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ORGANIZATIONAL TRANSLATION: A THEORY-
BUILDING SYSTEMATIC REVIEW OF PSYCHOSOCIAL
INTERVENTIONS FOR EMPLOYEE WELL-BEINGSutiman Abd Shukor^{1*}, Mohd Shamsuri Khalid²¹Faculty of Artificial Intelligence, University of Technology Malaysia (UTM), Malaysia sutiman@graduate.utm.my <https://orcid.org/0000-0002-2915-0198>²Faculty of Artificial Intelligence, University of Technology Malaysia (UTM), Malaysia m.shamsuri@utm.my <https://orcid.org/0000-0002-3842-1383>

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Abstract:

Psychosocial risks are increasingly recognized as major determinants of employee well-being, organizational functioning, and sustainable workforce performance. Over the past several decades, psychosocial interventions in the workplace have evolved from individual-focused stress management approaches toward more diverse, multilevel, and organizationally embedded strategies. Even with this growth, the literature remains unclear about why some interventions lead to long-term benefits for organizations. In contrast, others only help individuals in the short term. This systematic literature review synthesizes 165 studies published between 1987 and 2025 to examine the evolution, effectiveness, and implementation of psychosocial interventions for employee well-being across individual, supervisory, digital, and organizational levels. The review demonstrates a clear historical transition from symptom management approaches such as Cognitive-Behavioural Therapy (CBT), mindfulness, and psychoeducation toward digital, participatory, and psychosocial risk-oriented intervention models. Across the literature, most studies report beneficial effects on stress, burnout, psychological distress, engagement, and psychosocial climate. However, three persistent limitations constrain the field's cumulative development: organizational outcomes such as productivity, absenteeism, and retention remain underrepresented; implementation fidelity is inconsistently reported; and contextual and sector-specific evidence remains limited. To address these gaps, this review advances the Psychosocial Intervention Translation Framework (PITF), which explains intervention success as contingent on three interrelated

conditions: structural enablement through Psychosocial Safety Climate (PSC) and leadership support, implementation conversion through fidelity, participation, and organizational readiness, and outcome conversion through the embedding of proximal well-being gains into broader organizational performance. The review contends that the primary challenge in psychosocial intervention research has shifted from merely identifying effective intervention modalities to comprehending how these interventions are converted into enduring organizational value. Accordingly, the article repositions psychosocial interventions from isolated treatment mechanisms to context-dependent organizational change processes.

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Keyword:

Employee Well-Being, Implementation Fidelity, Organizational Outcomes, Psychosocial Interventions, Psychosocial Safety Climate, Systematic Literature Review



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Introduction

Psychosocial interventions for employee well-being have become an increasingly important area of inquiry as organizations confront rising levels of burnout, psychological distress, presenteeism, and work-related mental health impairment (Joyce et al., 2015; Lipovac et al., 2020; Martínez-Martínez et al., 2025; Pandey et al., 2025; Sakuraya et al., 2020; Waddell et al., 2023). The intensification of psychosocial risk exposure across modern workplaces has shifted attention toward interventions capable of protecting and improving employee mental health while also supporting organizational sustainability (Giovanis et al., 2026; LaMontagne et al., 2014; Pransky et al., 2016; Waddell et al., 2023; Watanabe et al., 2024). Over time, the field has extended beyond a narrow concern with individual coping and stress reduction. It now reflects a broader recognition that well-being is shaped by work design, leadership behavior, psychosocial climate, and the organizational conditions under which employees perform their roles (Bakker & Demerouti, 2016; Dalgaard et al., 2025; Pfister et al., 2020; Sonnentag, 2015; Sonnentag et al., 2023).

This evolution reflects a substantive reorientation in occupational health and organizational research. Earlier intervention studies were largely grounded in secondary and tertiary prevention, emphasizing symptom reduction through stress management, counseling, relaxation, cognitive-behavioral techniques, and related psychological supports (Beehr, 2019; Cooper & Cartwright, 1997; Goldgruber & Ahrens, 2009; Joyce et al., 2015; Klink et al., 2001; Pieper et al., 2019; Richardson & Rothstein, 2008; Tetrick & Winslow, 2015; Wood et al., 2019). More recent scholarship increasingly incorporates digital mental health tools, leadership development, participatory intervention strategies, and psychosocial risk management

frameworks (Britt et al., 2016; Ghasemi et al., 2024; Maulana et al., 2025; Miller et al., 2021; Schäfer et al., 2024). In consequence, the study of workplace well-being has shifted from asking how to help employees cope with adverse conditions toward asking how organizational systems can be designed to prevent psychosocial harm and sustain healthier working environments (Amodu et al., 2023; Dalgaard et al., 2025; Daniels et al., 2021; Deady et al., 2024; Fabio, 2017; Karanika-Murray & Weyman, 2013; Leka et al., 2011; Saik et al., 2024; Schmitt et al., 2016).

Despite this conceptual and practical progress, literature remains fragmented in several important respects. First, although many studies report positive effects on stress, burnout, anxiety, resilience, engagement, and related well-being indicators, considerably fewer studies assess whether these gains translate into broader organizational outcomes. These include productivity, absenteeism, presenteeism, retention, or economic value (Aldana et al., 2004; Allen et al., 2010; Bruin et al., 2016; Charness et al., 2023; Coe et al., 2021; Kersemackers et al., 2018; Lomas et al., 2017; Lu et al., 2021; Michaelsen et al., 2023; Rich et al., 2021; Song & Baicker, 2019; Vonderlin et al., 2020). Second, the evidence base remains highly heterogeneous in terms of intervention modality, occupational setting, outcome measurement, and implementation quality, making direct comparison challenging (Miguel et al., 2023; Peeters et al., 2024; Pieper et al., 2019; Sakuraya et al., 2020; Sultan-Taïeb et al., 2017; Tarro et al., 2020; Tsantila et al., 2023; Waddell et al., 2023; Young et al., 2016). Third, while organizational culture, Psychosocial Safety Climate (PSC), and leadership support frequently emerge as important influences on intervention success, they are often treated as background conditions rather than theorized as central explanatory mechanisms (Bowdler et al., 2023; Byeon et al., 2022; Dalgaard et al., 2025; Egeland et al., 2023; Ipsen et al., 2018; Linnander et al., 2020; Pilbeam et al., 2019; Powell et al., 2017; Skar et al., 2022; Smith et al., 2018; Vitranò & Micheli, 2024; Williams et al., 2020, 2024).

This limitation is especially important since the effectiveness of workplace psychosocial interventions appears to depend on the content of the intervention itself and the context in which it is delivered (Abildgaard et al., 2019; Åkerström et al., 2021; Daniels et al., 2021; Hees et al., 2022; Martín et al., 2014; Nielsen & Miraglia, 2016; Saksvik et al., 2018; Vignoli et al., 2017; Walton & Yeager, 2020; Zuberbühler et al., 2025). Interventions that are beneficial in one setting may prove weak or unsustainable in another since employees do not trust available supports, managers are insufficiently engaged, implementation is inconsistent, or the organizational environment does not enable sustained uptake (Abildgaard et al., 2019; Åkerström et al., 2024; Bach-Mortensen et al., 2018; Cowie et al., 2020; Daniels et al., 2021; Fleischer et al., 2015; Karanika-Murray & Weyman, 2013; Montaña et al., 2014; Paterson et al., 2024; Roodbari et al., 2023; Sánchez et al., 2017; Skagert & Dellve, 2020; Song et al., 2022; Sorensen et al., 2021; Zurynski et al., 2023). In particular, PSC increasingly appears to function as a critical condition for intervention success by shaping employee trust, willingness to participate, and the perceived legitimacy of psychosocial support mechanisms (Amodu et al., 2023, 2024; Bouzikos et al., 2022; Daniels et al., 2021; Dollard & Bakker, 2009; Ji et al., 2024; Paterson et al., 2024). Similarly, implementation fidelity, organizational readiness, and participatory design repeatedly emerge as decisive influences on whether intervention intent is translated into meaningful practice (Bernard et al., 2022; Biron & Karanika-Murray, 2013; Cedstrand et al., 2021; Dickson & Bangpan, 2018; Gillard et al., 2024; Harker et al., 2023; Richins et al., 2020; Schelvis et al., 2016; Wilhelm et al., 2021).

These recurring patterns suggest that the field's central challenge is no longer simply whether psychosocial interventions work. Instead, it focuses on the conditions under which they are translated into durable organizational value (Biron & Karanika-Murray, 2013; Karanika-Murray et al., 2016; Lange et al., 2024; Loh et al., 2024; Mascayano et al., 2024; Saksvik et al., 2018; Stirman & Beidas, 2020; Williams & Beidas, 2018). Existing reviews have contributed substantially by documenting intervention effectiveness (Karanika-Murray et al., 2016; Kubzansky et al., 2023; Woerkom, 2021), comparing modalities (Aust et al., 2023; Hagl et al., 2023; Woerkom, 2021), and identifying common barriers and facilitators (Aust et al., 2023; Axén et al., 2020; Daniels et al., 2021; Paterson et al., 2024). Nevertheless, fewer studies have developed a unifying theoretical explanation for why psychosocial interventions produce uneven outcomes across contexts. They also fail to explain why promising employee-level gains often do not translate to sustainable organizational benefits (Andersen et al., 2021; Aust et al., 2023; Daniels et al., 2021; Kletter et al., 2021; Loh et al., 2024; Martín et al., 2014; Paterson et al., 2024; Tsantila et al., 2023; Woerkom, 2021).

This article responds to that gap through a theory-building systematic review of psychosocial interventions for employee well-being. Rather than limiting the analysis to a descriptive synthesis of intervention types and outcomes, the review examines how intervention success is shaped by structural, implementation, and outcome-conversion dynamics. Correspondingly, it proposes the Psychosocial Intervention Translation Framework (PITF) (Ciaramella et al., 2021; Day et al., 2023; Guastaferro & Pfammatter, 2023; Presseau et al., 2021). It is an integrative model that explains psychosocial intervention effectiveness as contingent on structural enablement, implementation conversion, and outcome conversion. By advancing this framework, the article offers a more original explanation of how psychosocial interventions operate within organizations and why sustainable well-being improvement requires more than the deployment of a single intervention modality.

Statement of Purpose

The purpose of this systematic review is to synthesize the evidence on psychosocial interventions for improving employee well-being and explain why interventions that appear effective in some organizational settings fail to produce a durable impact in others. Although prior research has documented the expanding range of individual, digital, leadership, and organizational interventions, the literature remains fragmented. This is particularly true in explaining how organizational climate, implementation quality, and contextual readiness influence intervention success (Aarons et al., 2024; Powell et al., 2021; Román-Niaves et al., 2024; Skar et al., 2022; Williams et al., 2022, 2024). This review, therefore, seeks to shift beyond descriptive comparison toward theoretical integration.

More specifically, the review makes two contributions. First, it charts the progression of psychosocial interventions across various intervention levels, organizational contexts, implementation strategies, and outcome domains. Second, and more importantly, it uses the PITF to come up with a theory-building explanation of why interventions work. This framework conceptualizes intervention effectiveness as dependent on structural enablement through PSC and leadership support, implementation conversion through fidelity and participation, and outcome conversion through the embedding of well-being gains into longer-term organizational performance (Daniels et al., 2021; Dollard & Bakker, 2009; Egeland et al., 2023; Hartveit et al., 2022; Ipsen et al., 2018; Roodbari et al., 2021; Skar et al., 2022; Tsantila

et al., 2023; Williams et al., 2024). By adopting this perspective, the review repositions psychosocial interventions from stand-alone treatment modalities to context-dependent organizational change mechanisms that can influence both employee mental health and workplace performance.

Specific Objectives

- i. To synthesize the evolution of psychosocial interventions for employee well-being across individual, supervisory, digital, and organizational levels.
- ii. To examine the extent to which different intervention modalities improve employee well-being, psychosocial climate, and work-related outcomes.
- iii. To identify the organizational conditions that enable or constrain intervention success, particularly PSC, leadership support, and participatory structures.
- iv. To analyze how implementation fidelity, employee engagement, and organizational readiness influence the translation of intervention design into sustained delivery.
- v. To develop an integrative theoretical framework explaining how psychosocial interventions generate, or fail to generate, durable organizational value.

Methodology of Literature Selection

The primary research objective, "Assessment of psychosocial interventions for the improvement of employee well-being," was divided into several more specific search queries. By systematically breaking down a comprehensive research issue into targeted inquiries, the literature search becomes both thorough (ensuring that no specialized or niche studies are missed) and manageable (with each query producing a set of papers pertinent to a specific facet of the topic). From the original query, the following queries were transformed:

- i. Evaluation of psychosocial interventions for improving employee well-being.
- ii. The impact of organizational factors and specific intervention types on employee mental health and job performance.
- iii. How do organizational culture and employee engagement influence the effectiveness of psychosocial interventions aimed at enhancing employee well-being?
- iv. How do specific psychosocial interventions interact with organizational culture to enhance employee well-being?
- v. What diverse psychosocial strategies and organizational practices can be implemented to enhance employee mental health and overall well-being?

This structured approach ensured a comprehensive capture of relevant studies, encompassing various facets of psychosocial interventions and their contextual determinants (Ballard et al., 2025; Charles et al., 2024; Deady et al., 2024; Resta et al., 2024). After applying the initial search strategy and screening criteria, 644 records were identified as relevant to the research question. Backward citation chaining was employed to ensure that each core publication discovered in the reference list was traced to its preceding studies, thereby preventing the neglect of foundational contributions (Dobrow et al., 2018). This assessment also identifies recent studies that have cited each core paper, tracing how the discipline has expanded upon those findings through forward citation chaining (Min et al., 2020; Tahamtan & Bornmann, 2018). The process reveals nascent discussions, replication research, and contemporary

methodological advancements. An additional 60 records were identified through backward and forward citation chaining. This yielded 704 records in total. After removing duplicates and performing preliminary relevance screening, 699 records remained for detailed review. Of these, 165 studies met the final inclusion criteria and were retained for the systematic review. The final review corpus comprised studies published between 1987 and 2025.



Figure 1. PRISMA Flow Diagram of Study Identification, Screening, Eligibility, and Inclusion

Evolution and Current Landscape

The corpus spans 1987-2025, with a steep contemporary inflection: output peaks in 2024 (n = 26), following sustained growth from the mid-2010s. This temporal trend supports an accelerating scholarly focus on organizational psychosocial interventions and employee well-being, consistent with global policy emphasis on psychosocial risk management. In terms of sectoral placement, a large share of records provides insufficient or intentionally general context. Nevertheless, applying thematic tagging indicates that Information and Communications Technology (ICT)/Tech settings comprise the largest named context (n = 30), followed by healthcare (n = 10), manufacturing/industrial/energy (n = 5), and public sector/government (n = 5). The predominance of general or cross-sector descriptions suggests that much of the literature seeks broad organizational applicability rather than industry-specific tailoring, which has implications for external validity in high-risk sectors.

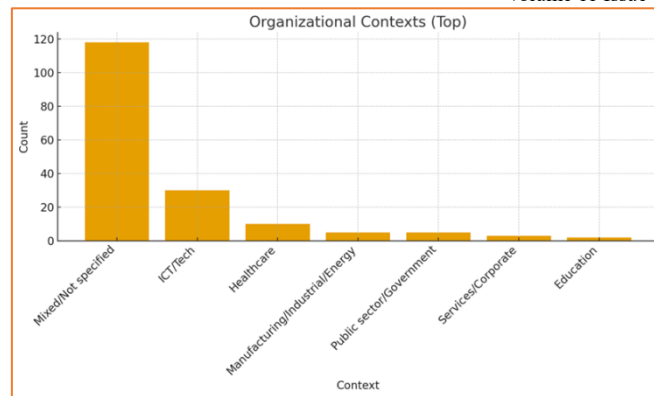


Figure 2. Distribution of Organizational Contexts Across Included Psychosocial Intervention Studies

Intervention families demonstrate a diversified yet still individual-level-heavy portfolio. The portfolio has diversified. Early interventions primarily focused on Cognitive Behavioral Therapy (CBT), mindfulness, and psychoeducation. In the current dataset, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Mindfulness; (CBT/ACT/Mindfulness) ($n = 22$), digital/e-health modalities ($n = 22$), and psychoeducation/training ($n = 20$) remain prominent. More recent contributions highlight multicomponent/integrated programs ($n = 14$) and organizational/policy-level interventions ($n = 13$), reflecting a gradual shift towards primary and systemic prevention. While supervisor/leadership interventions, peer/group formats, and ergonomics/physical activity appear, they are comparatively less frequent in this final set. This distribution indicates an evolutionary pathway: early work centered on individual coping and symptom reduction. Recent work increasingly integrates delivery innovations (e-health, hybrid models) and organizational levers (job redesign, culture, supportive leadership), consistent with contemporary frameworks that advocate multilevel approaches to psychosocial risk.

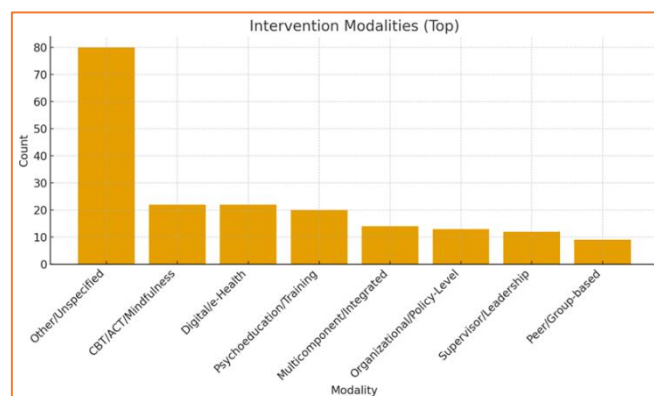


Figure 3. Distribution of Psychosocial Intervention Modalities Across Included Studies

Outcome emphasis is strongly weighted toward mental health and well-being endpoints ($n = 42$), followed by psychosocial risk/climate indices ($n = 16$) and engagement/participation ($n = 11$). Hard organizational outcomes are under-represented: absenteeism/presenteeism ($n = 6$), productivity/performance ($n = 5$), and turnover/retention ($n = 1$). While understandable methodologically, the relative scarcity of “business” outcomes limits claims regarding economic returns and may partially explain the persistent demand from practitioners for

stronger cost-effectiveness evidence. This imbalance weakens the evidence for return-on-investment arguments that executives require to justify large-scale adoption.

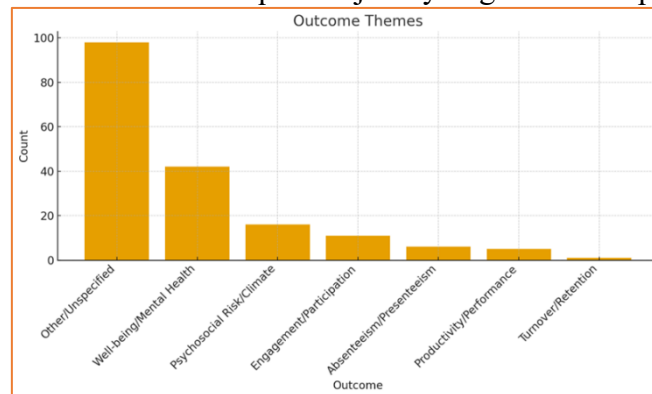


Figure 4. Distribution of Reported Outcome Themes in Psychosocial Intervention Research

Effectiveness polarity is broadly favorable: most abstracts/descriptions in your database characterize impacts as Positive ($n = 93$), with just a small number coded as Mixed/Conditional ($n = 3$). Meanwhile, a sizeable remainder provides insufficient detail for polarity assignment (Unspecified, $n = 69$). This asymmetry likely blends true efficacy with narrative positivity in abstracts and selective reporting. It underscores the importance of critical appraisal and publication bias checks in the formal systematic literature review (SLR). The scarcity of null or negative reports raises the possibility of publication bias, further justifying critical appraisal.

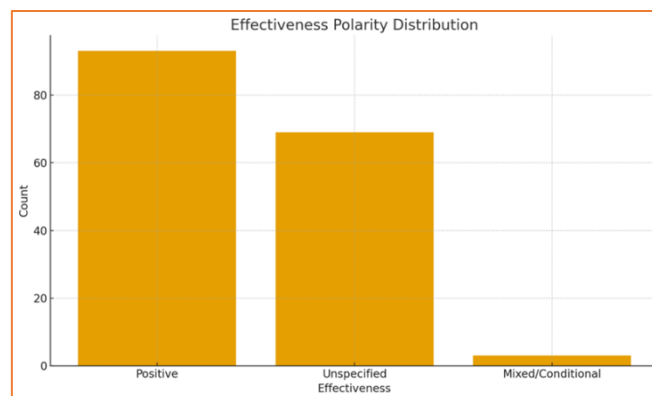


Figure 5. Distribution of Reported Intervention Effectiveness Across Included Studies

Across 165 studies published between 1987 and 2025, annual outputs grew substantially and peaked in 2024 ($n = 26$). The most frequently specified contexts were ICT/technology firms, followed by healthcare; industry-agnostic designs dominated. Intervention modalities evolved from individual-level CBT/ACT/mindfulness and psychoeducation toward digital/e-health and multicomponent or organizational/policy-level strategies. Outcome focus was primarily mental health and well being with comparatively fewer studies quantifying absenteeism/presenteeism, productivity, or turnover. Narrative effect summaries were predominantly positive, though implementation fidelity was sparsely reported, limiting inferences about scalability. In essence, these patterns suggest a field in transition from secondary prevention to system-oriented designs, with a persistent need to strengthen implementation reporting and to link psychosocial risk management more explicitly to organizational performance..

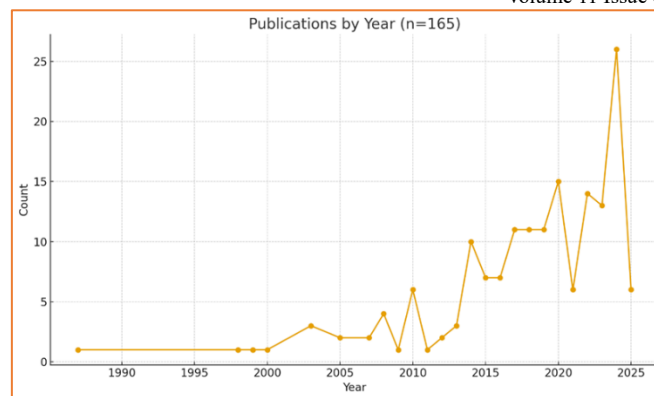


Figure 6. Annual Publication Trend of Psychosocial Intervention Studies (1987–2025)

The Evolving Landscape of Workplace Interventions

The evolving landscape of workplace interventions reflects a transition from reactive support toward more preventive and systemic approaches (Bhoir & Sinha, 2024; Deady et al., 2024; Iavicoli & Tecco, 2020; Karanika-Murray & Weyman, 2013; LaMontagne et al., 2014; Leka et al., 2014). Early intervention models were primarily designed to help individuals manage existing symptoms or recover from stress-related strain (Bakker & Demerouti, 2016; Deady et al., 2024; LaMontagne et al., 2014; Tetrick & Winslow, 2015). Over time, however, the field began to acknowledge that psychosocial risks are not simply personal burdens; organizational exposures shaped by workload, autonomy, social support, recognition, role clarity, and leadership practice (Dalgaard et al., 2025; García-Selva et al., 2025; Nikunlaakso et al., 2023; Pujol-Cols & Lazzaro-Salazar, 2021; Wood et al., 2019). Consequently, this recognition expanded the logic of intervention design.

The contemporary intervention landscape, therefore, includes multiple levels of action. Individual interventions continue to offer therapeutic and developmental value, particularly where employees require direct support in coping, self-regulation, or recovery (Dalgaard et al., 2025; Karanika-Murray & Weyman, 2013; Martín et al., 2014; Tsantila et al., 2023). Supervisor-focused interventions seek to improve supportive leadership behavior, communication, and day-to-day management practice (Hammer et al., 2024; Hees et al., 2022, 2024; Mohr et al., 2021; Sonnentag et al., 2024). Digital interventions extend reach and accessibility through apps, web-based platforms, and blended approaches (Blake et al., 2022; Cameron et al., 2024; Hammer et al., 2021, 2024). Organizational and multilevel interventions attempt to address psychosocial risks at source by redesigning work conditions, fostering participation, strengthening psychosocial climate, and embedding well-being into routine organizational processes (Angelis et al., 2020; Korshøj et al., 2023; Martín et al., 2014; Nielsen & Christensen, 2021; Ravalier et al., 2020; Wijn & Doef, 2022).

This diversification has not removed tension from the field. On the contrary, it has made visible a series of strategic and methodological contradictions. Literature increasingly favors higher-level and organizational approaches in principle. Nonetheless, much empirical output remains concentrated in interventions that are easier to standardize, deliver, and measure, particularly individual and digital modalities (Ashcraft et al., 2024; Biron & Karanika-Murray, 2013; Collins et al., 2024; Karanika-Murray et al., 2016; Kizilcec et al., 2020; Lewis et al., 2024; Martín et al., 2014; Nielsen et al., 2010). This suggests that the field is partly shaped by a

practical research economy in which interventions that produce measurable short-term effects are more likely to be studied and published than interventions requiring long follow-up periods and complex organizational coordination.

The analysis of 165 selected studies charting the evolution of psychosocial interventions for employee well-being over the past decade demonstrates a fundamental shift in theoretical focus. The field has matured from a reactive, predominantly individualistic approach (secondary and tertiary prevention) toward a proactive, systemic model rooted in organizational psychology (primary prevention). This transition reflects a growing recognition that working conditions, rather than just individual capacity, are the primary determinants of mental health outcomes.

Research on psychosocial interventions to improve employee well-being has evolved significantly over the past few decades. Early studies primarily focused on individual-level stress management programs and basic organizational health promotion efforts (Åkerström et al., 2021; Aust et al., 2024; Hammer et al., 2024; Joyce et al., 2015; Martín et al., 2014; Rugulies & Aust, 2019; Sakuraya et al., 2020; Vézina et al., 2004). Over time, the scope broadened to include CBTs, mindfulness, leadership training, and digital interventions, reflecting advances in technology and a growing understanding of workplace mental health dynamics (Armaou et al., 2022; Joyce et al., 2015; Rugulies & Aust, 2019; Stratton et al., 2025). Recently, the emphasis has shifted toward multilevel, participatory, and organizationally anchored interventions that integrate individual and systemic approaches to foster sustainable employee well-being and organizational performance (Arends et al., 2022; Aust et al., 2024; Bhoir & Sinha, 2024; Corrente et al., 2024; Dalgaard et al., 2025; Martín et al., 2014; Nielsen & Christensen, 2021; Tsantila et al., 2023). This chronological review of published interventions reveals three distinct periods, characterized by changes in dominant modality and outcome metrics.

The foundational period (symptom reduction phase) primarily addressed acute employee distress through basic individual training and early attempts at supervisory support (Boot et al., 2024; Nota et al., 2021). Interventions commonly involved CBT, relaxation techniques, and general stress management programs (Antony et al., 2020; Carolan et al., 2017; Flaxman & Bond, 2010; Joyce et al., 2015; Klink et al., 2001; Lloyd et al., 2016; Richardson & Rothstein, 2008; Wirtz et al., 2024). Outcomes in this era focused heavily on direct, subjective symptom reduction, such as decreases in anxiety and self-reported stress levels (Antony et al., 2020; Ferszt, 2022; Klink et al., 2001; Richins et al., 2020; Schaufeli & Peeters, 2000; Stächele et al., 2020). In some cases, supervisor support training was assessed, resulting in measurable physiological effects, such as improved employee blood pressure, although self-reported health effects often remained limited (Hammer et al., 2021; Kuehn et al., 2019; Mohr et al., 2021).

The transition period (digitalization and resilience phase) marked a critical acceleration in technological delivery and a broadening of psychological focus (Freund et al., 2024; Hammer et al., 2015; Jozan et al., 2023; Jukić et al., 2020). The proliferation of eHealth and digital platforms, including apps and web-based tools, has emerged as a prominent delivery method (Arigo et al., 2019, 2024; Guest et al., 2023; Peek et al., 2023). Concurrently, there was an intensive focus on Mindfulness-Based Interventions (MBIs), which were often delivered digitally (Arigo et al., 2019; Macrynika et al., 2024; Osborne et al., 2023; Torous et al., 2025). Research outcomes began to shift beyond simple distress reduction to encompass positive

psychological capacities, such as measuring increases in resilience, self-compassion, and Psychological Capital (PsyCap), which are correlated with reduced stress and engagement (Larsson et al., 2025; Schäfer et al., 2024; Zuberbühler et al., 2025).

The most recent research demonstrates a definitive shift toward primary prevention, prioritizing systemic and organizational change (Bakker & Demerouti, 2007; Fabio, 2017; Hubscher-Davidson, 2020; Youssef-Morgan, 2024). The dominant research theme is now centered on organizational and multi-level interventions, specifically targeting PSC and incorporating formal psychosocial risk management frameworks, often guided by the hierarchy of controls (Amoadu et al., 2023, 2024, 2025; Burdorf, 2023; Kjærgaard et al., 2024; Loh et al., 2024; Lohela-Karlsson et al., 2025; Saik et al., 2024; Wijn & Doef, 2022). This approach emphasizes manager-driven psychosocial risk management and participatory intervention protocols. Crucially, the outcome metrics now prioritize systemic changes, such as documenting reduced psychosocial risks, fostering organizational participation, and establishing sustainable processes for well-being management, rather than solely reducing individual symptoms.

This can further be classified by the year of evolution:

Table 1 Chronological Evolution of Psychosocial Interventions for Employee Well-Being (1987–2025)

Year Range	Research Direction	Description
1987 - 1999	Foundational Stress Management and Early Intervention Studies	Initial research concentrated on comparing stress management techniques, relaxation, and psychoeducational programs targeting individual stress and psychological well-being. These studies laid the groundwork by demonstrating that stress reduction interventions can reduce anxiety and depression, while emphasizing the importance of psychosocial work conditions on employee health. Early explorations also addressed workplace counseling and stress reduction among specific employee groups (Kirsten, 2022; Wang et al., 2020; Wijn & Doef, 2022).
2000 - 2009	Emergence of Organizational-Level Interventions and Employee Assistance Programs	Research expanded to evaluating organizational workplace interventions, such as Employee Assistance Programs (EAPs), participatory approaches, and workplace health promotion programs. Studies began assessing the impact of interventions on reducing psychosocial risk factors and improving mental health outcomes, including depression and anxiety, while highlighting the need for organizational involvement beyond individual-focused efforts. There was growing attention to participatory interventions, improvements in the psychosocial environment, and preventive strategies (Kirsten, 2022; Saik et al., 2024; Wang et al., 2020; Wijn & Doef, 2022).
2010 - 2014	Cognitive-Behavioral and Multimodal Interventions	This period saw increased use of CBT, mindfulness, and multimodal stress management programs within workplace settings. Research emphasized Randomized Controlled Trials (RCTs) and systematic reviews to evaluate the effectiveness of interventions, including leadership and supervisor training to support employee mental health. There was also exploration of digital mental health tools and early digital adaptations, highlighting the potential for scalable workplace interventions

Year Range	Research Direction	Description
		(Bhoir & Sinha, 2024; Dahlqvist et al., 2023; Daniels et al., 2021; Kirsten, 2022; Saik et al., 2024; Wijn & Doef, 2022).
2015 - 2024	Multilevel, Participatory, and Technology-Enabled Interventions	Recent research reflects a shift toward comprehensive, multilevel interventions combining individual and organizational strategies, including participatory risk assessments, manager training, and digital platforms. There is growing emphasis on contextual and implementation factors, sustainability, and integrated frameworks for mentally healthy workplaces. Innovative approaches include apps, blended psychoeducation, and an emphasis on the PSC. Despite advances, challenges remain in engagement, adherence, and demonstrating long-term effectiveness across diverse workplaces (Dahlqvist et al., 2023; Daniels et al., 2021; Kirsten, 2022; Saik et al., 2024; Wang et al., 2020; Wijn & Doef, 2022).
2025	Emerging Focus on Holistic and Positive Psychology Interventions	The latest research points to holistic interventions that integrate Positive Psychology (PP) principles to foster employee engagement, resilience, and organizational culture change. Emphasis is on tailoring interventions to diverse workforce needs and advancing culturally adaptable, scalable models. There is a growing recognition of the critical role of leadership in embedding psychological well-being at the core of organizational development to enhance both individual and collective outcomes (Aust et al., 2024; Bhoir & Sinha, 2024; Dahlqvist et al., 2023; Daniels et al., 2021; Kirsten, 2022; Saik et al., 2024; Wang et al., 2020; Wijn & Doef, 2022).

Analytical Perspectives on the Field's Evolution

A central insight emerging from the literature is the maturity gap between theory and practice. Contemporary synthesis increasingly suggests that higher-level organizational interventions are more likely than purely individual approaches to produce sustainable improvements since they address psychosocial risks at their source (Karanika-Murray et al., 2016; Leka et al., 2014; Martín et al., 2014; Schuller, 2019; Weissbrodt & Giauque, 2017). Still, the volume of replicable research remains heavily weighted toward individual modalities such as cognitive-behavioural interventions, mindfulness, and digital tools (Hammer et al., 2024; Kubzansky et al., 2023; Martín et al., 2014; Wood et al., 2019). This imbalance is not necessarily evidence of superiority. Rather, it reflects the fact that organizational interventions are more challenging to implement, more resource-intensive, and more methodologically demanding (Carolan et al., 2017; Montaña et al., 2014; Richardson & Rothstein, 2008; Stratton et al., 2022).

A second analytical pattern is the strategic instrumentalization of well-being. Outcome metrics have gradually shifted from subjective symptom indicators toward work-related measures such as retention, loyalty, productivity, and presenteeism (Bliese et al., 2017; Jackson et al., 2022; Shi et al., 2024; Wijngaards et al., 2021). This is an important development as it indicates that employee well-being is increasingly being interpreted as a strategic organizational concern rather than merely a welfare issue. Nonetheless, the field has not yet fully matched this

ambition with equivalent rigor in measuring distal organizational outcomes (Bhoir & Sinha, 2024; Molnár et al., 2024; Wijngaards et al., 2021).

A third pattern concerns the relationship between organizational climate and intervention success. The literature suggests that employee well-being interventions cannot be understood in isolation from the climate in which they are embedded (Bronkhorst et al., 2014; Dalgaard et al., 2025; Janiukštis et al., 2024; Karanika-Murray et al., 2016; Martín et al., 2014; Roodbari et al., 2021). PSC, trust, leadership behaviour, and participatory structures repeatedly emerge as conditions that shape whether employees view interventions as legitimate and engage with them in meaningful ways. This is one of the strongest reasons why the field requires a theory of intervention translation rather than a simple catalogue of intervention types.

The discernible evolution in intervention research reveals key structural discrepancies and strategic alignments within occupational health psychology.

First, the existing maturity gap between theory and practice is evident. While meta-analyses and synthesis reports increasingly conclude that higher-level organizational interventions are fundamentally "more effective than individual approaches," the volume of easily replicable research continues to be centered on individual modalities such as CBT and digital applications (Armaou et al., 2022; Gaskell et al., 2022; Zuberbühler et al., 2025). This disparity exists due to the fact that primary organizational interventions are complex and resource-intensive and demand costly, long-term, cluster Randomized Controlled Trials (RCTs) to yield conclusive evidence. In contrast, secondary, symptom-focused, digital interventions can report measurable positive outcomes, sometimes within as little as 7 days, allowing for faster publication and maintaining their dominance in quantitative research output, despite the theoretical consensus favoring systemic change.

Second, evolution demonstrates a strategic instrumentalization of well-being. Outcome metrics have strategically transitioned from subjective health indicators (e.g., anxiety or depression symptoms) to objective organizational metrics critical to business strategy, such as retention, presenteeism, productivity, and loyalty (Guo et al., 2015; Schmitt et al., 2016; Wijngaards et al., 2021). By demonstrating that psychosocial interventions reduce work impairment and increase retention, researchers provide a robust economic rationale. This shifts the perception of well-being from a clinical expenditure to a critical performance driver that generates positive returns on investment (Attipoe et al., 2025; Edwards & Marcus, 2018; Song & Baicker, 2019). This alignment with core business interests solidifies the case for sustained organizational policy shifts.

Temporal Evolution of Psychosocial Intervention Focus

Across time, psychosocial intervention research appears to have moved through three broad developmental phases. The first phase centered on symptom reduction and immediate distress management, with interventions designed to help workers cope with stressors that were taken largely as given (Beehr, 2019; Dalgaard et al., 2025). Meanwhile, the second phase emphasized capacity-building through resilience, PP, PsyCap, and digitally accessible resources (Larsson et al., 2025; Nixon et al., 2022). The third and current phase increasingly recognizes that sustainable well-being improvement requires interventions that are integrated into work

systems, supported by leadership, and sensitive to psychosocial climate (Schmitt et al., 2016; Youssef-Morgan, 2024).

These phases do not replace one another completely; rather, they accumulate. Individual support remains necessary, and digital delivery remains useful. What has changed is the theoretical understanding of their place within a larger system. Contemporary intervention research increasingly suggests that employee-level supports are most effective when embedded within supportive organizational structures and least effective when expected to compensate for unresolved systemic stressors (Aust et al., 2024; Dalggaard et al., 2025; Loh et al., 2024; Maben et al., 2024; Trudel et al., 2018).

The following table summarizes this temporal trend:

Table 2 Temporal Phases in the Evolution of Psychosocial Intervention Focus

Phase	Time Period	Dominant Modality	Primary Outcome Focus	Example Outcome
I	1987 - 2017	Relaxation, CBT, Early Supervisor Training	Subjective Symptom Reduction	Reduced stress and anxiety, improved blood pressure
II	2017 - 2021	Digital/eHealth, Mindfulness, PP	Individual Resource Enhancement	Increased resilience and PsyCap
III	2022 - 2025	Organizational/Multi-level, PSC, Risk Management	Systemic/Organizational Health	Reduced psychosocial risks, enhanced communication, and sustainable processes

Comparative Efficacy Analysis by Intervention Level

The systematic review of the database allows for a critical comparison of efficacy across the three established intervention levels: individual, supervisor-targeted, and organizational/multi-level. The findings underscore that while individual interventions provide rapid symptom relief, organizational interventions offer superior, sustained systemic improvements.

Individual-Focused Interventions: Strengths and Limitations of Symptom Management

These interventions, largely in the secondary and tertiary prevention domains, demonstrate strong efficacy for proximal psychological outcomes but depend on a supportive external environment for long-term impact.

Psychological Therapies (CBT and Mindfulness): Group CBT is empirically supported, indicating small to large effect sizes in improving both mental health and work performance (Carolan et al., 2017; Joyce et al., 2015; Lecomte et al., 2019; Thimm & Antonsen, 2014; Xu et al., 2023; Zhou et al., 2025). MBIs are cited as particularly robust and effective in reducing stress and burnout and enhancing psychological resources (Micklitz et al., 2021; Ong et al., 2024; Vonderlin et al., 2020). Furthermore, mindfulness demonstrated larger effects compared to other eHealth modalities in some studies (Joyce et al., 2019; Ong et al., 2024; Vonderlin et al., 2020; Wang et al., 2023).

Positive Psychology (PP) & Resource Generation: Programs based on PP principles, such as those focusing on gratitude, strengths, and the Positive emotions, Engagement, Relationships, Meaning & Accomplishment (PERMA) model, have proven effective in increasing subjective and psychological well-being (Groot et al., 2023; Mira et al., 2018; Proyer et al., 2015; Schueller & Parks, 2012; Torous et al., 2025). These interventions enhance PsyCap, which is positively correlated with work engagement and job satisfaction, providing a resource-building approach to coping with stress (Bratty & Dennis, 2024; Donaldson et al., 2024; Hansen et al., 2021; Meyers & Woerkom, 2016).

Employee Assistance Programs (EAPs) and Counseling: EAPs, often incorporating short-term CBT psychotherapeutic interventions or mental health coaching, yield significant symptom reduction (e.g., depression, anxiety) and improve work outcomes, sometimes demonstrating large effect sizes (Richmond et al., 2015; Wang & Sheibani, 2024; Wu et al., 2021). EAPs are valued workplace resources that positively impact psychological health and work efficiency (Bouzikos et al., 2022; Milot, 2019; Richmond et al., 2015).

Supervisor/Leader-Targeted Interventions: The Critical Link

Interventions focusing on management skills act as critical secondary prevention measures that generate positive primary prevention ripple effects by establishing a supportive micro-climate for subordinates (Hammer et al., 2024; Tsutsumi et al., 2019; Vonderlin et al., 2023).

Supportive Behavior and Resource Use: Training leaders in mental health literacy, particularly in a structured, computer-based format, significantly increases their supportive behaviors and encourages employees to utilize organizational resources, with behavioral changes sustained up to three months (Gayed et al., 2018; Hammer et al., 2024; Shann et al., 2018; Šipová et al., 2024; Tsutsumi et al., 2019). Manager (Boysen et al., 2018; Hammer et al., 2024; Milligan-Saville et al., 2017; Schwarz et al., 2019). The positive effects often cascade, leading to improved life and job satisfaction for subordinates of trained supervisors (Hammer et al., 2024; Henriksson & Grill, 2023; Tafvelin et al., 2018).

The Resource Drain Paradox: A critical organizational dynamic discovered in the data concerns the Ethical Burden of Supervisor Training (Henriksson & Grill, 2023; Lin et al., 2018; Quade et al., 2017). While supervisor training demonstrably yields "positive employee outcomes" and reduces employee distress, randomized trials indicate that the training can result in increased supervisor burnout and work-family conflict (Brady et al., 2020; Briggs et al., 2024). This phenomenon, interpretable through the Conservation of Resources (COR) theory, suggests that leadership training often imposes an unfunded mandate, adding emotional and administrative demands (resource drain) without compensating resource gains (e.g., time, formal recognition, or workload redistribution) (Hildenbrand et al., 2016; Hobfoll et al., 2017; Liu et al., 2021). If the intervention fails to support the implementer structurally, it can lead to resource depletion, representing a failure of the intervention design to support the very individuals tasked with driving cultural change (Olmos-Ochoa et al., 2021; Robertson & Byram, 2024).

Organizational and Multi-Level Interventions: Systemic Efficacy

The body of evidence, especially in recent years, indicates that interventions targeting the structure and environment yield superior, more durable effects on overall staff well-being and

working conditions (Aust et al., 2024; Heijkants et al., 2022; Sanz-Vergel & Nielsen, 2021). Higher-level organizational interventions are explicitly deemed "more effective than individual approaches" (Åkerström et al., 2021; Boskma et al., 2025; Maben et al., 2023; Montaña et al., 2014).

PSC and Environmental Improvement: Interventions focused on improving PSC through manager-driven risk management and coaching yield sustained positive effects, lasting up to 18 months, leading to reduced psychosocial risks and improved organizational participation (Amoadu et al., 2023; Berglund et al., 2024; Fattori et al., 2022; Loh et al., 2024). Following this, implementing management standards, such as the Healthy Enterprise Standard, effectively reduces adverse psychosocial factors and the prevalence of distress (Dalgaard et al., 2025; Jarman et al., 2016; Joyce et al., 2022; Letellier et al., 2018). Organizational interventions are particularly effective in reducing burnout through job (Bes et al., 2023; Letellier et al., 2018; Roodbari et al., 2021).

Participatory Action Research (PAR) Outcomes: Participatory models, which involve employees in the process of defining risks and developing action plans (e.g., targeting communication, demands, effort-reward imbalance), generally result in improved psychosocial work factors and enhanced communication (Bourbonnais et al., 2006; Cedstrand et al., 2021; Framke et al., 2016; Pijpker et al., 2019; Roozeboom et al., 2020). While these projects demonstrate positive organizational and process changes, some studies note stable or limited change in primary outcomes such as sick leave or overall stress reduction. This underscores the long latency period required for systemic effects to fully manifest (Arapovic-Johansson et al., 2020; Roozeboom et al., 2020; Zetterberg et al., 2022).

A crucial finding concerning the efficacy of individual programs is that PSC acts as a Super-Moderator (Eklund et al., 2024; Michaelsen et al., 2023; Nguyen et al., 2021; Nota et al., 2021). Data suggests that the effectiveness of EAPs is directly "moderated by corporate PSC" (Bouzikos et al., 2022; Heming et al., 2025; Lintanga & Rathakrishnan, 2024; Loh et al., 2024), indicating that the quality of the organizational environment (PSC) serves as a necessary precondition for individual resources to succeed. If employees operate in a low PSC environment characterized by low trust, they are reluctant to engage with individual resources, such as EAPs, due to privacy barriers or fear of stigma (Bouzikos et al., 2022; West et al., 2023). Therefore, organizational policy must recognize PSC as a primary prevention factor that structurally enables the success of secondary and tertiary interventions.

Comparative Efficacy and Work-Related Outcomes by Intervention Level

The reviewed studies indicate that intervention level matters, but not in a simplistic manner. Individual-focused interventions such as CBT, mindfulness, psychoeducation, and EAPs often demonstrate significant symptom reduction and improvements in resilience, stress, and anxiety (Agterén et al., 2021; Dalgaard et al., 2025; Fleming, 2024; Frías et al., 2025). Their advantages include accessibility, relatively rapid effects, and practical value for secondary and tertiary prevention (Antony et al., 2020; Frías et al., 2025; Nota et al., 2021). Nevertheless, their effectiveness is often highly dependent on a supportive organizational context, especially where utilization is shaped by stigma, privacy concerns, and trust in management (Heath et al., 2024; Kohl et al., 2022; Murphy et al., 2023).

Supervisor-focused interventions generally improve supportive leadership behaviour and can positively influence employee satisfaction, support utilization, and mental health (Hammer, 2024; Hammer et al., 2024; Hees et al., 2024; Vonderlin et al., 2021). Nonetheless, the literature also highlights a possible resource-drain paradox in which supervisors themselves may experience additional burden, work-family tension, or burnout if organizations expect them to carry well-being responsibilities without providing structural support (Hammer et al., 2024; Kossek et al., 2018; Rankine et al., 2025; Vonderlin et al., 2021).

Organizational and multilevel interventions appear to offer the greatest promise for addressing psychosocial risks systematically (Dalgaard et al., 2025; Gray et al., 2019; Hammer et al., 2024; Martín et al., 2014; Nielsen & Christensen, 2021). These approaches can improve communication, participation, psychosocial climate, and the broader work environment (Brisson et al., 2020; Dalgaard et al., 2025; Kjærgaard et al., 2024; Loh et al., 2024; Nielsen & Christensen, 2021). Despite this, they are also the most demanding in terms of implementation quality and time horizon. Several studies report positive process and climate changes while noting limited short-term change in primary outcomes such as sick leave or overall stress reduction. This implies that systemic benefits may require a longer latency period before they become visible (Dalgaard et al., 2025; Daniels et al., 2021; Linzer et al., 2015; Peter et al., 2024).

A particularly notable finding concerns PSC. The literature indicates that PSC is a decisive factor in the effectiveness of individual-level resources, including EAPs (Andersen et al., 2025; Bouzikos et al., 2022; Loh et al., 2024, 2025). In low-PSC environments, employees may hesitate to engage with available supports due to mistrust, fear of stigma, or concern regarding confidentiality. In high-PSC environments, by contrast, intervention uptake is more likely to occur since employees perceive psychosocial support as legitimate, safer to access, and aligned with organizational values (Amoadu et al., 2023, 2024, 2025; Klinefelter et al., 2020; Roczniowska et al., 2024). In essence, this suggests that PSC is not merely a contextual backdrop. Instead, it is a structural enabler of intervention success.

Table 3 Comparative Efficacy and Work-Related Outcomes by Intervention Level

Intervention Level	Primary Effectiveness	Key Work-Related Outcomes	Implementation Nuances
Individual-Focused	Significant symptom reduction (CBT, Mindfulness, EAPs)	Increased resilience, PsyCap, reduced stress and anxiety	High variability in online engagement; highly dependent on supportive climate
Supervisor-Focused	Increased supportive behavior, reduced employee distress	Improved life/job satisfaction for subordinates, PP effects (e.g., blood pressure)	Risk of increasing supervisor burnout/work-family conflict (Resource Drain Paradox)
Organizational/multi-level	Reduction of systematic risk factor (PSC, demands, low reward)	Improved psychosocial environment, sustained effects, enhanced communication and organizational participation	Long latency period for primary outcome changes (e.g., sick leave) requires high fidelity and process quality

Discussion: From Intervention Efficacy to Intervention Translation

This review demonstrates that psychosocial intervention research has undergone a significant conceptual and practical transformation. The field has shifted from a predominantly individualistic orientation focused on symptom management toward a broader multilevel understanding. Accordingly, organizational climate, leadership, participation, and psychosocial risk governance are increasingly perceived as central to intervention success. This shift reflects a deeper theoretical maturation in the study of employee well-being. Rather than viewing mental health in the workplace as a matter of personal vulnerability or coping deficiency, contemporary intervention scholarship increasingly recognizes that psychosocial outcomes are shaped by the quality of work systems, managerial practices, and the broader conditions under which work is organized (Dalgaard et al., 2025; Greiner et al., 2022; Hammer et al., 2024).

At the same time, the review reveals that the field remains constrained by an important explanatory limitation. Much of the literature continues to demonstrate whether interventions can improve stress, burnout, psychological distress, or engagement. However, fewer studies adequately explain why effectiveness varies across settings or why interventions with promising employee-level benefits often fail to generate broader organizational gains (Abildgaard et al., 2023; Burdorf, 2023; Burgess et al., 2019). This is particularly visible in the imbalance between proximal and distal outcome measurement. Many studies assess changes in individual well-being. Still, comparatively few examine whether such changes become embedded in organizational performance through reduced absenteeism, stronger retention, improved productivity, or more sustainable psychosocial work conditions (Åkerström et al., 2021; Roodbari, Axtell, et al., 2021; Roodbari, Nielsen, et al., 2021).

The findings indicate that this problem cannot be resolved through modality comparison alone (Aust et al., 2023; Axén et al., 2020). Although individual-focused interventions such as CBT, mindfulness-based programs, PP approaches, and EAPs frequently demonstrate beneficial effects on symptoms, resilience, and psychological resources, their longer-term effectiveness often depends on the environment into which they are introduced. In line with this, interventions that strengthen coping capacity may still yield limited organizational value if employees do not trust the organization, if stigma discourages engagement, or if structural stressors remain unchanged (Åkerström et al., 2021; Ramírez-Vielma et al., 2023; Wijnen et al., 2019). As a result, interventions that appear effective at one level may remain fragile, conditional, or short-lived when broader contextual supports are absent (Åkerström et al., 2021; Daniels et al., 2021; Wijnen et al., 2019).

This is where PSC is particularly important. One of the clearest contributions of the current synthesis is the recognition that PSC functions as more than a background moderator. The evidence suggests that it shapes perceptions of whether psychosocial interventions are legitimate, confidential, supportive, and aligned with organizational priorities (Fouquet et al., 2026; Heming et al., 2025; Loh et al., 2024). In low-PSC environments, employees may hesitate to use available psychosocial resources due to concerns about stigma, privacy, retaliation, or managerial insincerity. In contrast, in high-PSC environments, intervention uptake is more likely to be supported by trust, consistency, and organizational commitment (Amoadu et al., 2023, 2024, 2025; Klinefelter et al., 2020; Roczniowska et al., 2024). This suggests that PSC should be understood as a structural enabling condition that governs whether psychosocial intervention mechanisms can be activated effectively.

Fidelity implementation is a major issue that warrants greater attention. The review indicates that implementation problems remain widespread across psychosocial intervention studies, especially in digital, organizational, and multilevel programs (Daniels et al., 2021; Fikretoglu et al., 2019; Kerns et al., 2021). Low adherence, insufficient managerial support, weak organizational readiness, poor integration into workflows, inadequate time allocation, and limited reporting of process quality all undermine the translation of intervention design into actual intervention practice (Lange et al., 2024; Schulte et al., 2017; Wierenga et al., 2013). This is not simply a methodological problem. Rather, it is a causal problem. An intervention cannot produce sustainable outcomes if it is only partially enacted, weakly supported, or poorly embedded. By foreground implementation conversion, the present review emphasizes that efficacy and intervention enactment cannot be analytically separated (Lewis et al., 2020).

The discussion also highlights the differentiated roles of intervention levels. Individual-level interventions remain valuable, particularly for secondary and tertiary prevention, since they can produce relatively rapid gains in distress reduction, coping ability, and psychological resource development. Supervisor-focused interventions can enhance supportive leadership behavior and increase employees' use of psychosocial resources. Nevertheless, they may also create an additional burden for supervisors when organizational support is insufficient (Hammer et al., 2024; Ipsen et al., 2018; Mohr et al., 2021). Organizational and participatory interventions appear to offer the greatest promise for sustained systemic improvement since they target work conditions, communication, psychosocial climate, and participatory governance (Amoadu et al., 2024; Hammer et al., 2024). Despite this, they also require the greatest implementation discipline, stronger managerial commitment, and longer evaluation timeframes. While the implication is not that one intervention level is universally superior, such intervention levels operate differently within a broader organizational translation process. This interpretation helps explain why many studies report stronger evidence for employee-level gains than for organizational performance effects (Loh et al., 2024; Radaelli & Sitton-Kent, 2016; Schneider & Pulakos, 2022). Psychological improvements may emerge within relatively short time horizons, especially when interventions strengthen emotional regulation, coping skills, or support utilization (Carolan et al., 2017; Donaldson et al., 2019; Ferszt, 2022). Distal organizational outcomes are slower, more diffuse, and more dependent on sustained institutional conditions (Roodbari et al., 2021; Woerkmom, 2021). Reduced absenteeism, improved retention, and measurable productivity gains typically require longer follow-up periods, stronger implementation fidelity, and deeper integration into organizational practice than most intervention studies currently provide (Galliker et al., 2024; Zieringer & Zapf, 2024). The underrepresentation of such outcomes in the literature therefore reflects methodological difficulties and an underdeveloped theoretical understanding of how employee well-being becomes an organizational value.

The review further suggests that the field continues to experience a maturity gap between theoretical preference and empirical concentration. Organizational and multilevel interventions are increasingly described as more sustainable and more aligned with the root causes of psychosocial risk, yet much of the empirical literature remains dominated by individual-level and digitally delivered approaches (Burdorf, 2023; Dalggaard et al., 2025; Zuberbühler et al., 2025). This is understandable given the practical ease of standardizing, implementing, and evaluating such interventions. However, it also risks reinforcing an evidence hierarchy that privileges what is easiest to test over what may be most consequential for sustainable psychosocial risk reduction. In essence, a theory-building review must draw attention to the

volume of research in each category and the conceptual imbalance between the convenience and significance of interventions.

From a practical standpoint, the findings suggest that organizations should be cautious about adopting psychosocial interventions as isolated programs detached from broader work design, leadership capability, and psychosocial risk governance (Burdorf, 2023; Dalgaard et al., 2025). The most promising interventions are likely to be those introduced into environments characterized by a supportive PSC, implemented with high process quality, and evaluated through both proximal and distal outcomes. This implies that the organizational question should not begin with which intervention to purchase or deploy, but with whether the workplace has the structural and managerial conditions necessary to support intervention uptake, trust, and long-term embedding.

The implications for future research are equally clear. There is a need for more longitudinal, implementation-sensitive, and sector-specific studies capable of testing how psychosocial interventions unfold over time and under varying contextual conditions. Correspondingly, future research should also incorporate more objective and organizational outcome measures, stronger process evaluations, and more explicit testing of the relationships proposed in the PITF (Bakri, 2024; Guastaferrro & Pfammatter, 2023; Hees et al., 2024; Loh et al., 2024; May et al., 2022; Román-Niaves et al., 2024; Sanz-Vergel & Nielsen, 2021). In particular, PSC should be examined as a structural enabler, fidelity as a translation mechanism, and organizational embedding as a condition for converting employee-level well-being gains into sustainable organizational outcomes.

Overall, the discussion indicates that the future of psychosocial intervention research lies in moving from intervention efficacy to intervention translation. The field no longer lacks evidence that psychosocial interventions can improve employee well-being. What it still lacks is a sufficiently integrated explanation of how intervention content, organizational climate, implementation process, and temporal embedding interact to produce durable results. In response, by addressing this gap, the present review offers a more original contribution to literature. It provides a stronger conceptual platform for both future scholarship and workplace practice.

Theoretical Implications

Theoretical Contribution: The Psychosocial Intervention Translation Framework

The principal theoretical contribution of this review is the development of the PITF (Agteren et al., 2021; Crane et al., 2023; Day et al., 2023; Tsantila et al., 2023), an integrative model that explains how psychosocial interventions are translated from intervention design into sustained employee and organizational outcomes. Existing scholarship has produced substantial knowledge regarding the relative effectiveness of intervention modalities such as CBT, mindfulness-based approaches, digital mental health tools, leadership training, and participatory organizational interventions (Armaou et al., 2022; Carolan et al., 2017; Larsson et al., 2025; Stratton et al., 2022; Vonderlin et al., 2020; Waddell et al., 2023; Zuberbühler et al., 2024). Nonetheless, the field has been less adept at elucidating why interventions that demonstrate potential for enhancing individual well-being frequently fail to yield sustainable organizational outcomes, or why analogous interventions result in varying effects across

different workplace environments (Abildgaard et al., 2023; Andersen et al., 2021; Daniels et al., 2021; Martín et al., 2014; Nielsen & Abildgaard, 2013; Roodbari et al., 2023). The findings of this review suggest that such inconsistency is best understood not simply as a problem of intervention quality, but rather as a problem of translation.

PITF proposes that the success of psychosocial interventions depends on three interdependent dimensions (Burdorf, 2023; Daniels et al., 2021; Loh et al., 2024). The first is structural enablement, which refers to the organizational conditions that enable the uptake to be possible, legitimate, and sustainable. According to the reviewed literature, PSC, leadership commitment, organizational trust, and participatory culture repeatedly emerge as preconditions for successful intervention delivery (Amoadu et al., 2023; Loh et al., 2024; Masi et al., 2019; Skar et al., 2022). In particular, PSC appears to shape whether employees perceive available psychosocial resources as credible, safe, and worth engaging in. In this sense, PSC is not merely a contextual variable operating at the margins of intervention effectiveness. Rather, it functions as a constitutive enabling condition that determines whether intervention resources can be activated meaningfully.

The second dimension is implementation conversion, which refers to the extent to which intervention intent is translated into intervention delivery through fidelity, reach, participation, tailoring, and process quality. One of the most notable weaknesses identified in the literature is the limited reporting of implementation fidelity and related process conditions (Bragstad et al., 2019; Carroll et al., 2007; Ginsburg et al., 2021; Hasson, 2010; Olson et al., 2022; Slaughter et al., 2015; Toomey et al., 2020). This is theoretically consequential since psychosocial interventions cannot be understood solely through their nominal design. Their actual effects depend on how they are enacted in practice, whether employees participate, whether managers support implementation, whether adequate time and resources are allocated, and whether the intervention is sufficiently integrated into everyday organizational routines. The framework, therefore, positions implementation not as a secondary methodological concern. Instead, it serves as a core explanatory mechanism in psychosocial intervention theory.

The third dimension is outcome conversion, the process by which proximal psychological gains are transformed into broader organizational outcomes over time. The review reveals that many interventions produce improvements in stress, burnout, resilience, engagement, and psychological well-being, yet far fewer studies demonstrate consistent effects on absenteeism, productivity, retention, or economic performance (Aust et al., 2023, 2024; Bakker & Demerouti, 2016; Daniels et al., 2021; Miguel et al., 2023; Ra et al., 2008; Waddell et al., 2023). This discrepancy indicates that the field has often assumed a direct path from improved individual well-being to improved organizational functioning, without sufficiently theorizing the temporal, structural, and institutional conditions required for such a conversion. The PITF addresses this gap by distinguishing between proximal employee-level outcomes and distal organizational outcomes, and by arguing that the latter require sustained embedding, follow-up, and alignment with organizational systems before they become visible (Birken et al., 2023; Kamarova et al., 2024; Lewis et al., 2020; May et al., 2025; Román-Niaves et al., 2024).

Taken together, PITF makes three theoretical advances. First, it shifts the analytical focus away from intervention modality alone and toward the organizational conditions under which interventions are translated into practice. Second, it integrates PSC, implementation fidelity, and organizational outcomes into a single explanatory model rather than treating them as

separate themes. Third, it provides a stronger basis for interpreting the variability in psychosocial intervention findings by demonstrating that intervention success is a property of content and alignment between structural enablement, the implementation process, and the outcome pathway.

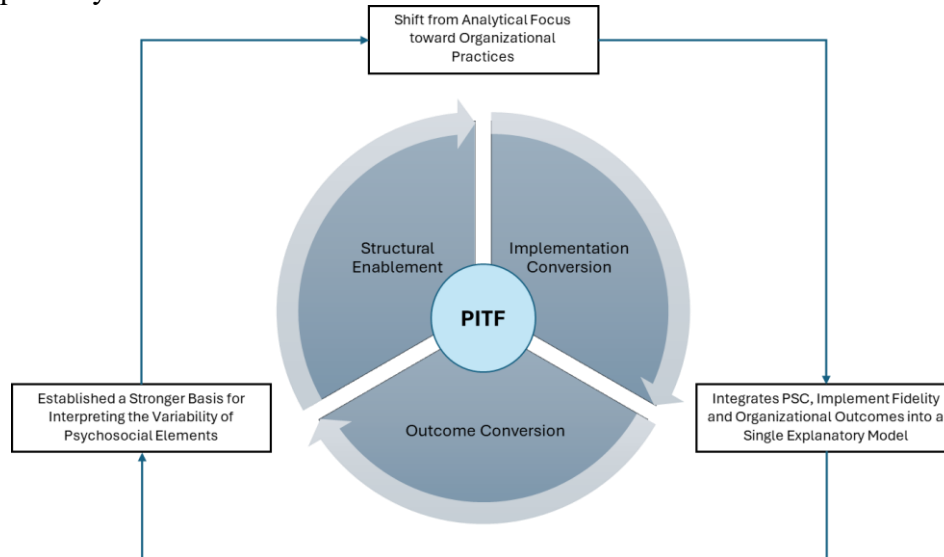


Figure 7. Psychosocial Intervention Translation Framework (PITF)

The framework also clarifies the field's historical development. Earlier intervention research focused predominantly on symptom reduction and individual coping. This was followed by growing interest in digital delivery, psychological resources, and accessible dissemination of intervention. More recent work has increasingly emphasized psychosocial risk management, participatory design, leadership behaviors, and organizational climate. PITF interprets this trajectory not merely as a chronology of intervention innovation. Instead, it serves as the gradual recognition that employee well-being cannot be sustainably improved without understanding how interventions are translated through organizational systems. In this regard, the framework provides a more original theoretical contribution than a mere descriptive account of intervention evolution.

Practical Implications

The practical implications of this review follow directly from the PITF, which suggests that organizations should not judge interventions solely by their content. Rather, it should be assessed by whether the workplace provides the structural, procedural, and evaluative conditions necessary for sustainable impact (Burdorf, 2023; Dalgaard et al., 2025; Daniels et al., 2021; Loh et al., 2024; May et al., 2025; Paterson et al., 2024).

For practice, this indicates that organizational decision-making should not begin with the question of which programme to purchase or which app to deploy. It should begin with diagnostic questions concerning organizational readiness, PSC, leadership capacity, participation structures, and measurement strategy. Where these conditions are weak, even well-designed interventions may generate only limited or short-lived benefits. Where these conditions are strong, interventions are more likely to be trusted, used, and sustained.

Leadership development should also be understood as part of structural enablement rather than as a superficial add-on. Leaders and supervisors influence whether well-being interventions are perceived as credible, whether employees feel safe participating, and whether intervention practices are embedded into everyday work routines (Dalgaard et al., 2025; Daniels et al., 2021; Dannheim et al., 2021; Hammer et al., 2021). Similarly, implementation should be actively managed rather than assumed. Fidelity monitoring, employee participation, adaptation to local context, and stakeholder co-development are practical necessities, not optional refinements. Finally, organizations should broaden their outcome logic. Alongside employee well-being measures, they should monitor absenteeism, retention, psychosocial climate, productivity proxies, and process quality to assess intervention effects as therapeutic gains and components of broader organizational sustainability.

Limitations of Literature

The current evidence base remains methodologically uneven. A large proportion of studies rely heavily on self-report measures, short follow-up periods, and designs that make it challenging to determine whether observed gains are sustained over time. Many studies report positive findings at the level of employee well-being, but fewer provide sufficiently robust evidence regarding organizational-level outcomes or long-term impact (Bonde et al., 2024; Coe et al., 2021; Janssen et al., 2018; Michaelsen et al., 2023; Vonderlin et al., 2020). Attrition, implementation variability, and inconsistent reporting further complicate comparison across studies.

A second limitation concerns the uneven distribution of research contexts. Much of the literature is concentrated in specific sectors and occupational groups, with relatively limited evidence from small and medium-sized enterprises, industrial settings, and diverse cultural environments (Fiore et al., 2023; Lindholm et al., 2020; Nayani et al., 2017; Pindek et al., 2024; Sharma et al., 2025; Zhang et al., 2021). Consequently, this restricts the generalizability of findings and leaves important questions regarding sector-specific fit, contextual adaptation, and implementation feasibility underexplored.

A third limitation concerns implementation science. Fidelity reporting remains limited, with only a small minority of studies documenting adherence, reach, or contextual facilitators in sufficient detail (Rognstad et al., 2023; Román-Niaves et al., 2024; Slaughter et al., 2015; Tschida & Drahota, 2023). This constrains the field's ability to understand whether interventions work and how and why they work in practice. Taken together, these limitations indicate that the literature is only partially able to demonstrate how psychosocial interventions generate durable organizational outcomes. They also reinforce the need for future longitudinal studies that are implementation-sensitive and better aligned with organizational outcome measurement.

The other limitations are tabulated below:

Table 4 Methodological and Evidence-Based Limitations in Psychosocial Intervention Research

Area of Limitation	Description of Limitation	Paper Which Has Limitations
Small Sample Sizes	Many studies suffer from small sample sizes, limiting statistical power and generalizability. This methodological constraint reduces external validity and increases the risk of Type II errors, making it difficult to detect true intervention effects. Such limitations are common across individual and organizational-level studies.	(Williams et al., 2020) (Lehmann et al., 2019) (Aarons et al., 2015) (Skar et al., 2022) (Kjærgaard et al., 2024) (Aust et al., 2023) (Greiner et al., 2022)
Short Follow-Up Periods	Numerous interventions are evaluated over short durations, often insufficient to capture long-term effects or sustainability of outcomes. This temporal limitation weakens conclusions about lasting benefits and may overlook the delayed impacts of interventions.	(Burdorf, 2023) (Kjærgaard et al., 2024) (Greiner et al., 2022) (Saksvik et al., 2015)
Lack of Control Groups	Several studies lack randomized control groups or use passive controls, which compromises internal validity. Without appropriate controls, attributing observed changes directly to the intervention is problematic, limiting causal inference.	(Loh et al., 2024) (Burdorf, 2023) (Kjærgaard et al., 2024) (Saksvik et al., 2021) (Greiner et al., 2022) (Skar et al., 2022) (Daniels et al., 2021) (Aust et al., 2023) (Aarons et al., 2015)
High Attrition Rates	High dropout or low adherence rates are prevalent, especially in digital and online interventions. Attrition introduces bias, reduces sample representativeness, and challenges the interpretation of effectiveness, particularly in workplace settings with competing demands.	(Aust et al., 2023) (Greiner et al., 2022) (Skar et al., 2022) (Daniels et al., 2021) (Saksvik et al., 2021) (Aarons et al., 2015)
Predominance of Self-Report Measures	Self-reported data for outcomes such as mental health and well-being can introduce potential biases, including social desirability and recall bias. This limitation undermines the objectivity and reliability of the findings, reducing confidence in the reported intervention effects.	(Loh et al., 2024) (Burdorf, 2023) (Greiner et al., 2022) (Daniels et al., 2021) (Saksvik et al., 2021) (Aarons et al., 2015)
Limited Organizational-Level Interventions	The literature is skewed toward individual-level interventions, with fewer studies addressing organizational or system-level factors. This imbalance limits understanding of broader contextual influences and the potential for sustainable workplace change.	(Kjærgaard et al., 2024) (Burdorf, 2023) (Aust et al., 2023) (Daniels et al., 2021) (Aarons et al., 2015)

Area of Limitation	Description of Limitation	Paper Which Has Limitations
Geographic and Sector Bias	Most research is conducted in high-income countries and specific sectors (e.g., healthcare), limiting external validity and applicability to diverse cultural and occupational contexts. This geographic and sector bias restricts the generalizability of findings globally.	(Kjærgaard et al., 2024) (Dalgaard et al., 2025) (Aarons et al., 2015)
Methodological Heterogeneity	Considerable variation in study designs, intervention types, outcome measures, and evaluation methods complicates synthesis and comparison across studies. This heterogeneity undermines the ability to draw firm conclusions and develop standardized best practices.	(Greiner et al., 2022) (Daniels et al., 2021) (Saksvik et al., 2021)
Insufficient Process Evaluation	Many studies focus on outcome evaluation with limited attention to implementation processes, fidelity, and contextual factors. This gap hinders understanding of mechanisms of change and factors influencing intervention success or failure.	(Kjærgaard et al., 2024) (Saksvik et al., 2021) (Greiner et al., 2022) (Skar et al., 2022) (Daniels et al., 2021)
Publication Bias and Selective Reporting	There is evidence of publication bias and selective outcome reporting, which could make interventions seem more effective than they really are. This bias compromises the validity of meta-analytic findings and requires meticulous interpretation of positive results. These limitations underscore the need for forthcoming longitudinal studies that are implementation-sensitive and better aligned with the measurement of organizational outcomes.	(Burdorf, 2023) (Daniels et al., 2021) (Saksvik et al., 2021) (Aarons et al., 2015)

In general, these limitations indicate that the current evidence base remains methodologically uneven and only partially able to demonstrate how psychosocial interventions generate durable organizational outcomes. The predominance of self-report measures, short follow-up periods, and underdeveloped organizational-level evidence constrain both causal interpretation and scalability claims. As such, these limitations reinforce the need for future studies that are longitudinal, implementation-sensitive, and better aligned with organizational outcome measurement.

Gaps and Future Research Directions

Future research should be organized around intervention categories and the translation conditions that determine whether psychosocial interventions achieve sustainable value. In line with the PITF, future studies should examine how structural enablement, implementation conversion, and outcome conversion jointly influence intervention success across sectors, occupations, and organizational contexts.

Research on **structural enablement** should more explicitly examine PSC, leadership commitment, trust, and participation as preconditions for intervention success. Rather than

treating these as background variables, future studies should assess their explanatory role in determining engagement, perceived legitimacy, and sustained use of psychosocial resources.

Research on **implementation conversion** should strengthen process evaluation, fidelity monitoring, and reporting of contextual facilitators and barriers. There is also a need for more adaptive designs that demonstrate how interventions are modified in real organizational settings and how these adaptations affect reach, adherence, and sustainability.

Research on **outcome conversion** should place greater emphasis on objective and organizational measures, including absenteeism, presenteeism, retention, productivity, and economic value. Longitudinal designs are especially important since distal organizational gains may emerge only after sustained implementation and climate change. Sector-specific research is also needed, particularly in underrepresented settings where psychosocial risk profiles and intervention feasibility may differ markedly from those found in the currently dominant evidence base.

Table 5 Future Research Priorities for Psychosocial Intervention Translation

Gap Area	Description	Future Research Directions	Justification	Research Priority
Long-term effectiveness and sustainability of interventions	Many studies have short follow-up periods, limiting understanding of long-term effects and sustainability of psychosocial interventions on employee well-being (Harker et al., 2023; Kjærgaard et al., 2024; Loh et al., 2024; Perera et al., 2020).	Conduct longitudinal studies with extended follow-up to assess the durability of intervention effects and identify factors supporting sustained benefits.	Long-term data is essential to determine whether initial improvements in well-being and mental health persist and to inform maintenance.	High
Implementation of fidelity and engagement challenges	Low adherence and engagement, especially in digital and organizational interventions, hinder effectiveness and sustainability (Daniels et al., 2021; Harker et al., 2023; Kjærgaard et al., 2024; Perera et al., 2020).	Develop and test strategies to enhance engagement and adherence, including organizational readiness assessments and co-design approaches with stakeholders.	Improving fidelity and engagement is critical to realizing intervention benefits and overcoming barriers, such as technical issues and a lack of management buy-in.	High

Gap Area	Description	Future Research Directions	Justification	Research Priority
Integration of multilevel and organizational-level interventions	Most interventions focus on individual-level strategies, with limited rigorous evaluation of integrated multilevel approaches addressing individual, team, and organizational factors (Daniels et al., 2021; Harker et al., 2023; Loh et al., 2024).	Design and evaluate comprehensive multilevel interventions that align implementation and evaluation levels, incorporating organizational culture and leadership components.	Multilevel approaches may yield more sustainable improvements by addressing systemic factors influencing employee well-being.	High
Role of organizational culture and leadership in intervention success	Insufficient understanding and measurement of how organizational culture and leadership behaviors moderate intervention outcomes (Daniels et al., 2021; Harker et al., 2023; Loh et al., 2024; Wagenaar et al., 2020).	Investigate mechanisms by which leadership and the PSC influence intervention effectiveness, including the impact of leadership training on both employees and supervisors.	Leadership and culture are critical moderators; a better understanding can optimize intervention design and implementation.	High
Digital intervention design and effectiveness	Digital mental health interventions show promise but face challenges in engagement, tailoring, and demonstrating improved effectiveness over time (Daniels et al., 2021; Kjærgaard et al., 2024; Paterson et al., 2024; Sangraula et al., 2021).	Explore user-centered design, tailored content, and blended approaches combining digital and human support to enhance effectiveness and adherence.	Despite technological advances, digital interventions have not significantly improved in effectiveness, necessitating innovation in design and delivery.	Medium
Population and sector diversity in research	There is too much research in healthcare and high-income countries, and not enough in small and medium-sized businesses, different industries, and groups that are not well represented, like women and minorities (Daniels et al., 2021; Loh et al., 2024; Perera et al., 2020; Wagenaar et al., 2020).	Expand research into diverse occupational sectors, Small and Medium Enterprise (SMEs), and vulnerable groups, and assess contextual and cultural factors that affect intervention uptake and outcomes.	Broader representation is needed to generalize findings and tailor interventions to specific workforce needs.	Medium

Gap Area	Description	Future Research Directions	Justification	Research Priority
Economic evaluations and cost-effectiveness data	Limited evidence on the economic impact and cost-effectiveness of psychosocial interventions in workplace settings (Harker et al., 2023; Paterson et al., 2024).	Incorporate rigorous economic analyses in intervention studies to assess return on investment and inform organizational decision-making.	Economic data is vital for employer buy-in and sustainable implementation of mental health programs.	Medium
Measurement and evaluation of psychosocial and work-related outcomes	Heavy reliance on self-reported measures; lack of objective and biological indicators; inconsistent assessment of work performance and absenteeism (Heming et al., 2025; Kjærgaard et al., 2024; Paterson et al., 2024; Sangraula et al., 2021).	Develop and validate multi-method assessment protocols, including objective health, performance, and organizational metrics, alongside self-reports.	Comprehensive measurement improves validity and captures broader intervention impacts.	Medium
Addressing stigma and mental health literacy in workplace interventions	Stigma and low mental health literacy remain barriers to the uptake and effectiveness of interventions (Daniels et al., 2021; Esponda et al., 2020; Kjærgaard et al., 2024).	Design and evaluate stigma-reduction and mental health literacy components integrated into psychosocial interventions, targeting both employees and management.	Reducing stigma enhances help-seeking and engagement, critical for intervention success.	Medium
Tailoring interventions to individual and contextual needs	Limited evidence on how individual differences (e.g., personality, tenure) and workplace context moderate intervention effectiveness (Daniels et al., 2021; Harker et al., 2023; Kjærgaard et al., 2024; Loh et al., 2024).	Conduct moderator analyses and develop adaptive interventions that consider individual and organizational characteristics to optimize outcomes.	Tailored interventions may increase relevance, engagement, and effectiveness across diverse employee groups.	Medium

More broadly, future scholarships should extend beyond repeated demonstrations of small-to-moderate intervention effects and toward a cumulative science of translation. The key question is no longer only which interventions work. Instead, it focuses on how intervention content, organizational climate, implementation process, and temporal embedding combine to produce durable value in practice.

Overall Synthesis and Conclusion

This review demonstrates that psychosocial interventions for employee well-being have evolved substantially from predominantly individual-focused stress-management approaches to more diverse, multilevel, and organizationally embedded interventions. Across the literature, psychosocial interventions generally produce beneficial effects on stress, burnout, psychological distress, engagement, resilience, and related indicators of well-being. Nevertheless, the cumulative evidence also reveals that intervention success is highly contingent on organizational context, implementation quality, and the extent to which employee-level improvements are translated into sustainable organizational outcomes.

To address this challenge, the article advances the PITF. The framework argues that psychosocial intervention success depends on three interdependent processes: structural enablement through a PSC and leadership support; implementation conversion through fidelity, participation, and organizational readiness; and outcome conversion through the embedding of proximal well-being gains into broader organizational performance. This perspective provides a more original explanation for the variability observed across intervention studies. It also clarifies why promising well-being interventions do not always produce durable changes in productivity, absenteeism, retention, or organizational health.

Theoretically, the review enhances discourse by reframing psychosocial interventions as instruments of organizational change rather than mere standalone support mechanisms. In practice, it suggests that organizations seeking lasting impact should move beyond isolated programs and invest in the structural and managerial conditions that enable trust, engagement, fidelity, and sustained institutionalization. Consequently, forthcoming research should emphasize longitudinal designs, sector-specific analyses, objective organizational outcome metrics, enhanced implementation evaluations, and the explicit testing of the relationships posited in the PITF.

In conclusion, the central challenge in psychosocial intervention scholarship is no longer simply identifying interventions that improve employee well-being in the short term. It is understanding how such interventions are translated into sustainable organizational value. Thus, by making that translation problem explicit, this review offers a stronger theoretical basis for future research and a more strategically useful perspective for organizations seeking healthier, safer, and more sustainable workplaces.

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