

The Evolution of Wellness Leadership: Integrating Awareness Intelligence to Cultivate Human-Centered Wellness Organizations

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ABSTRACT

Workplace wellness initiatives require managerial processes that connect employees' health needs with everyday working conditions. This study developed a human-centered wellness leadership framework that integrates awareness intelligence, defined as the capacity to recognize health signals, interpret their contextual causes, and revise managerial decisions. Publicly available aggregate data from the American Psychological Association's 2025 and 2026 workplace surveys were analyzed using year-on-year and subgroup comparisons. The results showed that positive workplace health ratings and feelings of being valued declined, while reported work-related harm to mental health and concerns regarding near-term job loss increased. Higher psychological capital was also associated with more favorable workplace experiences. Drawing on these findings, this study proposes a recognition–voice–work adjustment–review process for translating health needs into organizational action. This study contributes to wellness leadership theory by distinguishing the recognition of health needs from organizational responses and specifying how employee voice, managerial authority, and feedback may connect health awareness to improvements in working conditions.

KEYWORDS

Wellness leadership; Awareness intelligence; Health-oriented leadership; Psychological capital; Work design; Human-centered organizations.

1. INTRODUCTION

The central question for wellness leadership is whether work arrangements change after employees report fatigue, stress or difficulty recovering. In this study, a wellness organization is one that incorporates physical and mental health, employee voice, and sustainable work into its management system. Gallup's 2026 report, which presents global data collected in 2025, indicates that 20% of employees were engaged at work, 34% were thriving in their overall lives, and 40% experienced substantial stress the day before the survey. These indicators describe different experiences (Gallup, 2026) [1]. The disconnect between individual health support and organizational work arrangements provides an important starting point for studying wellness leadership. An analysis of 46,336 workers in the United Kingdom found no widespread well-being advantage among participants in several types of individual-level mental health interventions. This cross-sectional comparison cautions against treating participation rates as evidence of health improvement (Fleming, 2024) [2]. An updated systematic review found that evidence on organizational-level interventions remained concentrated in healthcare, with limited evidence from construction and telework-based mobile work. Therefore, changing working conditions warrants investigation (Giovanis et al., 2026) [3].

This study addresses how awareness intelligence can be conceptualized within wellness leadership and what organizational processes may connect health-related judgment to adjustments in working conditions. The objective is to develop an account of wellness leadership with clear conceptual boundaries and propositions that can be tested in subsequent research. By distinguishing the recognition of health needs from the organizational conditions required to address them, this study contributes to wellness leadership theory. It positions awareness intelligence as a capacity for health-related judgment, whose translation into work adjustments may depend on employee voice, managerial authority, and feedback. This distinction offers a testable explanation for why greater health awareness and individual support do not necessarily lead to improvements in working conditions.

2. THEORETICAL FOUNDATIONS AND THE BOUNDARIES OF AWARENESS INTELLIGENCE

2.1 The Evolution of Wellness Leadership: From Program Provision to the Governance of Working Conditions

This study distinguishes three potentially coexisting management orientations to explain how responsibility for employee health can expand from program provision to the governance of working conditions. The program-provision orientation focuses on supporting employee health through courses, health screenings, and counseling services (Song & Baicker, 2019; Jones et al., 2019; Xiao et al., 2024) [4–6]. The health-oriented approach emphasizes managers' health-related role modeling, employee support, and adjustments to job demands and resources: sustained high job demands may deplete energy, whereas job resources support goal attainment, development, and work engagement; personal resources interact with the work context, and leaders can influence the demands employees face and the resources available to them (Klebe et al., 2021; Bakker et al., 2023; Grimm et al., 2021) [7–9]. The human-centered governance orientation further considers whether employees can participate in health-related decisions, who is responsible for improving working conditions, and whether agreed adjustments are implemented and reviewed (Guest, 2017; von Thiele Schwarz et al., 2021; Chong et al., 2026) [10–12]. This evolution reflects an expansion of managerial responsibility rather than the simple replacement of one activity with another. Accordingly, strengthening individual coping capacity and reducing unreasonable job demands are management tasks that require coordinated action. Wellness leadership requires addressing both how employees cope with work and how work itself is organized.

2.2 Awareness Intelligence, Psychological Capital, and Health Outcomes

Self-awareness emphasizes the use of feedback, reflection, and interpersonal interaction to revise self-understanding; attending to one's feelings does not necessarily produce accurate judgment (London et al., 2023) [13]. A meta-analysis reported a positive average effect of mindfulness interventions on follower-directed leadership behavior, while the overall intervention estimates for pooled follower outcomes remained subject to considerable uncertainty (Donald et al., 2026) [14]. Accordingly, it is necessary to distinguish changes in leadership behavior from employees' eventual outcomes. Awareness and employee health are treated as distinct analytical concepts. Self-awareness focuses on understanding one's emotions, thoughts, and behaviors, and recognizing one's influence on others (Sutton, 2016; Carden et al., 2022) [15–16]. Psychological capital encompasses the positive psychological resources of hope, self-efficacy, resilience, and optimism (Luthans & Youssef-Morgan, 2017; Lupşa et al., 2020; Luthans & Broad, 2022) [17–19]. Awareness intelligence, as proposed in this study, focuses on recognizing health signals, making contextual judgments, and revising health-related choices.

The recognition of health signals should also be distinguished from subsequent actions, as translating awareness into action requires consideration of leaders' skills, employee voice, and organizational resource constraints (Horstmann & Remdisch, 2019; Pischel et al., 2023) [20–21]. To illustrate these conceptual distinctions, this study presents two hypothetical scenarios. A manager may remain optimistic yet fail to recognize an unreasonable work schedule. Another manager may accurately identify the source of fatigue yet lack the authority to change work arrangements.

Existing health-oriented leadership already encompasses leader self-care and staff care and addresses health values, health awareness, and health behavior. Recent research also indicates that employees do not always emulate managers' health-related role modeling, and that job demands and resources are associated with this variation (Fröhlich et al., 2025) [22]. Bruhn et al. (2025) further found associations between communication quality, different forms of conversation, and employees' perceptions of health-related care [23]. Building on this work, the question is why accurate judgment sometimes fails to generate action and how authorization, employee voice, and accountability affect that process.

3. METHODOLOGY

This analysis focuses on the 2026 survey and uses the previous year's indicators for descriptive comparison. The 2025 survey was conducted by The Harris Poll among 2,017 employed adults in the United States between March 26 and April 4 (American Psychological Association, 2025) [24]. The 2026 survey covered 2,009 employed adults in the United States, with data collected between May 21 and June 1 and results released in September. The principal analysis used data collected in 2026, with the 2025 estimates serving as the annual comparison. Both surveys were conducted online, applied demographic weighting, and drew on people who had agreed to participate in surveys. They did not follow the same employees over time. The 2026 report assessed psychological capital using a five-item instrument and classified respondents into low, moderate, and high groups. The present analysis used the published low and high groups to compare workplace evaluations, stress experiences, and job-search intentions. The data were drawn from the report, accompanying topline tables, and official release materials (American Psychological Association, 2026) [25]. Annual relative changes were calculated using the 2025 percentage as the denominator. Subgroup comparisons used the published percentages for the low and high psychological capital groups. Ratios were calculated by dividing the high group's percentage by the low group's percentage.

To avoid treating a positive overall health evaluation as evidence of an absence of stress, the analysis also uses bounds derived from set probabilities. These calculations use two marginal percentages from the same survey and population to establish the feasible range within which both responses could occur together. They do not require an assumption that the responses are independent. Because differences in survey timing, sample composition, and common-method bias may affect comparisons, the analysis is limited to descriptions and logical deductions supported by published data.

4. RESULTS

4.1 Annual and Subgroup Comparisons of Workplace Experiences

Table 1 compares four indicators of workplace experience between 2025 and 2026. The proportion of respondents who rated their workplace as healthy declined from 85% to 80%, while the proportion who felt valued at work declined from 84% to 80%. Reports that the work environment negatively affected mental health increased from 32% to 37%, and concerns about near-term job loss increased from 26% to 32%. The latter two changes corresponded to relative increases of 15.6% and 23.1%, respectively.

Table 1. Changes in workplace experiences in the United States, 2025–2026

Indicator	2025 (%)	2026 (%)	Change (percentage points)
Rates workplace as healthy	85	80	–5
Feels valued at work	84	80	–4
Reports that the work environment negatively affects mental health	32	37	5
Worries about losing their job in the coming weeks or months	26	32	6

Source: Author’s work.

Table 2 compares workplace experiences between respondents with low and high psychological capital. In the high psychological capital group, 95% rated their workplace as healthy, compared with 63% in the low group. The proportion reporting that they usually felt tense or stressed during the workday was 38% in the high group and 55% in the low group. Similarly, 24% of respondents in the high psychological capital group reported that their work environment negatively affected their mental health, compared with 47% in the low group. Plans to seek employment at another organization within the next year were reported by 19% of the high group and 51% of the low group. The largest differences between groups were observed in healthy workplace ratings and job-search intentions, whereas the smallest difference concerned workday stress.

Table 2. Workplace experiences by psychological capital, 2026

Indicator	Low group (%)	High group (%)	Ratio of high to low percentages
Rates workplace as healthy	63	95	1.51
Usually feels tense or stressed during the workday	55	38	0.69
Reports that the work environment negatively affects mental health	47	24	0.51
Plans to seek a job at another organization within the next year	51	19	0.37

Source: Author’s work. Note. The low and high groups refer to respondents with low and high psychological capital, respectively. Values are published weighted percentages. Ratios compare the high group’s percentage with that of the low group and are rounded to two decimal places.

4.2 Bounds on Joint Proportions

Let H denote “rates the workplace as healthy” and S denote “usually feels tense or stressed during the workday.” The relationship between sets gives the following bounds:

$$\max\{0, P(H) + P(S) - 1\} \leq P(H \cap S) \leq \min\{P(H), P(S)\}$$

The lower bound follows because the probability of the union cannot exceed 1; the upper bound follows because an intersection cannot exceed either marginal probability. Substituting the overall healthy-workplace rating of 80% and usual-stress percentage of 48% yields:

$$28\% \leq P(H \cap S) \leq 48\%$$

For the high psychological capital group, substituting 95% and 38% yields:

$$33\% \leq P(H \cap S) \leq 38\%$$

Assuming a common respondent base and survey weighting for the two items, the published percentages imply an overlap between positive workplace health evaluations and reported workday stress. The calculated ranges describe mathematically feasible overlap conditional on the reported marginal percentages. Accounting for rounding to whole percentages expanded the feasible ranges to 27%–48.5% and 32%–38.5%, respectively. The implied coexistence is not removed by this rounding allowance.

5. INTEGRATING AWARENESS INTELLIGENCE INTO THE WELLNESS LEADERSHIP PROCESS

5.1 From Recognizing Problems to Changing Work Arrangements

This study proposes a process that involves recognizing health needs, enabling employees to express their concerns, adjusting work arrangements, and reviewing the outcomes. Recognition concerns the identification of health-related signals and their contextual sources. Voice concerns whether employees can raise problems without fear of penalties. Work adjustment concerns whether tasks, schedules, support, and resources actually change. Review uses employee feedback to establish whether an adjustment is usable and whether the problem persists. Within this process, awareness intelligence informs the recognition of health needs, contextual judgment, and the interpretation of feedback. Organizational action concerns the implementation of work adjustments, while wellness experiences are assessed as outcomes. Each should be measured separately. A manager's recognition of team fatigue does not establish that fatigue has been reduced. Similarly, scheduling breaks does not establish that employees can actually take them under existing workload pressures. The model distinguishes understanding employees from creating conditions in which healthier work is feasible.

Two propositions are advanced for future testing. First, in teams with authority to modify tasks and access to usable resources, higher awareness intelligence is more likely to be associated with subsequent wellness improvements through actual work adjustments. Second, employees' reports of health problems may initially increase when opportunities for voice improve, even while the management process is improving. This cautions against using a decline in reported problems as a leader's sole performance target, which could reward silence rather than resolution.

The process should distinguish between local improvements and the transfer of burden. For instance, providing one employee with a break while transferring their tasks to colleagues without sufficient capacity or workload adjustment may shift the burden within the team. Additionally, the review should include the employee who initially raised the concern and the colleagues affected by the adjustment. Leaders need to clarify where additional support comes from, which tasks have been canceled or postponed, and whether new overtime has been created. A response to an individual concern meets the proposed standard of wellness governance only when it is compatible with sustainable, team-level arrangements. Fan et al. (2025) examined reductions in working time without reductions in pay and reported improvements in employee well-being [26]. Thus, organizational action may involve redesigning working time and opportunities for recovery.

5.2 Linking Courses to Organizational Action: A Proposed HUN YUAN Application

This study uses the four HUN YUAN course areas of spinal health, circulatory health, sleep, and psychological wellness as an application setting to link wellness education to organizational practice.

For spinal health, the focus is on prolonged fixed postures and employees' reports of discomfort. Workstation design and opportunities to change posture deserve joint consideration when addressing musculoskeletal discomfort and pain risk (Lee et al., 2021; Waongenngarm et al., 2021) [27–28]. Organizations could assess workstations, alternate tasks, and provide practical opportunities for short breaks. The review should examine whether agreed adjustments have been implemented and whether employees can take the planned breaks under their existing workload.

Prolonged sitting and restricted movement are specific targets for organizational action. Previous studies have examined reductions in sitting time and changes in selected glucose and blood pressure outcomes (Edwardson et al., 2022; Duran et al., 2023; Rosenberg et al., 2024) [29–31]. Organizations could provide brief movement opportunities and arrange coverage of duties so that employees can use them. Review should consider the duration of uninterrupted sitting and employees' actual access to movement during the working day.

Predictable work schedules and adequate recovery intervals complement individual sleep education (Harknett et al., 2021; Djupedal et al., 2024; Kubo et al., 2021; Öster et al., 2026) [32–35]. Organizations could improve schedule predictability and establish clear expectations for non-urgent contact outside working hours. The review should assess scheduling changes, opportunities for recovery, and anonymous employee feedback on sleep and fatigue.

For psychological wellness, the proposed application combines attention to emotional distress with workload review, safe communication, and access to professional support. Research links psychological safety to employee voice, identifies benefits from selected organizational interventions in healthcare, and indicates that workplace training can strengthen intentions to seek help (Edmondson & Bransby, 2023; Aust et al., 2024; Batterham et al., 2026) [36–38]. These findings support the consideration of both working conditions and routes to support. Organizations could establish safe channels for expressing concerns, review excessive task demands, and facilitate confidential access to professional services. The review should examine perceived safety, response times, implemented workload adjustments, and actual access to support, with intentions to seek help, service use, and health outcomes assessed separately.

However, three aspects are noteworthy. First, such an approach must not shift the entire responsibility for health management to employees. Teaching sleep knowledge while continuing to assign nonurgent late-night work creates a conflict between educational goals and management behaviors. Asking employees to recognize fatigue without providing a route for task adjustment leaves the process incomplete. Participation in wellness courses should not be used as a criterion for judging employees' commitment. Second, the World Health Organization's recommendations on mental health at work encompass organizational interventions, manager training, worker training, and individual support, thereby supporting action at multiple levels (World Health Organization, 2022) [39]. In the proposal, courses provide education and support rather than diagnosis or treatment. Concerns requiring professional assessment should be referred through appropriate channels instead of being diagnosed by line managers. Third, research has identified substantial stakeholder concerns about the use of health data and its organizational implications, including potential changes in power relations between employees and organizations (Kawakami et al., 2023) [40]. Therefore, the proposed approach requires the collection of only the data necessary for the stated purpose, purpose limitation, and voluntary participation. Personal sleep, emotional, and counseling information should not be included in the performance rankings. Even aggregate reporting must consider the risk of identifying individuals in small-group settings.

6. LIMITATIONS

The limitations of this study include the contextual boundaries of a United States survey, unmatched annual samples, reliance on self-reports for some indicators, and the absence of direct measures of

awareness intelligence and actual organizational performance. Joint-proportion bounds identify only the feasible overlap between responses; they do not identify particular employees, causes of work stress, or intervention benefits. Future research should examine whether awareness intelligence can be distinguished from existing measures of health awareness, self-awareness, and health-oriented leadership. Repeated measures of managerial judgment, employee voice, implemented work adjustments, and employee well-being would also help assess the proposed relationships over time.

7. CONCLUSION

To address the gap between workplace wellness initiatives and improvements in everyday working conditions, this study developed a human-centered wellness leadership framework explaining how awareness intelligence may inform managerial judgment and organizational responses to employees' health needs. The analysis showed that more favorable workplace experiences were associated with higher psychological capital, while the calculated bounds indicated feasible overlap between positive workplace health evaluations and reported workday stress. These findings informed a framework that distinguishes health-related judgment, implemented work adjustments, and employee outcomes. The proposed evolution of wellness leadership involves extending responsibility from health program provision to working conditions, supported by employee voice, managerial authority, and feedback. The framework offers a basis for evaluating whether employees gain access to safe expression, reasonable workloads, and genuine recovery opportunities.

REFERENCES

- [1] Gallup. (2026). State of the global workplace: 2026 report. <https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx>
- [2] Fleming, W. J. (2024). Employee well-being outcomes from individual-level mental health interventions: cross-sectional evidence from the United Kingdom. *Industrial Relations Journal*, 55(2), 162–182. <https://doi.org/10.1111/irj.12418>
- [3] Giovanis, E., Ozdamar, O., Aust, B., Cresswell-Smith, J., Pashoja, A. C., Leduc, C., ... & Lobo, P. (2026). Systematic review update of organisational-level mental health promotion interventions: evidence from healthcare, construction, and telework-based mobile work settings. *International Archives of Occupational and Environmental Health*, 99(2), 10. <https://doi.org/10.1007/s00420-025-02193-0>
- [4] Song, Z., & Baicker, K. (2019). Effect of a workplace wellness program on employee health and economic outcomes: A randomized clinical trial. *JAMA*, 321(15), 1491–1501. <https://doi.org/10.1001/jama.2019.3307>
- [5] Jones, D., Molitor, D., & Reif, J. (2019). What do workplace wellness programs do? Evidence from the Illinois workplace wellness study. *The Quarterly Journal of Economics*, 134(4), 1747–1791. <https://doi.org/10.1093/qje/qjz023>
- [6] Xiao, Q., Cooke, F. L., & Wang, J. (2024). Framing a strategic, stakeholder and contextual view of employee assistance programmes: A systematic review and an integrated conceptual model. *International Journal of Management Reviews*, 26(4), 580–607. <https://doi.org/10.1111/ijmr.12366>
- [7] Klebe, L., Felfe, J., & Klug, K. (2021). Healthy leadership in turbulent times: The effectiveness of health-oriented leadership in crisis. *British Journal of Management*, 32(4), 1203–1218. <https://doi.org/10.1111/1467-8551.12498>
- [8] Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. (2023). Job demands–resources theory: Ten years later. *Annual Review of Organizational Psychology and Organizational Behavior*, 10(1), 25–53. <https://doi.org/10.1146/annurev-orgpsych-120920-053933>
- [9] Grimm, L. A., Bauer, G. F., & Jenny, G. J. (2021). Is the health-awareness of leaders related to the working conditions, engagement, and exhaustion in their teams? A multi-level mediation study. *BMC Public Health*, 21(1), 1935. <https://doi.org/10.1186/s12889-021-11985-1>
- [10] Guest, D. E. (2017). Human resource management and employee well-being: Towards a new analytic framework. *Human Resource Management Journal*, 27(1), 22–38. <https://doi.org/10.1111/1748-8583.12139>
- [11] von Thiele Schwarz, U., Nielsen, K., Edwards, K., Hasson, H., Ipsen, C., Savage, C., ... & Reed, J. E. (2021). How to design, implement and evaluate organizational interventions for maximum impact: the Siguna Principles. *European Journal of Work and Organizational Psychology*, 30(3), 415–427. <https://doi.org/10.1080/1359432X.2020.1803960>

- [12] Chong, J. X., Andrei, D. M., Kho, M. C., Iles, L. J., Parker, S. K., & Moore, H. I. (2026). Reducing job demands through a participatory work redesign intervention: a quasi-experimental study in aged care. *Human Resource Management Journal*, 36(1), 143–157. <https://doi.org/10.1111/1748-8583.70012>
- [13] London, M., Sessa, V. I., & Shelley, L. A. (2023). Developing self-awareness: Learning processes for self-and interpersonal growth. *Annual Review of Organizational Psychology and Organizational Behavior*, 10, 261–288. <https://doi.org/10.1146/annurev-orgpsych-120920-044531>
- [14] Donald, J. N., Nguyen, H., Conigrave, J. H., Johnson, A., Adarves-Yorno, I., Cheng, R., ... & Ryan, R. M. (2026). Does leaders' mindfulness benefit followers? A meta-analytic review and research agenda. *British Journal of Management*, 37(1), e70009. <https://doi.org/10.1111/1467-8551.70009>
- [15] Sutton, A. (2016). Measuring the effects of self-awareness: Construction of the self-awareness outcomes questionnaire. *Europe's Journal of Psychology*, 12(4), 645–658. <https://doi.org/10.5964/ejop.v12i4.1178>
- [16] Carden, J., Jones, R. J., & Passmore, J. (2022). Defining self-awareness in the context of adult development: A systematic literature review. *Journal of Management Education*, 46(1), 140–177. <https://doi.org/10.1177/1052562921990065>
- [17] Luthans, F., & Youssef-Morgan, C. M. (2017). Psychological capital: An evidence-based positive approach. *Annual Review of Organizational Psychology and Organizational Behavior*, 4, 339–366. <https://doi.org/10.1146/annurev-orgpsych-032516-113324>
- [18] Lupşa, D., Virga, D., Maricuţoiu, L. P., & Rusu, A. (2020). Increasing psychological capital: A pre-registered meta-analysis of controlled interventions. *Applied Psychology*, 69(4), 1506–1556. <https://doi.org/10.1111/apps.12219>
- [19] Luthans, F., & Broad, J. D. (2022). Positive psychological capital to help combat the mental health fallout from the pandemic and VUCA environment. *Organizational Dynamics*, 51(2), 100817. <https://doi.org/10.1016/j.orgdyn.2020.100817>
- [20] Horstmann, D., & Remdisch, S. (2019). Drivers and barriers in the practice of health-specific leadership: A qualitative study in healthcare. *Work*, 64(2), 311–321. <https://doi.org/10.3233/WOR-192994>
- [21] Pischel, S., Felfe, J., & Klebe, L. (2023). "Should I further engage in staff care?": Employees' disclosure, leaders' skills and goal conflict as antecedents of health-oriented leadership. *International Journal of Environmental Research and Public Health*, 20(1), 162. <https://doi.org/10.3390/ijerph20010162>
- [22] Fröhlich, L. S., Krick, A., & Felfe, J. (2025). When followers do not emulate their leaders: Unraveling the health-related role model effect of leaders. *Journal of Applied Social Psychology*, 55(12), 967–989. <https://doi.org/10.1111/jasp.70025>
- [23] Bruhn, K., Tautz, D., & Felfe, J. (2025). The role of leader-employee communication in Health-oriented Leadership. *Gruppe. Interaktion. Organisation. Zeitschrift für Angewandte Organisationspsychologie (GIO)*, 56(3), 503–522. <https://doi.org/10.1007/s11612-025-00822-3>
- [24] American Psychological Association. (2025). The experience of working in America during times of change. <https://www.apa.org/pubs/reports/work-in-america/2025/full-report-working-times-change>
- [25] American Psychological Association. (2026). Workers weather stress, uncertainty, and AI with psychological capital. <https://www.apa.org/pubs/reports/work-in-america/2026>
- [26] Fan, W., Schor, J. B., Kelly, O., & Gu, G. (2025). Work time reduction via a 4-day workweek finds improvements in workers' well-being. *Nature Human Behaviour*, 9(10), 2153–2168. <https://doi.org/10.1038/s41562-025-02259-6>
- [27] Lee, S., De Barros, F. C., De Castro, C. S. M., & Sato, T. D. O. (2021). Effect of an ergonomic intervention involving workstation adjustments on musculoskeletal pain in office workers—a randomized controlled clinical trial. *Industrial Health*, 59(2), 78–85. <https://doi.org/10.2486/indhealth.2020-0188>
- [28] Waongenngarm, P., van der Beek, A. J., Akkarakittichoke, N., & Janwantanakul, P. (2021). Effects of an active break and postural shift intervention on preventing neck and low-back pain among high-risk office workers: a 3-arm cluster-randomized controlled trial. *Scandinavian Journal of Work, Environment & Health*, 47(4), 306–317. <https://doi.org/10.5271/sjweh.3949>
- [29] Edwardson, C. L., Biddle, S. J., Clemes, S. A., Davies, M. J., Dunstan, D. W., Eborall, H., ... & Clarke-Cornwell, A. M. (2022). Effectiveness of an intervention for reducing sitting time and improving health in office workers: three arm cluster randomised controlled trial. *BMJ*, 378, e069288. <https://doi.org/10.1136/bmj-2021-069288>
- [30] Duran, A. T., Friel, C. P., Serafini, M. A., Ensari, I., Cheung, Y. K., & Diaz, K. M. (2023). Breaking up prolonged sitting to improve cardiometabolic risk: dose–response analysis of a randomized crossover trial. *Medicine & Science in Sports & Exercise*, 55(5), 847–855. <https://doi.org/10.1249/MSS.00000000000003109>
- [31] Rosenberg, D. E., Zhu, W., Greenwood-Hickman, M. A., Cook, A. J., Florez Acevedo, S., McClure, J. B., ... & Green, B. B. (2024). Sitting time reduction and blood pressure in older adults: a randomized clinical trial. *JAMA Network Open*, 7(3), e243234. <https://doi.org/10.1001/jamanetworkopen.2024.3234>

- [32] Harknett, K., Schneider, D., & Irwin, V. (2021). Improving health and economic security by reducing work schedule uncertainty. *Proceedings of the National Academy of Sciences*, 118(42), e2107828118. <https://doi.org/10.1073/pnas.2107828118>
- [33] Djupedal, I. L. R., Harris, A., Svensen, E., Pallesen, S., Waage, S., Nielsen, M. B., ... & Vedaa, Ø. (2024). Effects of a work schedule with abated quick returns on insomnia, sleepiness, and work-related fatigue: results from a large-scale cluster randomized controlled trial. *Sleep*, 47(7), zsae086. <https://doi.org/10.1093/sleep/zsae086>
- [34] Kubo, T., Izawa, S., Ikeda, H., Tsuchiya, M., Miki, K., & Takahashi, M. (2021). Work e-mail after hours and off-job duration and their association with psychological detachment, actigraphic sleep, and saliva cortisol: A 1-month observational study for information technology employees. *Journal of Occupational Health*, 63(1), e12300. <https://doi.org/10.1002/1348-9585.12300>
- [35] Öster, K., Söderström, M., Tucker, P., Axelsson, J., Kecklund, G., & Dahlgren, A. (2026). Quick returns: A quasi-experimental field study on the effects on sleep, fatigue and cognitive performance. *Journal of Sleep Research*, 35(3), e70244. <https://doi.org/10.1111/jsr.70244>
- [36] Edmondson, A. C., & Bransby, D. P. (2023). Psychological safety comes of age: Observed themes in an established literature. *Annual Review of Organizational Psychology and Organizational Behavior*, 10(1), 55–78. <https://doi.org/10.1146/annurev-orgpsych-120920-055217>
- [37] Aust, B., Leduc, C., Cresswell-Smith, J., O'Brien, C., Rugulies, R., Leduc, M., ... & Greiner, B. A. (2024). The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: a systematic review. *International Archives of Occupational and Environmental Health*, 97(5), 485–522. <https://doi.org/10.1007/s00420-024-02065-z>
- [38] Batterham, P. J., Gulliver, A., Heffernan, C., Calear, A. L., Werner-Seidler, A., Turner, A., ... & Berk, M. (2026). Effectiveness of a brief internet-based workplace training program to support help seeking for mental ill-health: Cluster randomized controlled trial. *Journal of Medical Internet Research*, 28, e89215. <https://doi.org/10.2196/89215>
- [39] World Health Organization. (2022). WHO Guidelines on Mental Health at Work. <https://www.who.int/publications/i/item/9789240053052>
- [40] Kawakami, A., Chowdhary, S., Iqbal, S. T., Liao, Q. V., Olteanu, A., Suh, J., & Saha, K. (2023). Sensing wellbeing in the workplace, why and for whom? Envisioning impacts with organizational stakeholders. *Proceedings of the ACM on Human-Computer Interaction*, 7(CSCW2), 1–33. <https://doi.org/10.1145/3610207>