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WORKPLACE WELLBEING AND MENTAL HEALTH IN SUSTAINABLE HUMAN RESOURCE MANAGEMENT

Dr Rupali Deora[1]

[1]*Assistant Professor , MBA Department ,Human Resource Management,St Xavier's College Jaipur, Rajasthan, 302029 Jaipur, Email: rupalideora42@gmail.com; Orcid Id: 0009-0009-7288-6860*

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Abstract
The mental health of employees can be affected by factors including workload, supervision, job security, and availability of support. Organisations often focus on offering support such as counselling, awareness activities and tools to help individuals. This conceptual paper explores how sustainable HRM can be used to link services to changes in working conditions. It draws together guidance from occupational health, sustainable HRM literature and theories around job demands, resources, motivation and psychological safety. This has led to the development of the Sustainable Well-being HRM model. The model includes six areas of practice; psychosocial risk management, job enrichment, inclusive leadership, mental health awareness and support, fair flexibility and adjustment, and accountability. A prevention hierarchy, matrix of practice and implementation plan demonstrate how each of these can be embedded into current HR practices. This paper also develops propositions for future research. This paper contributes to the field by bringing together existing concepts into a practical model. However, the model has not been verified therefore the relationships should be viewed as propositions. The analysis suggests that employers should consider the impacts of changes to working conditions when implementing wellbeing initiatives. Whilst protecting mental health may not always be easy to show clear financial gains it is an ethical duty. Keywords: Workplace Well-being Mental Health at Work Sustainable Human Resource Management Psychosocial Risk Psychological Safety Inclusive Leadership

Keywords: *Workplace Mental Health; Sustainable Human Resource Management; Employee Well-being; Psychosocial Risk Management; Psychological Safety; Inclusive Leadership*

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1. Introduction

Employee decision making around staffing, time frames and supervision can lead to employees feeling they have a clear purpose, social connection and growth in their role. Alternatively, if poorly managed, it can cause ongoing stress and uncertainty. Therefore, mental health needs to be considered when managing employees effectively within organisations.

High workloads, low autonomy, discrimination and precarious employment are risks to mental health (WHO, 2024). Depressive and anxiety disorders cause around 12 billion lost working days and $1 trillion lost productivity globally per year (WHO, 2024). 21% of employees globally feel engaged within their roles and 40% experienced high levels of stress in the last day (Gallup, 2025). This data from 2024 shows that although not necessarily caused by employees' work, there are a significant number of employees who are experiencing issues.

Many of these causes can be linked back to human resource management decisions. Expectations are set during the recruitment process. Reward systems will impact workload and rewards. The interpretation of absence, flexible and voice policies will be decided by managers. If these are assessed with a short-term outlook, focussing on outputs and labour costs, the long-term impacts on employee health and relationships can be overlooked. Sustainable HRM allows these practices to be assessed with a wider outlook. Considering the impact on the employee, organisation and society (Kramar, 2014; Stahl et al., 2020).

Often there is a lack of alignment between what the employer says they care about in terms of well-being and what actually occurs. Even if counselling is provided there may still be issues with understaffing and unrealistic timeframes. Cross-sectional analysis conducted by Fleming (2024) questions whether multiple individual interventions provide any benefit. Although this doesn't prove that all individual interventions are ineffective, it highlights that we shouldn't assume improvements are made simply because employees are involved.

This paper discusses how mental health can be integrated into sustainable HRM practices. By using occupational health guidance and multiple theories, the Sustainable Well-being HRM framework was created. This links organisational accountability to decisions around work design, leadership, inclusivity and assessment.

This paper provides a conceptual contribution. It clarifies the difference between wellness activities and overall well-being in the workplace. Six interlinked areas of HR were identified. How these can be put into practice and assessed were also outlined. Relationships to support future research were suggested. No primary data was included and the framework should not be seen as an effective intervention or proven causal relationship.

2. Literature Review and Theoretical Foundations

Work can provide financial, structure and social benefits, however there can be issues if work is consistently demanding, includes harassment, lacks employee influence and uncertainty about future employment. This relates to the organisational and managerial aspects of work (WHO, 2024).

Employee well-being refers to physical, psychological and relational aspects. An HRM approach should include well-being to understand how practices affect employee experience and performance (Guest, 2017). This provides an insight into whether the practice is improving performance and employee experience or if they are only improving due to extra pressure.

Mental health can have varying impacts on individuals and can lead to individuals feeling involved and valued, or cause stress in the workplace. Some may require clinical support and changes to their role. However, individuals can still perform well with the correct support in place if they suffer from a mental health issue. Therefore, HR should take a preventative approach while providing tailored support.

A sustainable approach can be taken by considering long term impacts of people management (Kramar, 2014). This should consider the interests of all stakeholders (Stahl et al., 2020). A common good approach considers how organisations contribute to general well-being (Aust et al., 2020). This places employee health under the social responsibility of employment. It can also show conflicts as businesses may want to take actions that reduce human capital.

The job demands-resources theory provides an explanation for why job design is important. If individuals are experiencing constant demands such as time pressures, emotion work and role conflict this can increase feelings of exhaustion. However, having resources such as autonomy, meaningful feedback and support from supervisors can increase motivation (Demerouti et al., 2001; Bakker & Demerouti, 2007). This does not

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mean all demanding roles will have negative impacts but shows you should consider what demands individuals are facing, how long they are facing them and what resources they have to overcome them.

Resource conservation theory considers the loss or threat of losing valuable resources such as time, energy, money and social support (Hobfoll, 1989). If individuals are constantly putting their recovery time aside to meet deadlines they may not have as many resources to cope with new demands. This can provide an insight into how resources can be depleted over time. Therefore, organisations should ensure individuals have enough recovery time, predictable structures and positive relationships. This can help to understand why small extra demands can become difficult after a long period of pressure.

Self determination theory looks at how individuals can be motivated by autonomy, competence and relatedness (Ryan & Deci, 2000). Individuals will need some control over how they work, opportunities to develop their skills and positive relationships. This can be supported by providing involvement, positive feedback and equal opportunities for development. However, if individuals feel they are being micromanaged or decisions are being made without explanation it may cause frustration.

Psychological safety involves the collective belief that individuals can take interpersonal risks within a team (Edmondson, 1999). This can be relevant if individuals need to raise issues, challenge workload or request support. If individuals do not feel comfortable to report issues due to embarrassment or reprisals then having a formal process will not be of much benefit. Psychological safety will help individuals to have these conversations however will not compromise standards of behaviour or performance. It should also not be confused with clinical safety or a guarantee that everything will stay within the team.

These theories can be seen to link together with similar yet different mechanisms. The job demands-resources theory explains the balance between demands and resources, resource conservation explains the impact of losing resources over time, self determination theory explains psychological needs and psychological safety. Sustainable HRM links these to show organisations have responsibilities. This framework can be used to understand specific areas to implement.

3. Methodological Approach

This paper adopts a narrative and integrative approach to synthesize the literature relating to mental health at work. Recommendations provided within occupational health guidance, sustainable HRM literature and organizational psychology have been reviewed. While policy documents provide recommendations, theoretical literature provides insight into potential mechanisms, and empirical and review literature has been used to inform interventions.

A narrative synthesis was conducted to address the following research questions: What psychosocial risk factors exist in the workplace? What are the employer obligations in sustainable HRM? How can job design, resources and relationships influence individual well-being? How can these ideas be applied? Six pillars were developed to categorize the implications of the theories and guidance referenced. These were developed using an interpretive approach.

This paper only covers the literature referenced. No database search or systematic screening process, bias analysis or overall effect size was conducted. Therefore this should be seen as a logical synthesis of the literature, and not a systematic review. Findings from the literature have been attributed to their source. Figures, practice matrix and roadmap represent the integration of the literature as suggested by the authors. No participants were recruited or individual employee data analysed.

This approach provides links between theory, policy and practice. However there is a risk of bias through omission and interpretation. While authoritative guidance can be used to make recommendations for practice within an organization, it cannot be confirmed that it will be effective in all situations. Therefore the framework must be evaluated across different occupations and employment situations to confirm effectiveness. Several relationships can be explored using the research propositions within this paper.

4. Key Constructs and Definitions

Workplace wellness normally refers to specific actions. For example health check-ups, physical activity and counselling. Whereas work well-being relates to how the work environment is structured to provide manageable workloads, fairness, a sense of community and recovery. Sustainable HRM would look at how the employment practices can create these conditions. However knowing the difference between the two will ensure that just because we have a service in place doesn’t mean that the work environment is healthy.

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When putting the most pressure on staff to deal with challenging situations in the workplace having coping strategies may help. However this won't solve the issue of staff shortages or harassment. Psychosocial risk management looks at how these risks are created. How can we make changes to reduce them? ISO 45003 provides guidance on how to integrate this into occupational health and safety management systems within the company (International Organization for Standardization [ISO], 2021). This means ensuring to work with others.

HR Practitioners should understand the difference between stress, ongoing problems and situations that require professional help. As managers it is important to not assume that someone has been diagnosed if they have low engagement or missed deadlines. We should discuss issues around their work in a respectful manner. We should also look at making reasonable adjustments and what support is available. Clinical assessment and treatment should only be done by qualified professionals. Ensuring confidentiality and preventing discriminatory decisions.

Using the financial argument can help encourage investment. However it is important to understand that this is an estimation. Deloitte (2024) looked at the UK and found that on average there is around GBP 4.70 in productivity gained per GBP 1 invested in mental health interventions for employees. This is an estimation based on reviewed interventions. The financial gain will depend on the type of intervention, how it is implemented, and the situation. Even if you can't prove there is an immediate saving, it is still important to ensure dignity and support for your employees.

This table shows the definitions used within the framework. It has been kept focused on operations to help ensure the reader understands the differences between the conditions we are managing, the services provided and outcomes.

Table 1. Key constructs and operational definitions

Construct	Definition used here	Implication for HRM
Workplace well-being	Employees' health, work experience and relationships, including opportunities for recovery.	Assess employees' experience alongside output and retention.
Mental health at work	Mental health and functioning in the context of employment, with needs that can change over time.	Combine prevention with accessible support and appropriate adjustments.
Psychosocial risk	Potential for harm arising from work design, management or social conditions.	Identify hazards, consult employees and review controls.
Sustainable HRM	People management that considers longer-term consequences for employees, organizations and society.	Examine whether present decisions maintain human capability over time.
Psychological safety	A shared team belief that interpersonal risk taking is safe.	Support speaking up, learning and early discussion of concerns.

Source: Conceptual synthesis drawing on Guest (2017), Kramar (2014), WHO (2024) and Edmondson (1999).

5. Proposed Sustainable Wellbeing HRM Framework

The six pillars of the Sustainable Well-being HRM Framework are; Governance, Job Design, Leadership, Literacy & Support, Flexibility & Accommodation and Evaluation. This framework suggests that each of these pillars should be interlinked, however, does not suggest that they should all have equal importance or be implemented in exactly the same way.

When managing psychosocial risks, the employer should identify the relevant hazards within the role. This includes identifying who is responsible for managing them and ensuring that they are reducing exposure. This may vary based on individual roles including workload, bullying, unclear roles and uncertain

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employment. Being explicit about who is responsible can be ensured through consulting employees. This pillar reflects the WHO emphasis on organisational strategies. It ensures mental health risk assessments are linked to workforce planning and employee relations (WHO, 2022, 2024).

Job design focuses on what the employee is expected to do and their working environment. This can include decisions around staffing, difficult tasks, timings, autonomy and time to recover. Having discussions around workload can be useful to identify what tasks can be eliminated, delayed or delegated. Encouraging the employee to focus on priorities will not solve the issue if all deadlines are mandatory. The emotional demands and expectation to be available outside of working hours should also be considered.

Leadership impacts how policies are applied. If the employee feels that asking for a service/adjustment will negatively impact their promotion chances, they may avoid using it. Training managers to improve mental health knowledge, communication and responding to distress would be recommended (WHO, 2022). This pillar expects managers to have training, but also expects them to treat individuals with respect, plan realistic workloads and be treated fairly. Managers would need support and decision making power to ensure this. They cannot be trained to overcome targets requiring excessive chronic workloads.

Mental health literacy & support should ensure employees know how to ask for support, what services are available and what will happen to their information. Counselling, employee assistance programmes, peer support and referrals can all help. However, this depends on individual needs and quality of service. Long (2024) looks at why support programmes may be seen as a sidelining. This means we should consider why they are not being used much, looking at factors such as trust and relevance.

Flexibility & Accommodation should offer equitable options. This could include predictable working hours, changed roles, appointments for treatment or gradual return to work. This does not mean everyone will have the same flexibility, however decisions should be made for clear reasons. Employees should be asked what changes they require in their role, but should not have to share any unnecessary personal information.

Accountability should ensure promises are being made. This could include a dashboard showing any concerns around workload, how quickly adjustments have been made, feelings of fairness and access to support. Absenteeism and turnover can also give some extra information, however this is not directly related to mental health. Data should be discussed with employees and relate to actions that can be taken by those identified as decision makers. Individuals should not have to share personal health information. Figure 1 shows how the pillars are thought to relate to employee experiences and organisational outcomes. The arrows show the hypothesised relationship. The feedback shows that employee stories and evaluation should influence changes to organisational practices.

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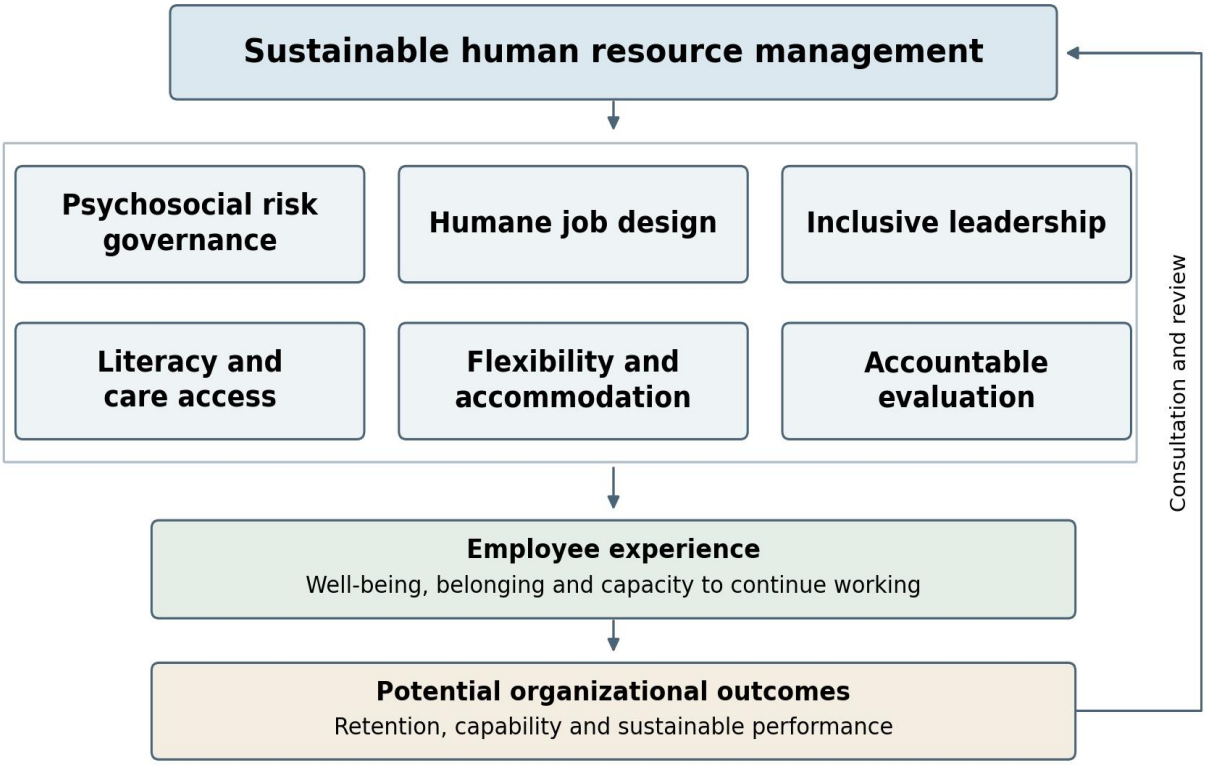


Figure 1. Proposed Sustainable Well-being HRM framework. Source: Author's conceptual synthesis; relationships have not been empirically tested.

Table 2. HRM practice matrix for workplace mental health and sustainability

HRM area	Fragmented approach	Proposed integrated practice
Recruitment and onboarding	Fill vacancies and communicate basic policies.	Explain realistic demands, role expectations, reporting routes and available support.
Performance management	Set targets without reviewing resources or working hours.	Review achievable goals, capacity and development; act on abusive conduct.
Leadership development	Focus training on technical delivery.	Practise listening, referral, fair task allocation and responses to concerns.
Flexibility and leave	Rely on informal managerial discretion.	Use transparent criteria and a reviewable process for flexibility and accommodation.
Employee relations	Respond after problems escalate.	Provide accessible reporting, early resolution and follow-up on recurring hazards.
HR analytics	Count attendance and service registrations.	Examine work conditions, access and outcomes with privacy safeguards.

Source: Proposed application of the sustainable HRM and workplace mental health literature discussed in Sections 2 and 5.

6. Prevention and Support

Preventative measures are used to improve the overall working environment. Primary preventative measures will focus on reducing risk factors. Secondary interventions will assist employees to increase awareness, respond early and cope with issues. Tertiary support aims to assist employees receiving treatment,

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adjustments or returning to work. These categories often overlap. However, whilst a focus on prevention is important, employees requiring support should be assisted immediately (WHO & International Labour Organization [ILO], 2022).

If a call centre were experiencing ongoing fatigue, a counselling service could be provided to individuals. An organisational level assessment would also occur looking at issues such as team size, rest breaks, difficult customers and performance targets. However if the employees aren't able to take their scheduled breaks due to understaffing in the queues, workshops will have little impact to change how they work during the day. This demonstrates the importance of identifying the cause of the demand.

There is evidence in the literature to support a thoughtful approach. Joyce et al. (2016) conducted a review looking at interventions in the workplace to reduce common mental disorders. Aust et al. (2024) conducted a review looking at organisational interventions for healthcare workers. This review found there was evidence to support some changes to the way employees work. However, there was variation in outcomes dependent on the type of intervention and context. Evidence from healthcare shouldn't automatically be applied to other sectors. This shows the importance of considering what the intervention is about and what the conditions are like.

Risk assessments can be affected by employees being honest about their issues. If employees fear they will be seen as unable to cope they may not be truthful when completing a questionnaire measuring overload. Management may not want to address the issue of understaffing as it seems like they are challenging targets set by senior management. Therefore consultation should be done in a way that they feel safe to raise concerns without facing any repercussions. Psychological safety can help us understand why this is important however formal processes should be in place to report and hold people accountable.

Figure 2 shows the differences between the 3 preventative and supportive interventions. Consultation and review would be required for all 3. Organisations can use this to look at what they are currently investing in to reduce risks at work, encourage early intervention and provide access to treatment.

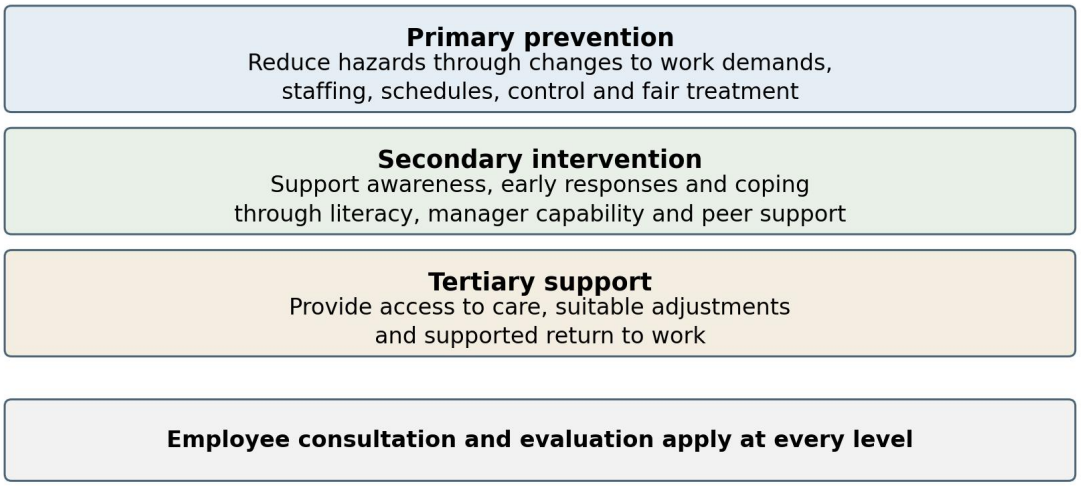


Figure 2. Prevention and support within sustainable HRM. Source: Author's synthesis drawing on WHO and ILO (2022). Categories guide planning and may overlap.

7. Managerial Capability and Leadership Accountability

A manager has many responsibilities including allocating tasks, setting the pace, providing feedback and encouraging employees to voice concerns. They may lack the skills required to provide the necessary support. Employers should ensure that employees have the skills they need to manage people. This should include being aware of when someone is over stretched and being able to voice this to those who can make changes.

Training should be provided on listening skills, keeping things confidential, knowing where to refer and understanding the role of the manager. However, they should not try to diagnose the issue. They should show they understand the problem, explore what impact this may have on the work and refer to the right support. They should only hold themselves accountable for their actions and decisions. For example asking if they addressed the workload issue, respected the agreed change and followed the organisations processes. It would not be enough to simply look at how high the score was for the team's distress.

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Employees will learn if it is safe to voice concerns based on how they are treated when they have voiced concerns, there are disagreements or mistakes. There is a theory that having a psychologically safe team will result in learning behaviour (Edmondson, 1999). This can be applied by ensuring clear processes are in place and showing respect. This can make having an initial conversation easier (American Psychological Association, 2024).

Senior leaders will also impact the limitations that a manager faces. If the organisation has incentives and targets that suggest employees should be available outside of working hours then the manager will struggle to consistently provide recovery time. Leaders should consider incentives, deadlines and resources. If the demands cannot be reduced then the leader should recognise that there is a limitation, agree priorities and review the impact with those involved.

8. Inclusion Equity and Mental Health

Psychosocial risks can be experienced differently by the different employed groups. They can occur due to discrimination, uncertainty in contracts and a lack of influence over working hours. Due to this, employers may find that whilst a programme can be easily accessed by some employees, it fails to address the issues for all due to the nature of workplace conditions worsening the inequalities (WHO, 2024). This should be assessed to ensure you have understood how differing levels of exposure can occur.

In order to ensure inclusive practices are in place clear processes should be in place. Employees should understand who they should contact, what information they need to provide and how their request will be handled. If the line manager is causing the issue then alternative routes may be required. The focus should be on supporting them and ensuring they have what they need to do their job. Reasons for flexibility and adaptations should be given.

Inequalities can occur due to the level of the job. Whilst a senior professional may be able to easily adapt their hours, a front-line worker may not be able to without formal permission. They may also struggle to access an online service during their paid hours. The employer should consider who is eligible for these services, how quickly they can be accessed and what practical choices they have depending on their role. There may be issues with who takes responsibility for their working conditions and support due to the contractual and platform aspects.

In India there are specific considerations to take into account. There is a growing evidence base for mental health interventions in the workplace (Pandya et al., 2022). Local factors such as stigma, management structure, travel requirements, uncertainty in contracts and care availability should be explored. Whilst services may be available in the correct language and flexible to fit around shifts this should still be evaluated.

Consider how fair and included they feel. You may find that there is an issue with accessibility by analysing subgroups. However, there could be issues with identifying individuals due to the small numbers. The employer should decide on the thresholds for reporting. If anonymity cannot be guaranteed then it may be better to offer confidential advice using the correct independent route.

9. Digital HR and the Ethics of Wellbeing Data

Digital solutions allow improved access to information and resources. Reviews have shown that certain digital interventions provide positive benefits for mental health in the workplace, however there can be variability based on the intervention provided (Stratton et al., 2017; Moe-Byrne et al., 2022). Considerations should be made around the availability of the service and making sure there is evidence to back up the choice. Engagement may also need to be considered.

Employees will feel more confident to use a digital solution if they trust their data is being handled correctly. Ensure that the information you take, who can access it, how long it will be kept and whether it can impact their employment is clear. Be aware that just because you share some information with a clinical/counselling provider, it doesn't mean it will be accessible by HR. Collecting data should only be done for a specific reason, and should be reported on in a way that ensures individual privacy. Having a policy in place is useful but should be reflected in your contracts and practice.

Working digitally can cause pressure. Constant interruptions, overlapping meetings and uncertainty around when they should be replying to messages outside of working hours can cause the working day to be longer. Clear agreements need to be put in place around how quickly team members should reply, when they are available, how much time they should be spending on their work and handover. This should be based around

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the needs of the service and time zones. It will only be valuable if managers adhere to these when workload increases.

Any systems using Artificial Intelligence should be reviewed further. Within this framework we would recommend any decisions made that have an impact on recruitment, appraisals or recommendations should be reviewed by a human. This should be explained in a way that makes sense to employees and there should be a process in place to challenge mistakes. We would also recommend not trying to guess someone's mental health based on regular productivity or emotional cues. This is recommendations based on the dignity and empowerment principles within the paper, not based on any technology evaluation carried out.

10. Measurement and Evaluation

To evaluate any change you expect to see in your initiative. Attendance at the workshop will give you data around participation but will not tell you if any improvements have been made to workload, wellbeing and access to care. Table 3 shows you different categories: resources, delivery processes, staff experience, organisational outcomes and protections. This will help you avoid the temptation to use activity measures as evidence of a health outcome.

There may be multiple sources of evidence to support each area. A survey can be used to understand how workload is being reported. Interviews can help understand how tasks are divided and absence data will highlight how much time staff are recording as absence. There will not be one source of evidence to fully understand your performance. An increase in complaints may be due to worsening conditions, more confidence to report issues or a combination of both. Consider alternative explanations and involve staff who understand the context.

The dashboard will provide a good starting point for local selection. For example, a hospital may wish to look at exposure to traumatic events and staff pressure whilst a technology team may want to look at interruptions, control and availability. Ensure each indicator is there for a specific reason, reviewed at an appropriate frequency and owned by someone who can take action. If staff provide health outcome data, ensure appropriate validated measures are in place.

Change may happen at different rates. Improvements may be seen in reporting and response times to accommodate requests before absence and retention figures. An initial improvement in satisfaction does not mean the intervention will be sustained. Try to include baseline data where possible, repeated data and consider changes happening elsewhere in the organisation. The table below (Figure 3) can be used to describe changes qualitatively. It is not a scoring tool or a measurement.

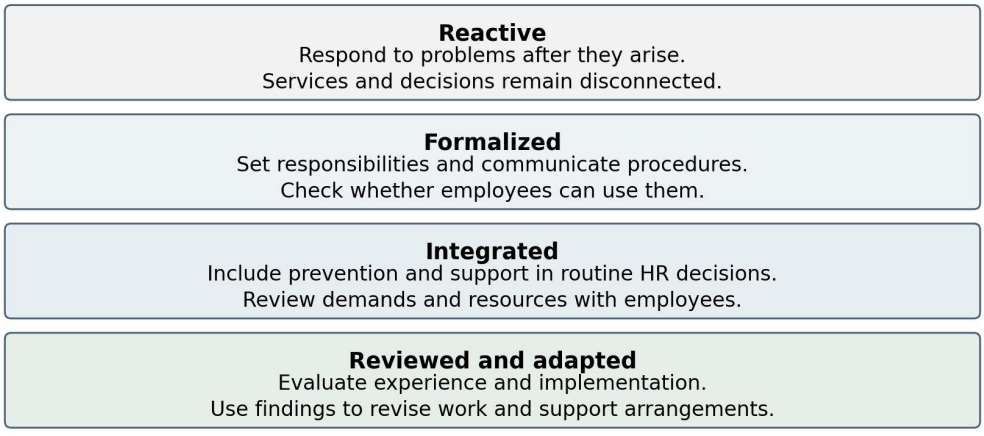


Figure 3. Qualitative stages of organizational practice. Source: Author's proposed planning aid; stages are descriptive and have not been validated as a measurement scale.

Table 3. Suggested measurement dashboard for Sustainable Well-being HRM

Indicator category	Possible measures	Interpretation and use

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Indicator category	Possible measures	Interpretation and use
Resources	Allocated budget, responsible staff, service availability and policy coverage.	Shows capacity and commitment, rather than effectiveness.
Implementation	Completed risk reviews, consultation, agreed actions and accommodation response times.	Checks whether decisions are carried out and delays addressed.
Employee experience	Reported workload, role clarity, fairness, psychological safety and support awareness.	Identifies experienced conditions; use suitable measures and interpret locally.
Organizational outcomes	Absence, retention, grievances, engagement and sustained return to work.	Provides contextual outcomes; changes cannot alone establish a mental health effect.
Safeguards	Access controls, reporting thresholds, consent arrangements and worker involvement.	Checks whether evaluation protects employees and serves a stated purpose.

Source: Proposed indicators informed by WHO (2024), ISO (2021) and the HRM literature discussed in the paper.

11. Implementation Roadmap

Define clear ownership. Identify how mental health impacts on work planning, safety and inclusion and ensure that resources are available to address any agreed actions. A working group can be formed with HR, managers, employees and appropriate occupational health/safety experts. This group should have clear decision making powers, clear reporting lines and clear procedures on handling sensitive information. Ensure representation to cover the whole workforce.

Understand the nature of the work. Use surveys, discussion, timescales and employee relations data to determine where issues are occurring. Try to determine if the issue is a design issue or a temporary issue. You need to be able to identify what your main points of focus are based on the employee stories and any other relevant data you have.

For each of the points of focus, you need to identify what can be changed, who can approve it and how you will measure the impact. If the issue is overload, you may want to remove tasks, change staffing or adjust the timescale. If the issue is access to services, you may want to introduce paid time or give clearer confidentiality arrangements. Support for affected employees should be put in place whilst trying to prevent the issue. Ensure that your action plan is achievable with realistic resources and dates.

Ensure capabilities are in place. Managers will need to have some training to manage conversations and translate policy. HR will need to have access to guidance to support reasonable adjustments, confidentiality and referrals. Employees should have clear information on what options they have. Communication should be in place to reach shift workers, remote workers and those that may not be able to access digital resources easily. Ensure understanding is in place.

Embed agreed practice. Embed into regular HR processes. During onboarding provide information on how to report and receive support. During performance discussions investigate if objectives are achievable with the resources available. During leadership development ensure that employees are being treated with respect when raising concerns. During exit interviews investigate if the way work was organised was a factor. By embedding these questions you reduce the need for one off campaigns and help to identify issues early.

Evaluate. Ensure that you know what has been done, what the employees have experienced and what issues have still not been resolved. Feed this back to decision makers with clear actions and owners. Internal updates can be provided to show what changes have been made without showing personal information or suggesting that uncertain outcomes are definite successes. See table 4 for a summary of this process. This can be revisited by organisations to reflect any changes in the work.

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Table 4. Six-step implementation roadmap

Step	Action	Output for review
1 Commit	Agree scope, resources and authority; include employee representation.	Named responsibilities and confidentiality arrangements.
2 Assess	Examine work demands and access to support through several sources.	Prioritized concerns supported by contextual evidence.
3 Plan	Select prevention and support responses with those affected.	Actions, resources, owners and review dates.
4 Develop capability	Prepare managers and HR staff; explain arrangements to employees.	People able to use and implement the agreed procedures.
5 Integrate	Include agreed practices in routine HR and management decisions.	Consistent onboarding, review, flexibility and reporting practices.
6 Review	Check implementation and experience; revise unresolved actions.	Documented findings and decisions for further improvement.

Source: Author's proposed implementation sequence.

12. Research Propositions

Six propositions were identified. First, employees experience less psychological distress and burnout when they are effectively managing psychosocial risks (increased opportunities to avoid negative demands and increased perceptions of fairness). Second, employees' well-being is enhanced when they experience manageable demands, autonomy, and clear roles (more opportunities for recovery and meaningful control). These are theoretical propositions meaning no estimates of magnitude have been provided.

Third, psychological safety will help increase the relationship between formal support opportunities and employees' likelihood to report overload or ask for assistance. Fourth, having access to appropriate flexibility/adjustments will increase the relationship between support opportunities and retention. This will require looking at whether employees actually have access to these opportunities. The relationship may be influenced by the employees' circumstances and job requirements.

Fifth, appraisal will lead to sustained improvements more than counting. Sixth, the relationship between sustainable HRM practices and outcomes such as retention will be partially mediated by employees' well-being. However, the strength of these relationships will be influenced by how much employees trust their leadership. Longitudinal and multi-level research could be conducted to explore this causal relationship. Only cross-sectional correlation would give little evidence for mediation or causation.

The research should look at how the relationships vary between sectors and employment. As different mechanisms may apply depending on the organisation (e.g. hospitals, manufacturing plants, and platform work) due to the differences in who has decision-making power, demands, and support opportunities available. It is very important to understand what works for whom and why (Nielsen & Miraglia, 2017). Research could be carried out in India and other underrepresented areas to understand how context influences the results. Using employees' narratives to understand why implementations are successful or hindered.

13. Discussion

The framework identifies both structural and individual strategies to support sustainable HRM. Even though the employer has not identified the issue with workload, offering counselling can still be beneficial. Similarly, whilst flexible working may have been introduced, some members of staff may still require professional support. This will link the accountability for conditions with support and inclusion.

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However, the framework highlights the conflict that HR can face. They may be expected to cut costs whilst still maintaining member of staff capabilities and well-being. This is not inherently aligned in sustainable HRM literature (Kramar, 2014; Podgorodnichenko et al, 2020) and provides opportunity for consideration of whose interests the decision was taken for and what hidden costs were passed onto employees. This could lead to changes in targets or staff decisions.

To ensure credibility, there must be alignment between policies and practices. If employees do not feel that there is a real concern with well-being (e.g. no action following a report of bullying or taking agreed time off leads to an informal loss of career progression), they are unlikely to have confidence in the policy. By looking at case studies, consultation and patterns of use we can identify the inconsistencies. Being precise with the issues will allow HR and leaders to make changes. However general statements around caring organisations will not provide much to judge.

When considering the links between performance and well-being it is important to think carefully about the impact. Whilst work can provide a sense of achievement, responsibility and skills development, too much pressure or lack of support can lead to stress. The framework should consider how performance is being achieved and whether it is sustainable. Whilst improved productivity can be achieved by having healthier systems in place, it should not be guaranteed.

Resources can cause issues. Smaller employers may not have occupational health specialists however can still identify roles, improve working patterns and create a confidential referral system. Larger organisations may have more resources however can struggle to ensure consistency between departments. The framework should be tailored to these issues. Using public information and outside providers can help however decisions relating to working conditions are the responsibility of those in control.

14. Practical Implications

The framework can provide immediate support for HR. It can help to identify any issues with addressing problems. For example, if employees are highlighting issues of excessive demands, but the majority of investment is in individual solutions. Consider if a solution can be found within the design of work. The framework can also help HR to consider if any solutions for accommodation have been made in a timely manner and if services are available at realistic times.

Senior leaders should consider if there is sufficient budget, staff and incentives to allow managers to take action to address well-being commitments. There should be evidence of what risks remain to address and what decisions are needed to do so. A dashboard should be created to capture what actions have been taken, what follow up has been done and the outcomes. Leaders should also consider how they are modelling good behaviour. If there are frequent requests outside of working hours or dismissive attitudes, this may impact on the boundaries and reporting systems they are promoting.

Employees and their representatives can help to improve the diagnosis and evaluation process. They will know where processes aren't being followed and can help to determine if the proposed change is feasible. They will need time, the right information and assurance that they won't suffer any negative consequences for disagreeing. They can also challenge how well-being data is being used if employees feel it is invasive or not clearly explained.

Training for management should ensure future practitioners can identify clinical needs and work design issues and understand how they can interact. Training should include areas such as psychosocial risk, sustainable HRM, inclusive supervision and ethical evaluation. Scenario based activities can help students make decisions on what actions to take, why the decision was made using the evidence and what uncertainties there are. This helps to develop critical thinking skills.

15. Limitations and Future Research

The limitations of this paper are mainly due to the conceptual nature of the work itself. Whilst it brings together relevant information from the literature, there was no structured search process or quality appraisal of the papers included, leaving room for bias in the selection of papers and interpretation of results. The six pillars were also not indicative of individual aspects of the verified framework, but were instead used to structure the argument. Furthermore, the qualitative elements of this framework (Figure 3) should not be used as a hierarchy of employers, but rather as discussion areas.

This framework does not address issues such as what weight should be given to each part of the framework, in what order they should be tackled, and what is actually feasible. As each sector is inherently different,

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each will have a different set of risks to consider. Additionally, factors such as labour rights, employment conditions and availability of care will impact what can be done. Comparisons could be made to determine what practices are important in specific situations. Mixed methods could also be used to understand how trends in staff outcomes combine with reasons for implementation. Longitudinal studies could be used to understand if changes are sustainable.

More research is required around digital services and workforce analytics. Questions such as who has access to sensitive information, what consent means in an employment context and how can staff get support without being unnecessarily monitored need to be considered. Evaluation should take into account any negative impacts and inequality. Whilst this paper identifies governance issues, it does not confirm that certain technologies are effective or safe.

16. Conclusion

Looking at creating sustainable HRM practices. The literature reviewed provides a foundation to look at workload, autonomy, leadership and equity as well as accessibility to mental health resources. However, there was mention that this should not be measured by how many resources have been bought or how much awareness is being promoted.

The framework proposes six areas to link these together. These can be used to help with prevention, implementation and evaluation. The links need to be tested but to implement into an organisation you need to identify a particular issue with your employees. Then decide who is responsible for fixing the issue and whether the changes made have improved the employee experience.

Having a genuine commitment to mental health can be seen in everyday practice. Ensuring that issues are addressed, workloads are reviewed and employees are able to seek help without unnecessary negative impacts. This is an important part of people management and should be considered as it can provide benefits to the organisation and impact the people within the organisation who are doing the work.

Research Ethics

The paper is a conceptual analysis of published literature and policy guidance. It involves no recruitment of participants or analysis of individual employee records. The framework, diagrams and research propositions are interpretive contributions, and no numerical findings are claimed for them. Any future empirical application involving employee information would require appropriate ethical review, privacy safeguards and consent arrangements.

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