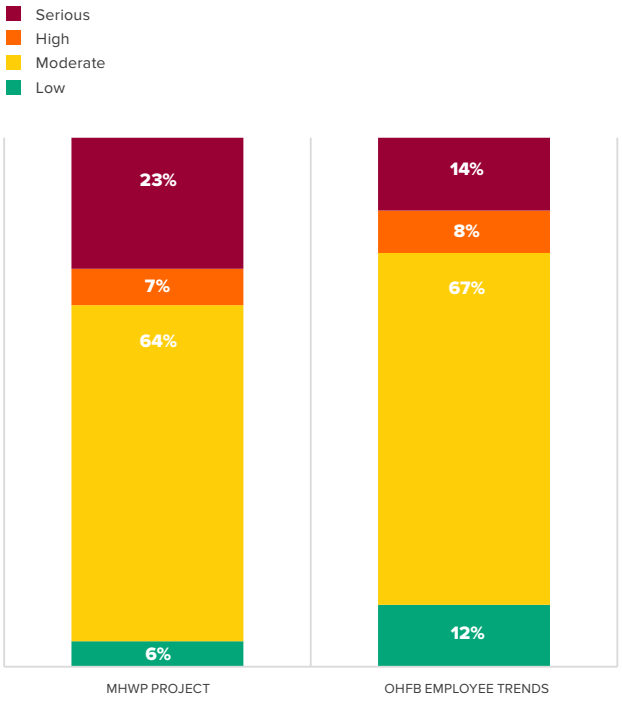



**Figure 16:** *Turnover Intention in the MHWP Project and OHFB Employee Trends*

The rates for 2022 are higher than trend data gathered between 2020 and 2021 where just 14% were observed to be at serious risk of turnover and a further 8% at high risk, reflecting the onset of The Great Resignation as early/mid 2021.

The cost of replacing those at serious risk of leaving makes up the vast majority of the financial impact of Burnout & Stress-related Ill-health risks - 92% of the overall estimated costs – but the risk itself varies considerably by the level of burnout and stress-related ill-health.

Our research shows that employees with high burnout risk are nearly 7 times more likely to report a serious or high intention to leave, compared to those with manageable levels of stress and strain, rising to nearly 8 times for those at critical risk.

> **"Building an understanding of the impact of the workplace on employees' mental health and wellbeing is vitally important. We are delighted to have contributed towards building this body of knowledge – whilst also gaining some valuable insights into the impact our organisation is having on our people."**
>
> **Chief People Officer | Financial Services**

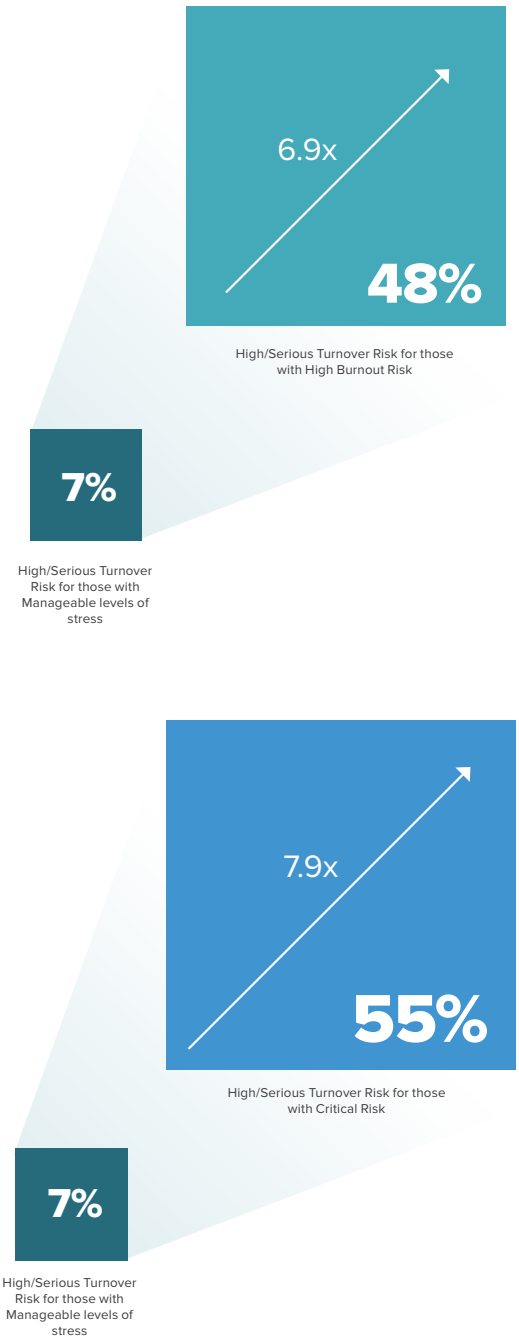



**Figure 17:** *Cost ratios: Burnout & Stress-related Ill-health risk and Turnover Intention*

## Presenteeism & Absenteeism rates

Costs associated with workplace stress are also reflected in Presenteeism and Absenteeism levels:

- The Presenteeism Risk for our MHWP Project sits at 15.9%, slightly higher than the average of 13.2%, indicating that employees are unproductive for around 70 - 75 minutes in every 7.5 hour day and suggesting a slight decline in productivity levels between over the course of the pandemic.
- The Absenteeism Rate is a self-report measures of the percentage of days absent given the total number of working days and is comparatively lower than the trend data, possibly reflecting the high degree of remote and hybrid working during the pandemic.

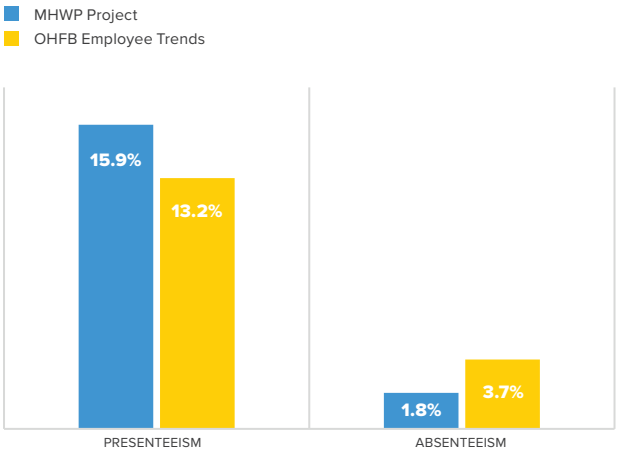



**Figure 18:** *Presenteeism rates and days lost to absence in the MHWP Project and OHFB Employee Trends*

### Defining Presenteeism

Presenteeism is defined as being at work despite being unwell – physically or mentally – and so unable to perform fully or optimally. It is measured as the inverse of productivity.

Interestingly, in our data, presenteeism is more strongly associated with disengagement (low work engagement) and low levels of corporate citizenship behaviours (going above and beyond in one's role) amongst employees than burnout and stress-related ill-health, indicating that impaired motivation levels are contributing more to losses in employee productivity than impaired health.

This finding is a signal of what has been referred to as "Quiet Quitting", namely fulfilling the minimum requirements of one's job but nothing more: "no more staying late, showing up early, or attending non-mandatory meetings".[44] As the cost-of-living crisis deepens, the second phase of this project will seek to establish whether this quiet quitting trend continues, or indeed worsens, as outright quitting becomes a less viable option.

As with Turnover Intention, the number of days lost in terms of absence and productivity levels rise with the risk of burnout and stress-related ill-health, demonstrating the incremental costs associated with declining mental health. Lower levels of citizenship behaviours are linked to higher levels of absenteeism, but much less so than increased stress-related ill-health risks.

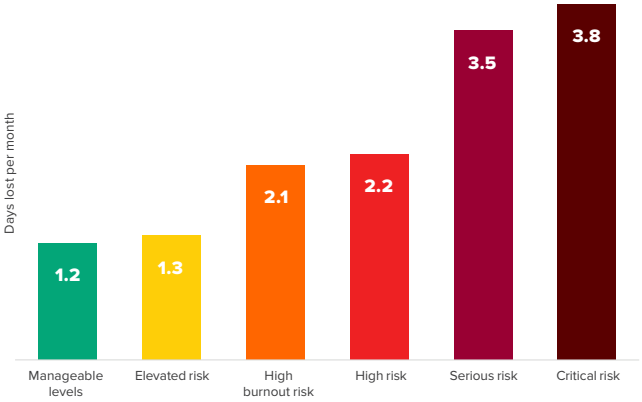



**Figure 19:** *Absenteeism Rate by Burnout and Stress-related Ill-health risk*

PART IV:

# Building Mentally Healthy Workplaces

Employee mental health and wellbeing cannot be removed from its context. Building mentally healthy workplaces depends on how well supports, strategies and interventions are tailored to provide the right solution, to the right person, at the right time.

The need for effective use of objective data to customise solutions to suit specific employee needs is therefore critical to building mentally healthy workplaces. But where to start?

## Tailored approaches:

Insight into where the problems are greatest and where bright spots lie enables a tailored approach to intervention that is more likely to yield greater return on investment, in addition to a happier, healthier, more productive workforce.

Deploying support more effectively to where they matter the most promises substantial benefits, including efficient use of scarce resources, and an easier change journey: an approach proposing small adjustments in different places is far less likely to be resisted than significant, organisation-wide changes, where the stakes are much higher. Organisations are also encouraged to include their people in the process of agreeing the adjustments to be made, and the process of rolling them out.

By way of example, our research also shows that Managers experience higher workloads and significantly more spill-over from work to home than those in non-managerial positions, that is, the extent to which strain from work spills over to the home domain affecting family life, responsibilities and relationships.

**Managers are experiencing higher workloads, with clear capacity amongst some Non-Managers:**

- Those in managerial positions need immediate assistance with prioritising their workloads to protect their energy levels.
- Those in non-managerial roles need sufficient development opportunities to take on more responsibility and alleviate some of the pressures from the top.
- The spill-over from work-to-home is also more keenly felt by Managers, further emphasizing the need to improve workflow and delegation, and ensure sufficient rest and recovery time.


**Figure 20:** *Experience of key climate factors, by management level, in the MHWP Project (right)*

PART V:

# Key Findings and Concluding Thoughts

## Burnout is a big issue and worsened over the pandemic

Our research highlights the large numbers of people struggling with their mental health and showing signs of burnout or experiencing stress-related ill-health as we emerge from the pandemic: 1 in 4 employees are at high risk of burnout, and similar numbers show signs of stress-related physical and/or psychological ill-health.

The data also show that while the levels of stress-related ill-health are higher amongst younger cohorts, they remained relatively similar over the course of the pandemic: on average, 22% of employees report stress-related ill-health in the MHWP and a comparable 23% in the OHFB Trends data. However, the numbers of employees experiencing burnout has nearly doubled from the trend measure taken between 2020 and 2021 – 13% - and the incidence in the MHWP data gathered over the course of 2022, 23%, and reflects findings from other reporting declines in workforce wellbeing over the last year.[45]

The underlying causes of mental ill-health are varied and complex, but those resulting in burnout come from chronic workplace stress that has not been successfully managed; this report provides clear evidence that the seismic shifts in how and where we worked during the pandemic took a huge toll on employees.

## Workplace stress has a huge impact on the organisation

Burnout is associated with a host of physical and psychological symptoms for the individual, but the economic case for building mentally resilient organisations is also clear: Those at high risk of burnout are less productive and more frequently absent from work; they are also nearly seven times more likely to leave their jobs resulting in conservative cost implications that are over ten times higher than for individuals with manageable levels of stress.

Impaired motivation amongst employees also underpins productivity loss: the trend of “Quiet Quitting” evident amongst these data with increasing numbers disengaged and less willing to go the extra mile.

## The good news is that employers can do much to solve for it

Burnout is much more than an emotional response to adjusting to remote working[46] and new role challenges, despite its frequent use as a catch-all term for general malaise or discontent. Rather, when the demands of work are relentlessly high, organisational and social supports consistently too low, and effort and reward are completely imbalanced, employees are at risk of becoming physically, mentally and emotionally exhausted resulting in health impairments that can have lasting impacts as well as fundamentally change the structure of one’s brain.[47]

And so, as an “occupational phenomenon” with its roots entirely in the workplace, the solution to burnout must surely lie there too.

Our data show the intimate relationship between workload management, person-job fit, growth opportunities, toxic workplaces and employee mental health. They also demonstrate the value and insight afforded by taking a systems approach: High workloads are exacerbated by frustrations with systems and equipment, for example, and are unlikely to be eased with a just an increase in personnel. Furthermore, the benefits of being able to tailor the delivery of specific programmes and interventions to where need is greatest is a far more cost-effective use of scarce resource and is likely to see greater buy-in from those involved: younger cohorts experience higher levels of stress-related ill-health, older ones less so, and managers are more likely

to struggle to balance work and home lives. It is important for leaders and managers to be aware of these dynamics, and for managers at all levels to be provided with adequate resources that help them to create an environment that supports their colleagues' mental health appropriately.

However, all too often employee mental health is viewed as a personal problem, with the onus on remedying it placed largely at the door of the individual through the use of benefits and wellness programmes. While employers focus more on interventions that simply remediate symptoms and overlook the crucial role the workplace plays in driving employee mental health and wellbeing, the risk of burnout and its potential cascade of damaging effects will persist. Instead, systemic solutions that resolve the causes of imbalances across job demands and job resources upstream and take an organisation-wide approach to employee mental health and wellbeing are needed to create genuine, sustainable impact.

But to grow mentally healthy workplaces, it is critical for organisations to understand where they are starting from so that they know where to focus their efforts and how to track progress and impact over time. Using objective data and robust analytics, the MHWP study is uniquely placed to help employers diagnose the current state of their workforce and, in parallel, identify the conditions, circumstances and workplace demands that are impacting the mental health of their people and take action using targeted interventions as part of a comprehensive mental health framework, because "without research, it's just guesswork".

> **"Employers can and should view high rates of burnout as a powerful warning sign that the organisation – not the employee – needs to undergo meaningful systemic change."**
>
> **McKinsey Health Institute (2022, p. 9.)**

PART VI:

# What Next?

## Second administration of the OHFB

Most organisations will roll-out the second phase of our MHWP research programme in the second half of 2023 providing longitudinal analysis and insight into change over time. As in Phase 1, each participating organisation will receive their own individual report containing detailed insight into their people dynamics and workplace functioning and an aggregated longitudinal report will follow.

This approach elevates the research from a simple understanding of the current state of employee wellbeing to a more comprehensive overview of workplace mental health where we are able to observe changes, track developments and help organisations implement cost-effective interventions that are sustainable longer term.

In particular, the second phase of our research programme will look at the cost-of-living crisis and its effect on employee wellbeing. Data for Phase 1 of the MHWP was collected before the real pinch of the current economic climate was being felt by employees in the UK and Ireland. In our next report, we will be able to explore the change over time for our MHWP Project sample and investigate whether the ongoing economic challenges being faced by so many are having an impact on the financial fitness of this cohort.

Our longitudinal analysis will also be able to explore the impact of remote/hybrid working in some detail, particularly as more employees return to the office.

> **"The specificity of the insight meant we could take focused action and better still, measure the subsequent impact on our people."**
>
> **People Lead | Social Enterprise sector**

## Get in touch

**Organisations wishing to be part of the next wave of the study should contact Anastasia Laking at MQ: alaking@mqmentalhealth.org or info@peopleful.io**

## CASE STUDY

### An early example of improving mental health

One of our organisations has already completed the second round of the OHFB assessment and show evidence of positive change amongst their employees.

**Over an eight month period to the end of 2022, Energy & Motivation have improved across most employees: The proportion identified as "Struggling" has fallen considerably and the percentages "Thriving" and "Excelling" have doubled.**

It is unsurprising that that there has no been no shift in the proportion identified as "In Crisis": 18% of employees remain at the far end of The Wellbeing Spectrum. These individuals require continued support and, given the severity of their mental health difficulties, will take more time to show positive shifts. However, the fact that this group has not grown is a positive finding.

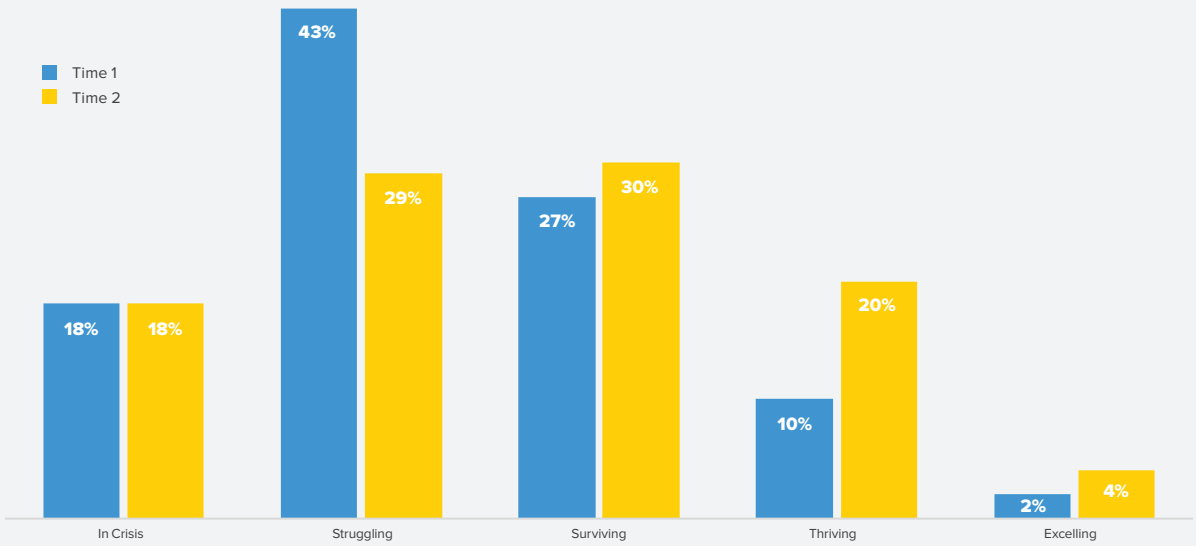



**Figure 21:** *Case study indicating early improvements in employee mental health over 2022 & 2023*

# Annex

## Job Demands-Resources Model

Our research is based on the Job Demands-Resources (JD-R) model, a popular model used to understand work-related stress in employee and wellbeing research, and how the balance between job demands (workload and toxic working environments) and job resources (job autonomy, role clarity and support from both colleagues and supervisors) affect employee functioning and business performance.

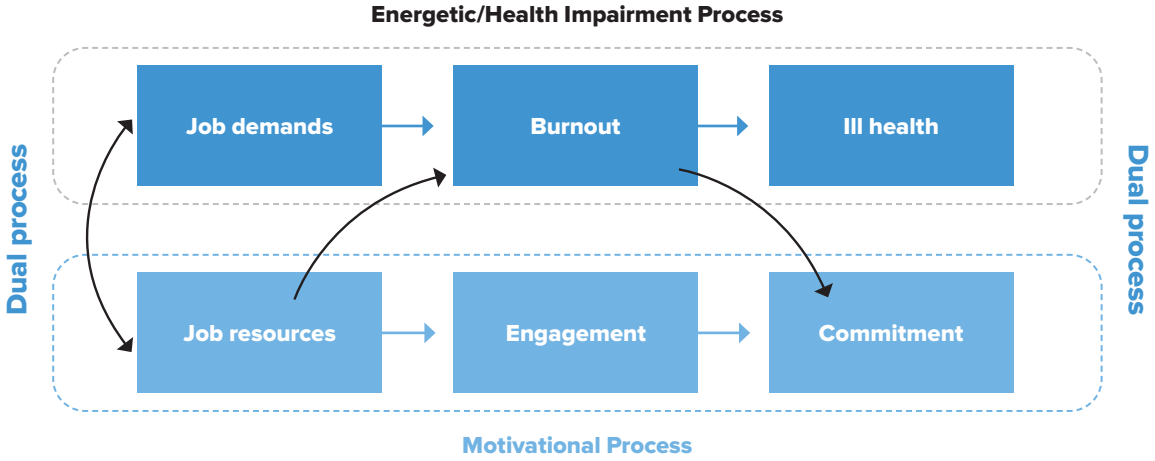
The JD-R model was constituted at the beginning of the new millennium (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001), and led to the eventual operationalization of the dual process (Bakker & Demerouti, 2007). In the first process of the model, coined the motivational process, job resources lead to desirable organisational outcomes (e.g. retention and organisational commitment) through work engagement. In the second process, the health impairment process, inordinate job demands (e.g. work overload), through burnout, is linked to various employee and organisational outcomes of interest (health issues and reduced commitment), which, in turn, affect employee performance (Bakker, Demerouti, & Sanz-Vergel, 2014).

Research over the last few decades has shown that burnout has a host of negative consequences for individuals (e.g., Type 2 diabetes, coronary heart disease, severe injuries) as well as organisations (e.g., absenteeism, poor performance, job dissatisfaction), as well as society at large (e.g., early mortality, hospitalisation, disability or incapacity pensions) (for a review see, Salvagioni et al., 2017). The growing importance of burnout is also reflected by its recent definition by the **World Health Organisation** as a "workplace phenomenon" and its inclusion in the latest version of the International Classification of Diseases (ICD-11) as "chronic workplace stress that has not been successfully managed".

We used the Organisational Human Factor Benchmark© (OHFB; Afriforte, 2013). The OHFB Workplace Analytics System is a state-of-the-art human factor and workplace risk diagnostic that operationalises the JD-R model, using statistical modelling to measure employee energy and motivation and identify drivers of what is working and what is not working in that company.

The OHFB© generates statistically robust, psychometrically validated metrics, including globally established norm benchmarks which allow comparison with what is normal for any given work environment.

**Figure 22:** *An example of the JD-R model with the dual process indicated*



# References


Antonovsky, A. (1987). The salutogenic perspective: Toward a new view of health and illness. Advances, 4(1), 47–55.

Baicker, K. & Zirui, S. (2019). **Effect of a workplace wellness program on employee health and economic outcomes: A randomized clinical trial.** JAMA, Volume 321, Number 15.

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. Journal of Managerial Psychology, 22, 309–328.

Bayl-Smith, P. H., & Griffin, B. (2018). Maintenance of DA fit through work adjustment behaviors: The moderating effect of work style fit. Journal of Vocational Behavior, 106, 209–219.

Bliss, W. G. (2004). Cost of employee turnover. The Advisor.

Carless, S. A. (2005). Person–Job fit versus person–Organization fit as predictors of organizational attraction and job acceptance intentions: A longitudinal study. Journal of Occupational and Organizational Psychology, 78, 411–429.

De Beer, L.T. (2014). Emotional load and social support as indicators of bullying at work. Journal of Psychology in Africa, 24:2, 154-158

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. Journal of Applied Psychology, 86, 499–512; and further developed by Afriforte (2005).

Gavelin, H.M., Domellöf, M.E., Åström, E., Nelson, A., Launder, N.H., Neely, A.S. & Lampit, A. (2022). Cognitive function in clinical burnout: A systematic review and meta-analysis. Work & Stress, 36, 86–104. doi: 10.1080/02678373.2021.2002972.

Keyes, C. L. M. (2005b). Mental illness and/or mental health? Investigating axioms of the complete state model of health. Journal of Consulting and Clinical Psychology, 73, 539–548.

Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. American Psychologist, 62(2), 95.

Kristof-Brown, A. L., Zimmerman, R. D., & Johnson, E. C. (2005). Consequences of individuals' fit at work: A meta-analysis of person job, person-organization, person-group, and person-supervisor fit. Personnel Psychology, 58, 281–342.

Mitrovska, s. & Eftimov, L. (2016). Calculating the cost for employee turnover in the IT industry in Macedonia by using a web calculator. Journal of Human Resource Management, vol. XIX, no. 1/2016.

Mittelmark, M. B., Bauer, G. F., Vaandrager, L., Pelikan, J. M., Sagy, S., Eriksson, M., Lindström, B., & Meier Magistretti, C. (2022). The handbook of salutogenesis (2nd ed.): Springer

Montano, D., Hoven, H. & Siegrist, J. Effects of organisational-level interventions at work on employees' health: a systematic review. BMC Public Health 14, 135 (2014). **https://doi.org/10.1186/1471-2458-14-135**

Salvagioni, D.A.J., Melanda, F.N., Mesas, A.E., González, A.D., Gabani, F.L., Andrade, S.Md. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. PLoS ONE 12(10): e0185781. doi.org/10.1371/journal.pone.0185781.

Savic, I. (2015). Structural changes of the brain in relation to occupational stress. Cerebral Cortex, 25, 1554–1564. doi:10.1093/cercor/bht348

Slade, M. (2010). Mental illness and well-being: the central importance of positive psychology and recovery approaches. BMC Health Services Research, 10(1), 1-14.

Sylva, H, Mol, S., Den Hartog, D. & Dorenbosch, L. (2019). Person-job fit and proactive career behaviour: A dynamic approach. European Journal of Work and Organizational Psychology, 28(5), 631-645. doi: 10.1080/1359432X.2019.1580309.

Wellcome Trust (2021). **Putting science to work: Understanding what works for workplace mental health. Wellcome Trust: London.**

# Endnotes

[1] McKinsey Health Institute (2022). **Addressing employee burnout: Are you solving the right problem?**

[2] **Are we facing a mental health pandemic? | National Statistical (ons.gov.uk)**

[3] **How to support mental health at work | Mental Health Foundation**

[4] **Deloitte (2020) Mental Health and employers: Refreshing the case for investment.**

[5] World Health Organization: **Mental Health at Work (2022).**

[6] McKinsey (2022). **Addressing employee burnout: Are you solving the right problem?**

[7] Montano, Hoven, & Siegrist (2014).

[8] McKinsey Health Institute (2022). **Addressing employee burnout: Are you solving the right problem?**

[9] **ONS (2023)**

[10] CIPD (2017). CIPD (2017). Employee financial well-being: why it's important. Retrieved from: **financial-well-being-why-its-important-report_tcm21-17441.pdf (cipd.org)**

[11] **AON Global Wellbeing Survey Report: 2022-2023; Champion Health (2023). The Workplace Health Report; WBCSD / Deloitte, 2022;** McKinsey & Company (2023). **The State of Organizations 2023.**

[12] Baicker & Zirui (2019).

[13] REBA / AXA (2021). Employee Wellbeing Research 2021: Wellbeing risk is business risk.

[14] Opinion-led surveys that ask only single item indicators of health and wellbeing outcomes lack the objective, scientific rigour and reliability of diagnostic assessments that measure multi-item constructs.

[15] To ensure representative weighting across the participating organisations, a 30% random sample was drawn from individual company cohorts larger than 1,500. This reduces the analytic sample used in this report to just under 3,100.

[16] Bakker & Demerouti (2007); Demerouti, Bakker, Nachreiner, & Schaufeli (2001); further developed by Afriforte.

[17] WHO: **Health and Well-Being (who.int)**

[18] The continuum of mental health model stems from Aaron Antonovsky's work on salutogenesis (e.g. 1987) which saw the relationship between stress, health and wellbeing move away from a curative, reactive and dichotomous medical model of disease and its origins to an approach which focused more on prevention, holism and the origins of health (see also Keyes, 2005; 2007; Slade, 2010).

[19] Individuals are mapped onto the Wellbeing Spectrum based on their scores across four work-related wellbeing states, incidence of stress-related ill-health, and individual resilience levels. As noted above, our assessment is based on the Job Demands-Resources (or "JD-R") Model (Bakker & Demerouti, 2007; Demerouti et al., 2001) and measures work-related dimensions and health constructs through multi-item indicators rather than single items. Constructs are standardised (norm-based), supported by psychometric properties and the reliability of the measurement is further confirmed using Item Response Theory Fit Indices.

[20] While there are five identified categories, there is variation within each reflecting a more continuous underlying distribution meaning that some individuals are more (or less) likely to move between the different overarching classifications.

[21] Stress-related ill-health might result in mental health risks such as depression or physical health risks such as frequent headaches, muscle pains, difficulty sleeping and gastric problems.

[22] Resilience is measured by "sense of coherence" and captures the meaningfulness, comprehensibility and manageability of a situation or disease. The more a person is able to handle and make sense of something difficult or negative, the greater their potential to successfully cope with, and overcome, it (see Mittelmark, et al., 2022) for a comprehensive review of the literature on sense of coherence).

[23] WHO **define burnout** "as resulting from chronic workplace stress that has not been successfully managed." It is characterised by feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's work; and reduced professional efficacy.

[24] **Burn-out an "occupational phenomenon": International Classification of Diseases (who.int)**

[25] Gavelin et al. (2022).

[26] Savic, (2015).

[27] McKinsey Health Institute (2022). **Addressing employee burnout: Are you solving the right problem? | McKinsey**

[28] **Advancing workplace well-being | Deloitte Insights; State of the Global Workplace Report - Gallup**

[29] These data are not based on the same sample overtime and so inference about the "shifts" observed between the relative sizes of these groups are speculative but make common sense and fit with the extant research on gradual declines in the risk of stress-related ill-health over the course of the COVID-19 pandemic.

[30] McKinsey (2023). **The State of Organizations 2023**

[31] Bakker & Demerouti (2007); Demerouti, Bakker, Nachreiner, & Schaufeli (2001).

[32] A driver or risk factor is calculated by considering the level of a

# Endnotes *cont.*

dimension (norm state) and the correlation between the dimension and a specific employee outcome (e.g., burnout & stress-related ill-health) in a statistical algorithm. The values of the risk factor index are relative to each other and comparable because standardised values are used. Although absolute values cannot be interpreted, a higher risk factor value indicates that a dimension has a larger impact on employee functioning and addressing the risk factor (leading factor) provides a good chance that employee functioning (lagging factor) will improve.

[33] A recent survey by Champion Health also finds that workload (measured as a single item self-report) is by far the most common cause of stress among employees.

[34] Sylva, H, Mol, S., Den Hartog, D. & Dorenbosch, L. (2019).

[35] Bayl-Smith, P. H., & Griffin, B. (2018).

[36] Carless, S. A. (2005); Kristof-Brown, A. L., Zimmerman, R. D., & Johnson, E. C. (2005).

[37] De Beer (2014).

[38] **Deloitte (2020) Mental Health and employers: Refreshing the case for investment.** These costs are made up of absence costs of around £7bn, presenteeism costs of between £27-29bn, and staff turnover costs of around £9bn.

[39] **The Mental Health Foundation (2021).**

[40] **WHO (2017): Protecting Workers' Health.**

[41] Costs are conservatively estimated and reflect the self-reported absence rates, productivity level and turnover risk for employees in each category.

[42] There is always a cost, even when levels of stress are manageable, as employees across all groups are absent sometimes, cannot always work at 100% efficiency levels and be at risk of leaving an organisation. These risks are much lower amongst those in the "Manageable" category than in any other but are not zero.

[43] See, for example, Mitrovska & Eftimov (2016); Bliss (2004). See also McKinsey 2022.

[44] **When Quiet Quitting Is Worse Than the Real Thing (hbr.org)**

[45] **Deloitte (2023): Well-being at Work Survey.**

[46] Our results indicate little difference in the overall work-related wellbeing between those who are remote, hybrid or fully on-site. Rather, in line with Gallup's recent **State of the Global Workplace report**, we find that people's experience of the workplace, its organisational and social supports, and the balance of job demands and job resources are more important drivers of burnout & stress-related ill-health than where they are sitting.

[47] **Burnout and the Brain – Association for Psychological Science – APS**

**www.mqmentalhealth.org**



MQ Mental health research

Peopleful

NWU® | WorkWell Research Unit