Article

The Workplace Mental Health (WMH) model: Building healthy and high-performing workplaces in stressful job environments

Iti Bhargava[1,*], Nachiket Mor[2]

[1] Sukoon Health, Bangalore 560054, India
[2] Banyan Academy of Leadership in Mental Health, Chennai 600037, India
* Corresponding author: Iti Bhargava, iti.bhargava@gmail.com

Abstract: Stress has evolutionary roots that help human beings evolve and survive. Existing workplace mental health models typically view stress as the direct cause of poor mental health. Such models focus on strategies to eliminate it. Guided by O'Connor and Kirtley's integrated motivational-volitional (IMV) model, we posit that demanding jobs and high-stress environments do not directly impact an individual's mental health but trigger a "sense of self" moderator (SSM), which then leads to mental health outcomes. This moderator is modified by the workplace's organizational design and individual's traits. We propose a Workplace Mental Health (WMH) Model, which suggests that by addressing these SSM modifiers through evidence-based interventions at organizational and individual levels, even in high-stress environments, organizations can have mentally healthy workforces and build high-performance workplaces. This paper assumes that stress is an inalienable part of any work environment and that a secular reduction in stress levels in modern society is infeasible. Although some individuals in high-stress job environments develop mental illness, many do not, and some even thrive. This differential response suggests that stress may act as a trigger, but an individual's reaction to it is influenced more by other factors than the stress itself.

Keywords: Workplace Mental Health; mental health; workplace stress; employee wellbeing

1. Introduction

Historically, stress has been crucial in the evolution and survival of our species. Walter Cannon's influential work, *The Wisdom of the Body* (Cannon, 1934), presented the theory of the fight-or-flight response and the role of stress and emotions. According to Cannon's theory, in a stressful situation, the sympathetic nervous system in the body increases an individual's heart rate, raises blood pressure, and releases adrenaline to confront, i.e., fight, or escape from the threat, i.e., flight (Cannon, 1934). This theory is still relevant in explaining work-related stress and its consequent health outcomes, but perhaps, as we suggest later, captures only a part of the picture.

Globally, companies are estimated to lose 12 billion working days due to depression and anxiety, which costs USD 1 trillion in lost productivity annually. Burnout is now recognized as an occupational phenomenon in the 11th Revision of the International Classification of Diseases (ICD-11). It is defined in the ICD-11 as,

> QD85: Burnout is a *syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, feelings of negativism or cynicism related to one's job; and reduced professional efficacy. Burn-out refers specifically to phenomena in*

the occupational context and should not be applied to describe experiences in other areas of life (WHO, 2019).

The World Happiness Report 2024 found that well-being has fallen the most for 15–24-year-olds since 2019 all over the world (World Happiness Report, 2024). In the report, the most influential factor that improves happiness in this demographic is a sense of purpose at work, and not stress reduction. Generation Z (i.e., the generation born between 1997 and 2012) also reports the highest levels of burnout of any generation before due to values misalignment, perceived lack of rewards, and anxiety about economic stability and the future of employment (Putri and Dudija, 2024)—factors only partly linked to job-related stress.

To keep the workforce mentally healthy on the job and build high-performance workplaces, organizations need to proactively implement strategies that enable individuals to cope with persistent and emerging stressors. In our paper, we explore the idea that high levels of stress, unless they are at a pathogenic level, are not directly responsible for poor mental health and can even lead to high performance. We suggest that workplace and individual-related factors that interact with stress lead either to poor mental health outcomes or good mental health and high performance.

2. Methods

To develop our comprehensive workplace mental health framework, we used a conceptual review framework methodology that integrates theoretical models with evidence from intervention research around the world.

We first began our study by defining the stressors that exist in the workplace, as shown in **Figure 1**. We then analyzed the foundational workplace stress models, including the Job Demand-Control Model (Karasek, 1979), the Effort-Reward Imbalance Model (Siegrist, 2016), and the Job Demands-Resource Model (Bakker and Demerouti, 2007) to identify key constructs and limitations. The Demand-Control Model (1979) by Robert Karasek suggests that jobs with high demands (i.e., high workload, tight timelines, and higher difficulty) and low control (i.e., decision-making, autonomy) can lead to high stress and burnout (Karasek, 1979). For example, nurses have high emotional and physical demands but limited autonomy and decision-making, leading to chronic stress. Conversely, jobs with high control, even with high demands, can build a sense of accomplishment and personal growth. The Jobs Demands-Resource Model (2001) by Bakker and Demerouti (Bakker and Demerouti, 2007) proposes that high demands (i.e., workload, emotional demands) and low resources (i.e., support, autonomy) lead to burnout and stress. For example, a customer service representative exposed to high emotional demands but with limited management support will likely experience high stress. While these models provide a foundational framework, several limitations prevent them from being directly applicable to a modern workplace.
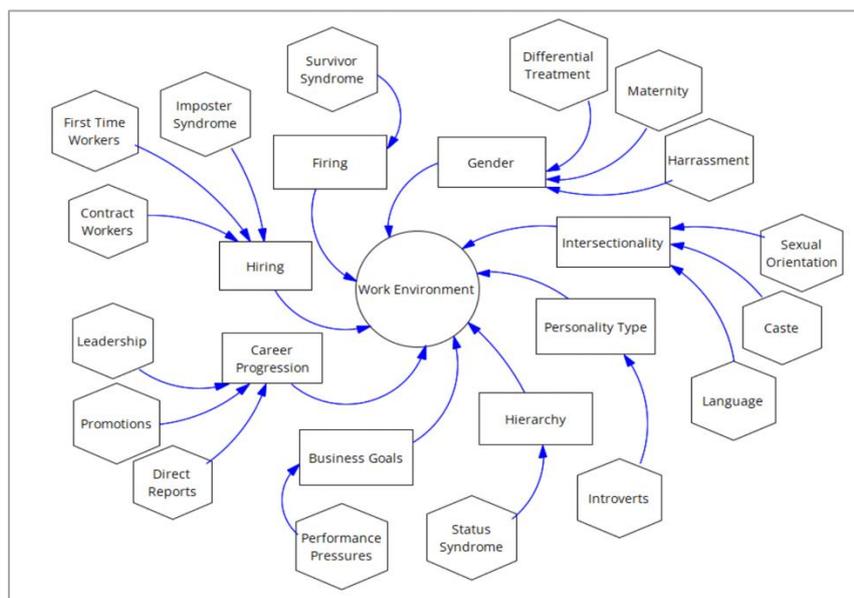
Figure 1. Stressors in the workplace.

Existing models stop at explaining stress at an individual level without identifying points or pathways for modification to reduce harm. To build a comprehensive model, we adapted the O'Connor and Kirtley model on suicidal behavior (O'Connor and Kirtley, 2018) that offered a stage-based approach to address these gaps. We adapted IMV's concept of a "moderator" and conceptualized how they could be modified in a workplace context to alter mental health trajectories.

To identify interventions that support healthy workplaces, we conducted a targeted literature search in PubMed and Google Scholar using keywords such as "workplace", "stress", "interventions", "occupational stress", "psychosocial interventions workplace" and "employee well-being". We also drew from the evidence synthesis by Bhargava and Mor (2024), a mental health strategy paper for India. The inclusion criteria were to prioritize studies that were RCTs (randomized control trials), quasi-experimental, or systematic reviews, with practical relevance, and applicability across diverse workplace settings. We screened a broad set of research papers and reviewed approximately 45 articles that met the inclusion criteria. Evidence was graded as high if based on RCTs or meta-analyses of RCTs, moderate if based on observational studies, and moderate to high if observational evidence included some RCT-validated tools or interventions (Group, 2004).

Finally, we link these interventions to our proposed model and also categorize them across four dimensions of resilience, reduce, recognize, and recover, proposed by Bhargava and Mor (2024) so that their mechanisms of action become more immediately apparent.

1) Resilience: Building the workforce's resilience, particularly that of young people, to withstand stressors.
2) Reduction: Strategies that reduce the extent to which the workforce is exposed to pathogenic stress and other external triggers that can lead to mental illness.
3) Recognition: Early recognition of the presence of risk factors (biological, psychological, social, and economic) and vulnerability to mental illness within

specific groups of individuals so that a rapid response can be mounted without waiting for the situation to deteriorate and for any disease to manifest.

4) Recovery: Pathways that focus on making available the best possible recovery pathways to individuals who acquire one or the other mental illness.

3. Results

The IMV model has three stages: pre-motivational, motivational, and volitional. We propose a model that follows a structure like the IMV model but focuses mainly on the motivational stage, as seen in **Figure 2**.
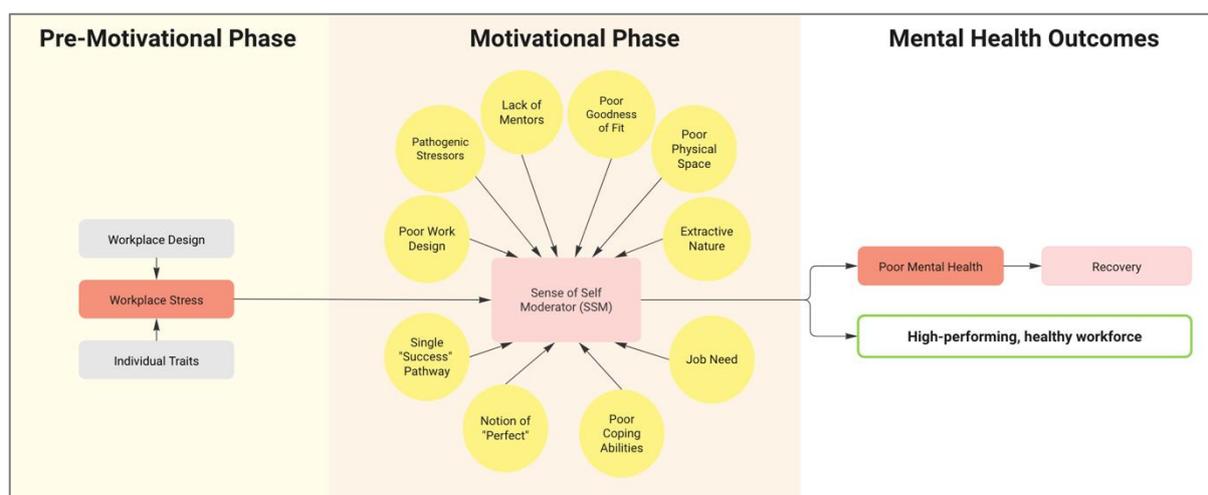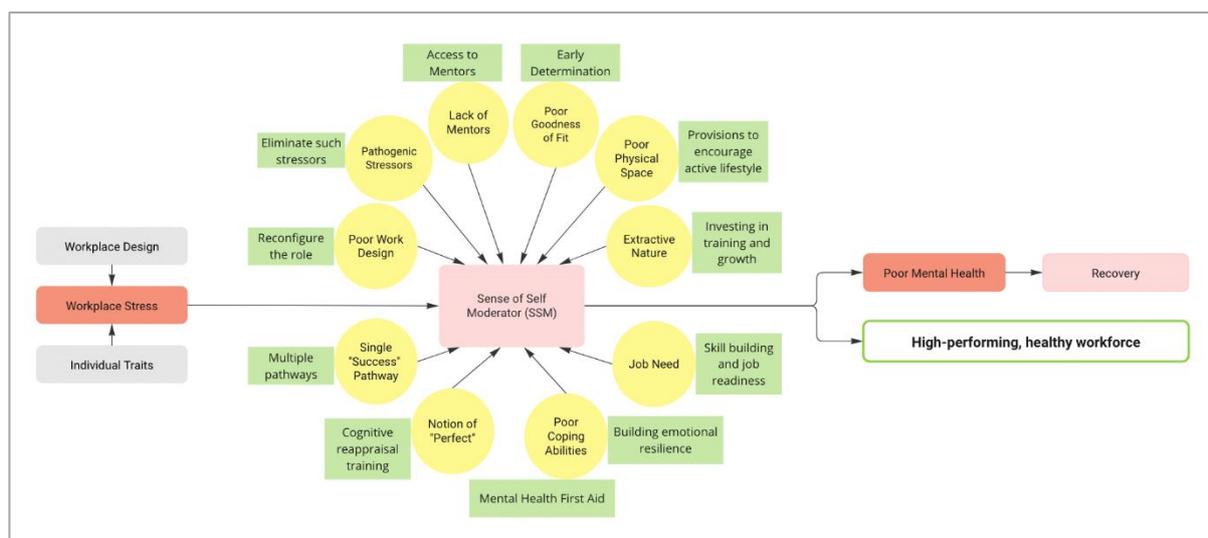

Figure 2. The Workplace Mental Health (WMH) model (without interventions).

We define workplace stress as the first stage (i.e., the pre-motivational phase), a function of workplace design and individual traits ("diatheses"). We consider these fixed and inalienable parts of the workplace and have many drivers, as represented in **Figure 1**. In the motivational stage, stress interacts with a person's "sense of self", when their self-view is challenged, questioned, or put in doubt, determines how the individual reacts to this stress. In our model (**Figure 2**), we posit that:

1) Workplace stress results from workplace-related factors and individual traits (represented in the grey boxes towards the left in **Figure 2** and captured more fully in **Figure 1**). These factors are difficult, if not impossible, to change, particularly in companies where performance pressures tend to be high for several reasons.

2) Workplace stress (the red box on the left in **Figure 2**) interacts with the sense of self moderator (SSM) (the pink box in the center in **Figure 2**) while generating a positive (the white box on the right in **Figure 2**) or negative impact on an employee's mental health (the red box on the right in **Figure 2**).

3) The SSM modifiers (the yellow circles) are either organizational or individual and can result in a heightened or lowered sense of self, based on sensitivity to stress.

4) The SSM modifiers can positively strengthen the sense of self and thereby improve mental health using evidence-based interventions (green boxes) in **Figure 3** below at the organization and individual levels.

5) If the SSM modifiers remain high and negative, the sense of self is weakened, and then a high-stress environment results in employees experiencing poor mental health and needing recovery interventions (the pink box on the right in **Figure 3** below) to be implemented.

6) If the interventions are implemented well, then, via the modifiers, the negative sense of self can be lowered, resulting in a high-performance workplace with employees operating at a high level of mental well-being despite the stress.

Figure 3. The Workplace Mental Health (WMH) model.

At an organizational level, poor work design (i.e., lack of autonomy, low-/no decision-making abilities, role ambiguity), pathogenic stressors (i.e., harassment, bullying, discrimination), lack of mentors, poor goodness of fit, poor physical space, and the extractive nature of the organization are the SSM modifiers that weaken an individual's sense of self and result in poor mental health. At an individual level, the perspective of a single 'success' pathway, notions of perfectionism, poor coping abilities, and the need for a job, also weaken an individual's sense of self and lead to poor mental health.

The WMH Model suggests that without addressing these SSM modifiers, organizations are more likely to see an increase in poor mental health outcomes in their workforce and will require recovery pathways to improve their health. The WMH Model suggests that it is possible to cope well with heterogeneous workplace stress factors and build high-performing, healthy workforces in **Figure 3**. Working with the WMH Model, **Tables 1** and **2** summarize the evidence of the interventions that address SSMs across organizations and individuals, respectively.

Table 1. Organizational-level SSM modifiers.

Modifiers	Interventions	Dimension	Evidence and Examples	Quality of Evidence
Poor Work Design	Reconfigure the role	Reduce	A systematic evidence review (of 33 intervention studies) by Daniels and colleagues (2017) synthesized the relationship between job design, employment practices, and individual well-being. The paper found three crucial design elements—autonomy, task variety, and skills utilization. Greater autonomy in roles, variety of tasks, and opportunities to utilize individual skills, enhanced job satisfaction as well as well-being (Daniels et al., 2017). Aspects like role ambiguity and role conflict were also related to the likelihood of workplace bullying (Vaktskjold Hamre et al., 2023). This evidence is based on systematic reviews of observational studies and is consistent in outcomes, but no direct RCTs to show causality.	Moderate
Pathogenic Stressors	Eliminate pathogenic stressors	Reduce	Workplace bullying and harassment are widely prevalent around the world (ILO, 2022; León-Pérez et al., 2021). Such events expose individuals to high-intensity exposure and can severely harm physical and mental health. Therefore, organizations must implement zero-tolerance and eliminate them once identified. Evidence-based tools like the Negative Acts Questionnaire (NAQ) and Workplace Harassment Scale (WHS). The NAQ has been noted to be highly reliable in detecting bullying in organizational settings (Nielsen et al., 2010). Other tools like Psychosocial Safety Climate (PSC) help gauge the management's commitment to preventing bullying and harassment (Vaktskjold Hamre et al., 2023). These studies show observational evidence and tool validation studies, without RCTs.	Moderate
Poor Goodness of Fit	Early determination	Reduce	Kristof-Brown and colleagues (2005) (Kristof-Brown et al., 2005) conducted a meta-analysis of the goodness of fit of an individual with an organization and found it was a significant predictor of job satisfaction. Using psychometric tools (Kristof-Brown et al., 2005), behavioral interviews (Campion et al., 1998), situational judgment tests (McDaniel et al., 2001), and other forms of early assessments, organizations can improve the person-organization fit. For example, Pymetrics leverages neuroscience-based games to assess goodness of fit, and have been successful at accurately screening and optimizing candidate and company satisfaction in hiring (Wells and Weinstock, 2019). This evidence includes meta-analysis primarily observational, but some intervention tools were evaluated via RCTs (e.g., SJTs).)	Moderate to High
Poor Physical Space	Provisions to encourage an active lifestyle	Resilience	Sedentary behavior increases health risks. A more active physical lifestyle can build workforce resilience to withstand psychological, social, and economic stressors in a high-stress environment. Interventions like dynamic desks (Ma et al., 2021), exposure to sunlight, and walking meetings are feasible for organizations to implement to encourage their employees to reduce sedentary behavior at the workplace. Johnson and Johnson have pioneered wellness programs that encourage physical activity. Companies like Google, Asics, Facebook, and Apple have implemented standing desks across their offices (AnthroDesk, 2020). This evidence is based on implementations, observational studies, and corporate wellness programs, but no RCTs.	Moderate

Table 1. (*Continued*).

Modifiers	Interventions	Dimension	Evidence and Examples	Quality of Evidence
Lack of Mentors	Access to mentors	Resilience	Grossman and Rhodes evaluating the effects of youth mentorships found that mentoring improved mentees' mental health, self-esteem, and academic performance. Specifically, the length of the mentorship (i.e., ideally 12 months or more), mentor-mentee fit, and mentor consistency were the strongest predictors of improved mental health and emotional regulation (Grossman and Rhodes, 2002). A randomized experimental study found that formal mentorship increased job satisfaction, organizational commitment, and person-organization fit, as well as performance (Egan and Song, 2008), and found the outcomes were better for women. For example, Mastercard's formal mentorship program is based on shared interests instead of experience and helped improve onboarding and productivity across departments (MentorCruise, 2023). This evidence base is supported by RCTs demonstrating causal improvements in job satisfaction and mental health.	High
Extractive Nature	Investing in training and growth	Resilience	Organizations that actively invest in training and growth of individuals and potentially improve employee mental health. Project QUEST (Quality Employment through Skills Training) is a sectoral employment training program in the U.S. to help unemployed or underemployed individuals gain skills in high-demand jobs. The randomized control trial evaluating it found that nine years after the intervention, the treatment group (i.e., receiving training) on average earned more than the control group, and this persisted after the program, and lastly, found significantly higher rates of employment (Roder and Elliott, 2020). At the 14-year follow-up, the QUEST participants earned 13.5% more than the control group (Roder and Elliott, 2024). Comprehensive support (e.g., financial assistance, group counseling, remedial education) was a key predictor of the program's success. The participants also received mentorship to address personal and academic challenges. Companies like Amazon, Microsoft, Google, and Salesforce have implemented sectoral apprenticeship programs. This evidence base is robust, and based on long-term RCT demonstrating sustained economic and psychological benefits.	High

Table 2. Individual-level SSMs.

Modifiers	Interventions	Dimension	Evidence and Examples	Quality of Evidence
Single "Success" Pathway	Multiple pathways	Resilience	Rigid orientation towards a single career path and a poor perception of one's progress led to work stress (Creed et al., 2017). Multiple pathways include offering multiple pathways through apprenticeships, rotational programs, and learning opportunities to pivot in a professional setting. Such pathways enable smoother transitions and improve employability, job outcomes (Mourshed et al., 2012), and mental health (Phyu et al., 2023). For example, individuals enrolled in Salesforce's Trailhead platform have improved their career mobility and expanded pathways to success. Presently, this platform hosts 2.6 million registered learners and has seen an increase in internal career advancement significantly (EMEA, 2023). The evidence presented is from large-scale observational and implementation data; with no RCTs.	Moderate

Table 2. (*Continued*).

Modifiers	Interventions	Dimension	Evidence and Examples	Quality of Evidence
Perfectionism	Cognitive reappraisal training	Reduce	Maladaptive perfectionism is characterized by setting high goals and not being satisfied with one's performance. It is an SSM modifier that negatively impacts SSM and worsens mental health (Benedetto et al., 2024). It can significantly impact productivity, distress, and psychological burden (Steinert et al., 2021). Cognitive reappraisal training is a promising pathway to attenuate perfectionism tendencies and the poor mental health outcomes associated with it for most individuals (Hayatbini et al., 2021), except for individuals with high narcissistic perfectionism (Hayatbini et al., 2021). The evidence is supported by emerging intervention studies; no large-scale RCTs.	Moderate
Poor Coping abilities	Mental health first aid training	Recognize	Mental health first aid is an important tool to help employees increase literacy, advising others to seek professional help and help destigmatize communities. Australia's First Aid program included three weekly sessions of three hours each, covering how to help people living with poor mental health and during the early stages of development. The randomized evaluation of the program found that it was effective in improving participants' mental health literacy and their mental health (Kitchener and Jorm, 2004). Specifically, for trauma-exposed jobs like military, nurses, doctors, and other front-line workers, psychiatric first aid designed for the job will help organizations proactively support their employees to better health *even before they show any signs of mental illness*. For example, the U.S. Army's Battlemind program offers resiliency training, psychological debriefs, and traumatic event management to help better support the members of the U.S. Army (Hallman and Pischke, 2012). The evidence here is supported by RCTs and broad applicability, though adaptation to workplace settings varies.	Moderate to High
Poor coping abilities	Building emotional resilience	Resilience	Individuals working in high-risk or high exposure to emotional load are at a higher risk of poor mental health (ILO/WHO, 2022). A cluster RCT with first responders found that a 6-session mindfulness program delivered in an internet format to a group helped individuals build adaptive resilience and cope with the high exposure of the job better (Joyce et al., 2019). The evidence is based on a cluster RCT with strong external validity in high-risk occupations.	High
Job Need	Skill building and job readiness	Resilience	As mentioned in **Table 1**, under "Extractive Nature", employees participating in skilling up saw an increase in job outcomes and mental health outcomes. This study is a 14-year RCT with significant external validity.	High

4. Discussion

The interaction between organizational- and individual-level factors creates workplace stress. Our WMH Model proposes that this stress does not necessarily or directly lead to poor mental health problems, but first triggers a 'sense of self moderator' (SSM) that, depending on its state, could lead to poor or good mental health outcomes. The WMH Model suggests these moderators are modifiable and open avenues to support individuals in the workplace better and to build a high-performance workplace. The SSM modifiers could be organizational or individual. The distinction between the two is based on whether the SSM modifiers directly address individuals or indirectly do so via organizational levers. Success in working with these SSM modifiers relies on what organizations offer and how engaged the employees are.

4.1. Organizational-level SSM modifiers

The WMH Model posits the existence of six organizational-level SSM modifiers, which can work to strengthen or weaken the sense of self moderator and result in either a positive or negative impact on mental health, respectively (**Figure 2**). **Table 1** lists the potential interventions that can successfully and positively strengthen each SSM modifier. These SSM modifiers and the associated interventions are discussed below.

1) *Poor Work Design*: A close relationship exists between job design, employment practices, and individual well-being (**Table 1**). In organizations with poor work designs, such as ambiguous roles and lack of autonomy, employees are more likely to experience role conflict, which may increase the likelihood of workplace bullying (**Table 1**). Therefore, to create environments less prone to poor mental health outcomes, organizations must distill job designs that enable greater clarity and autonomy to overcome the negative outcomes of poor work design.

2) *Pathogenic Stressors:* For this modifier, organizations must focus on early identification and implementation of zero-tolerance policies towards extreme stressors such as workplace bullying and harassment, including sexual harassment (**Table 1**). **Table 1** lists evidence-based tools that can reliably detect such behavior in an organizational setting, such as the Negative Acts Questionnaire (NAQ) and the Workplace Harassment Scale (WHS). Such behaviors can strongly harm an individual's self-esteem and feeling of safety and weaken the SSM. Such events are also layered with power dynamics of the workplace, therefore, the onus of eliminating pathogenic stressors is on the organization through zero-tolerance policies.

3) *Lack of Mentors:* Organizations could offer access to mentors to build resilience in the workforce. The presence of mentoring, especially for the youth, has shown an increase in self-esteem, job performance and satisfaction, and better emotional regulation. Several companies offer formal mentorship programs and find significant improvements in team productivity (**Table 1**). Mentors act as a protective modifier that leads to a positive SSM and better mental health outcomes.

4) *Poor Goodness of Fit:* How well an individual fits in the organization and vice-versa is a strong predictor of job satisfaction (**Table 1**). By determining the person-organization fit early through tools such as surveys, interviews, and job rotations, organizations can improve their quality of fit. Several companies are refining the process of screening candidates using psychometric tools, games, and situations. Organizations can improve SSM through the goodness of fit modifier by creating more sophisticated hiring and onboarding processes.

5) *Poor Physical Space:* Companies that encourage active lifestyles are more likely to build a workforce that is resilient to psychological, social, and economic stressors in high-stress environments (**Table 1**). The evidence suggests that interventions, even as simple as dynamic desks, exposure to sunlight, and walking meetings, substantially improve mental health (**Table 1**). Companies can strengthen the SSM through healthier physical offices.

6) *Extractive Nature*: A randomized evaluation of a comprehensive training and growth program in the U.S. (QUEST) found that the participants who received

training had better employment rates and earnings after 14 years of the program (**Table 1**). Given the changing landscape of jobs and technology and its associated uncertainties, investing in training programs will reduce stressors and improve health outcomes for employees.

4.2. Individual-level SSM modifiers

The WMH Model posits the existence of four individual-level SSMs, which can work to either positively or negatively impact the sense of self (**Figure 2**). **Table 2** lists the potential interventions that can successfully improve each modifier and discusses them in detail below.

1) *Single Success Pathway:* The rigid success pathway, along with a poor perception of progress, weakens the SSM (**Table 2**). Shifting from the notion of a 'single' success pathway to 'multiple' pathways expands the perception of success and strengthens an individual's ability to bounce back, (**Table 2**), especially in an uncertain job market.

2) *The Notion of Perfect:* Maladaptive perfectionism is characterized by unrealistic expectations and persistent dissatisfaction with one's work, and progressively weakens the SSM. It can also produce risk-avoidance behaviors and a lack of skill development as employees become reluctant to try new things (**Table 2**). Organizations can offer cognitive reappraisal training to employees to help them strengthen the SSM and improve associated mental health outcomes, particularly in high-stress environments (**Table 2**).

3) *Poor Coping Ability:* Organizations, broadly, could offer mental health first aid (or psychiatric first aid) to help all employees cope better with the inherent challenges of a role, and help pre-emptively strengthen the SSM. A randomized evaluation tested Australia's First Aid program and found that it was effective in improving participant literacy and, additionally, their mental health (**Table 1**). Specifically, for trauma-exposed jobs, make a more concerted effort to support employees better with resilience building and occupation-specific psychiatric first aid. For example, the U.S. Army's Battlemind program offers resiliency training, psychological debriefs, and traumatic event management that have proven to support individuals better and improve health outcomes (**Table 1**).

4) *Job Need:* In challenging job markets and for employees with strained financial circumstances, there are enhanced pressures on employees to hold on to their current jobs, resulting in an ever-present sense of threat of job loss, and a weak SSM. Companies that offer apprenticeships, paid internships, and rotational programs are more likely to implement the benefits of multiple pathways, such as better employability and job outcomes, and help address the perceived threat of job loss (**Table 2**). By encouraging and rewarding individuals for participating in skill-building and training programs, organizations can help individuals build, new skills and job readiness in the face of job market uncertainty (**Tables 1** and **2**).

4.3. Recovery

No matter how successfully organizations can positively improve the SSM

modifiers and help individuals build a positive sense of self, there will, inevitably, be individuals who develop mental illness. For such individuals, we recommend organizations implement recovery programs like self-care videos, early detection, and collaborative care that Bhargava and Mor have detailed in their national mental health strategy paper (Bhargava and Mor, 2024).

5. Conclusion

This paper proposes that while several sources of workplace stress are inevitable, workplace stress does not directly impact mental health. We bridge the gap between the two by introducing O'Connor and Kirtley's "moderator" concept and propose a new Workplace Mental Health (WMH) Model. The WMH Model offers a perspective that the interaction between workplace stress and the 'sense of self moderator' (SSM) leads to mental health outcomes, positive or negative. Organizations need to work towards creating workplace environments and building enabling processes that can positively improve SSM modifiers, and individuals need to take the initiative to overcome their individual experiences that weaken the SSM.

We recommend identifying and addressing these SSM modifiers at the organizational and individual levels through evidence-based interventions. For organizations, we recommend implementing interventions that improve work design, eliminate pathogenic stressors, improve person-organization fit, provide mentorship, invest in employee skill growth, and lastly, create active lifestyle-promoting physical spaces. For individuals to proactively cope better in high-stress environments, we recommend shifting notions about single success pathways and perfectionism. By building emotional resilience through cognitive reappraisal training, individuals can participate in fostering a more resilient, satisfied, and productive workforce. Therefore, we propose that it is possible to create supportive work environments where individuals can cope better with stress and even thrive.

6. Future work and implementation

This model is constructed on theoretical frameworks and secondary intervention research. The next phase of this research will involve empirically testing the WMH Model through primary research, specifically to validate the existence of the sense of self moderator, and the effectiveness of the modifiers on the sense of self moderator. Demonstrating the relationship between the constructs in this stress-to-mental health pathway will strengthen this model and establish a firm evidence base for testing targeted interventions. With implementation research on these interventions, we will be able to recommend scalable programmatic strategies for building healthier workplaces.

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