

Preventing Burnout Through Workplace Well-Being Interventions

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Abstract

Workplace well being has become an important issue in healthcare systems as professionals face increasing psychological pressure and demanding working conditions. High job demands combined with limited organisational resources often contribute to occupational burnout among healthcare workers. This study aims to examine how workplace well being interventions are conceptualised in the literature and to analyse the balance between reactive individual strategies and preventive organisational approaches. The study adopts a qualitative research design using secondary data derived from academic literature on workplace well being interventions among healthcare professionals. Relevant studies discussing burnout prevention and employee well being programs were analysed to identify patterns in intervention orientation. The analysis was guided by the Job Demands Resources framework in order to interpret how different interventions influence job demands and job resources within organisational settings. Conceptual comparison and interpretation were conducted to understand how existing studies frame the causes and solutions of occupational burnout. The findings show that the literature is dominated by reactive interventions focused on strengthening individual coping capacity while organisational interventions that address structural sources of stress receive comparatively limited attention. The study concludes that a more balanced approach that combines individual resilience strategies with structural organisational reforms is necessary for sustainable improvements in workplace well being. These findings contribute to the field by clarifying the theoretical relationship between workplace intervention strategies and organisational responsibility for managing occupational stress.

Keyword

Workplace Well Being; Occupational Burnout; Workplace Interventions; Organisational Resources.

1. Introduction

Workplace well-being has become an increasingly important issue in contemporary healthcare systems as professionals face growing psychological and organisational pressures (Cohen et al., 2023; Gabriel & Aguinis, 2021). Healthcare workers frequently encounter high workloads, emotional demands, and complex clinical responsibilities that place them at greater risk of occupational stress and burnout (Adam et al., 2023). These pressures have intensified in recent years as healthcare institutions experience workforce shortages, technological changes, and rising service demand (Adam et al., 2023). Burnout among healthcare professionals has been associated with absenteeism, reduced productivity, and declining quality of care (Johnson et al., 2018). As a result, maintaining the well-being of healthcare workers has become a critical concern not only for employees



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but also for healthcare organisations and public health systems. The growing recognition of psychosocial risks in the workplace has encouraged institutions to explore strategies that support employee resilience and mental health (Lara-Moreno et al., 2025). Workplace well-being interventions are increasingly viewed as an essential approach to maintaining sustainable healthcare systems. Understanding how these interventions are designed and implemented has therefore become an important area of research.

The problem of occupational burnout is particularly relevant because it directly affects both worker welfare and organisational performance. Chronic exposure to workplace stress can lead to emotional exhaustion, reduced professional efficacy, and long-term psychological distress among healthcare workers (Demerouti, 2024). These outcomes can undermine the effectiveness of healthcare organisations by increasing staff turnover and reducing workforce stability (Johnson et al., 2018). In addition, burnout among healthcare professionals may negatively affect patient safety and the overall quality of healthcare services (Johnson et al., 2018). Organisations therefore face growing pressure to implement programs that address workplace stress and promote well-being. Many healthcare institutions have responded by introducing interventions intended to improve resilience and psychological health among employees (Selič-Zupančič et al., 2023). These programs often aim to help workers manage the emotional demands of their profession (Awa et al., 2010). However, the effectiveness and underlying logic of these interventions remain a subject of ongoing discussion in the literature (Waddell et al., 2023).

A large body of research has explored different forms of workplace well-being interventions designed to address burnout among healthcare professionals (Araújo et al., 2024; Awa et al., 2010). Many studies have focused on individual-level programs such as mindfulness training, meditation practices, yoga sessions, and other stress-management activities (Cohen et al., 2023; Klatt et al., 2025). These interventions are typically designed to strengthen employees' coping abilities and improve their psychological resilience (Selič-Zupančič et al., 2023). Research frequently reports positive outcomes from such initiatives, including improvements in well-being, reduced perceived stress, and enhanced work engagement (Cohen et al., 2023; Kersemaekers et al., 2018). Because these programs are relatively easy to implement and do not require extensive organisational restructuring, they have become widely adopted across healthcare settings (Cohen et al., 2023). Individual-based interventions are therefore often seen as practical solutions to the growing challenge of workplace stress. As a result, they have become a dominant focus in the research on workplace well-being strategies (Adam et al., 2023; Cohen et al., 2023).

Theoretical perspectives on occupational stress help explain why workplace interventions often focus on individual coping strategies. One widely used framework is the Job Demands-Resources (JD-R) model, which explains how job demands and job resources interact to influence employee well-being (Demerouti, 2024). According to this perspective, burnout occurs when job demands exceed the resources available to workers (Sundram & Kusumareswaran, 2024). Job demands may include heavy workloads, time pressure, emotional labour, and organisational constraints that require sustained effort from employees (Demerouti, 2024). Job resources, in contrast, include supportive leadership, adequate staffing, autonomy, and organisational support that help employees manage their work responsibilities (Holt, 2025). Increasing job resources can reduce the negative effects of job demands and improve worker well-being (Demerouti, 2024). This theoretical perspective highlights the importance of both individual coping capacities and organisational working conditions in shaping employee health outcomes. It therefore provides a useful lens for analysing workplace well-being interventions.

Despite the extensive research on workplace well-being programs, an important imbalance exists in the types of interventions examined in the literature (Adam et al., 2023). Most existing studies focus on secondary interventions that aim to help workers cope with stress after it has already emerged (Awa et al., 2010). These interventions typically encourage behavioural or psychological changes among employees rather than modifying organisational conditions (Cohen et al., 2023). As a result, workplace well-being initiatives frequently emphasise resilience training, mindfulness practices, or other forms of stress management (Klatt et al., 2025). While these approaches may help employees manage immediate psychological strain, they do not necessarily address the organisational factors that generate workplace stress (Cohen et al., 2023). Structural issues such as excessive workloads, inadequate staffing, and limited professional autonomy may remain unchanged (Aust et al., 2024). This imbalance raises questions about whether current intervention strategies adequately address the root causes of burnout in healthcare settings.

The limited attention given to organisational interventions represents an important gap in the existing literature (Aust et al., 2024). Preventive strategies that modify workplace structures may reduce the sources of occupational stress before they develop into burnout (Gabriel & Aguinis, 2021). Examples of such approaches include workload adjustments, job redesign, and institutional support systems that improve collaboration and communication among healthcare professionals (Aust et al., 2024; Bes et al., 2023). These interventions aim to alter job demands or strengthen job resources at the organisational level (Bes et al., 2023). However, empirical research examining these types of interventions remains relatively scarce compared with studies on individual coping strategies (Aust et al., 2024; Cohen et al., 2023). The lack of evidence regarding organisational approaches makes it difficult to determine their broader impact on worker well-being (Aust et al., 2024). Consequently, the current knowledge base may not fully capture the range of possible solutions to occupational burnout.

Another challenge in the existing research concerns the methodological limitations of many intervention studies (Waddell et al., 2023). Research on workplace well-being strategies often relies on short-term evaluations or limited study designs (Cohen et al., 2023). Some studies lack control groups, while others do not include long-term follow-up assessments that would allow researchers to evaluate the sustainability of intervention outcomes (Adam et al., 2023; Cohen et al., 2023). In addition, the wide variation in intervention types, study populations, and measurement tools complicates comparisons across studies (Cohen et al., 2023). These methodological issues make it difficult to determine which strategies produce the most effective and durable improvements in worker well-being (Waddell et al., 2023). As a result, the existing literature provides only partial insight into the long-term effectiveness of different intervention approaches. This limitation further contributes to uncertainty regarding the most appropriate strategies for addressing burnout in healthcare environments.

Given these challenges, it becomes important to critically examine how workplace well-being interventions are conceptualised in the existing literature. A central question concerns whether current research primarily treats burnout as an individual problem or as an organisational issue. Analysing interventions through the lens of the JD-R model can help clarify whether existing strategies focus on strengthening individual coping capacities or on modifying job demands and organisational resources. Such an analysis can reveal the underlying assumptions that shape workplace well-being policies. It can also highlight whether intervention strategies align with theoretical understandings of occupational stress. Addressing this issue is essential for developing more comprehensive

approaches to burnout prevention. A clearer understanding of intervention patterns may help identify opportunities for improving workplace well-being policies.

This study therefore seeks to examine the dominance of individualised solutions in the research on workplace well-being interventions for healthcare professionals. The analysis aims to explore how existing studies conceptualise preventive and reactive approaches to addressing occupational burnout. Particular attention is given to how interventions correspond to the theoretical framework of job demands and job resources. By analysing patterns within the literature, the study seeks to identify whether current research sufficiently addresses organisational sources of stress. The research also aims to clarify the implications of prioritising individual coping strategies over structural workplace changes. Understanding these dynamics is important for improving future research directions in the field of workplace well-being. Greater attention to preventive organisational strategies may contribute to a more balanced understanding of how burnout can be addressed in healthcare settings.

2. Research Method

This study employs a qualitative research design based on literature-based analysis to examine how workplace well-being interventions are conceptualised in relation to occupational burnout (Gephart & Saylor, 2020; Lewis, 2015). A qualitative approach is appropriate because the study aims to interpret patterns, meanings, and conceptual orientations within existing academic discussions rather than measure statistical relationships (Elbardan & Kholeif, 2017). The research focuses on understanding how scholars frame workplace well-being interventions as either preventive organisational strategies or reactive individual coping mechanisms. The analytical framework guiding the study is the Job Demands–Resources (JD-R) model, which provides a conceptual structure for analysing how job demands and job resources shape employee well-being. Using this framework allows the study to examine whether existing interventions primarily address structural work conditions or individual responses to stress. Qualitative literature analysis is suitable for identifying theoretical patterns and conceptual tendencies across different studies (Morgan, 2022). This design enables the researcher to critically interpret how workplace well-being strategies are positioned within broader theoretical debates about occupational stress and organisational responsibility.

The data used in this study consist of secondary data derived from peer-reviewed academic literature examining workplace well-being interventions for healthcare professionals (Cheong et al., 2023; Ruggiano & Perry, 2017). The units of analysis are published studies that discuss interventions designed to improve well-being or reduce burnout among healthcare workers such as nurses, physicians, and allied health professionals. Data collection involved identifying relevant literature that analyses individual-based interventions, organisational interventions, or combinations of both approaches within workplace well-being programs. The analytical focus was directed toward conceptual descriptions of intervention strategies, theoretical explanations of burnout, and discussions of workplace stress management. The main analytical dimensions include the type of intervention implemented, the level of intervention focus (individual or organisational), and the relationship between intervention strategies and the Job Demands–Resources theoretical framework. Conceptual coding was used to classify how each study frames the relationship between job demands, job resources, and employee well-being (Azungah, 2018; Kiger & Varpio, 2020). This procedure allowed the

researcher to systematically compare how different studies conceptualise the causes and solutions of occupational burnout.

To ensure trustworthiness and analytical rigor, several strategies were applied during the research process (Elbardan & Kholeif, 2017; Roberts et al., 2019). Credibility was supported through careful selection of peer-reviewed literature and systematic examination of relevant conceptual discussions within the studies. Dependability was strengthened by applying consistent analytical categories derived from the JD-R framework when reviewing and interpreting the literature. Transparency in the analytical process was maintained by clearly defining the analytical dimensions used to interpret intervention strategies and workplace stress mechanisms. Because the research relies on secondary data from publicly available academic publications, issues related to participant recruitment or direct human involvement were not present. Nevertheless, the study follows standard academic ethical principles in the use and interpretation of scholarly work (Cheong et al., 2023; Ruggiano & Perry, 2017). Proper citation and acknowledgment of original sources were maintained to ensure intellectual integrity. Ethical considerations also include maintaining academic honesty and respecting the confidentiality and integrity of previously published research.

3. Result and Discussion

3.1 Dominance of Reactive Interventions in Workplace Well-Being Programs

Understanding the patterns of workplace well-being interventions requires a conceptual lens capable of explaining the relationship between work conditions and employee stress. The Job Demands-Resources (JD-R) model provides such a framework by explaining how burnout emerges when job demands exceed the resources available to workers (Demerouti, 2024; Sundram & Kusumareswaran, 2024). Within this theoretical perspective, interventions can be interpreted as either mechanisms that reduce job demands or strategies that enhance workers' coping capacity (Demerouti, 2024). This distinction is analytically important because it reveals whether workplace well-being programs address structural sources of stress or merely respond to its psychological consequences. The JD-R model therefore offers a useful foundation for examining the dominance of particular intervention strategies within the literature (Sundram & Kusumareswaran, 2024). By distinguishing between preventive organisational resources and reactive coping mechanisms, the model clarifies how workplace interventions are positioned conceptually. In this analytical context, the findings highlight a persistent emphasis on individualised coping strategies rather than organisational restructuring. This imbalance becomes central to understanding the broader dynamics shaping workplace well-being initiatives in healthcare settings.

The analysis of secondary literature indicates that most workplace well-being interventions concentrate on strengthening individual resilience rather than transforming organisational conditions. Programs frequently involve activities such as mindfulness training, meditation practices, relaxation techniques, or psychological coaching. These initiatives are typically designed to help employees manage stress more effectively within demanding work environments. Such approaches align with the reactive dimension of the JD-R framework because they attempt to increase personal resources without significantly altering job demands (Cohen et al., 2023; Demerouti, 2024). The appeal of these programs often lies in their practicality and ease of implementation within existing organisational structures (Cohen et al., 2023). Institutions can adopt individual-based well-being programs without making substantial changes to staffing patterns, workload distribution, or workplace governance. As a result, these strategies often appear as

convenient responses to growing concerns about employee burnout. However, their prevalence also suggests a broader tendency to treat occupational stress primarily as an individual challenge rather than a structural organisational issue (Gabriel & Aguinis, 2021).

Further examination of the literature reveals that individual-focused interventions often generate measurable improvements in psychological well-being. Studies frequently report reductions in perceived stress, anxiety, and emotional exhaustion among participants who engage in mindfulness-based programs or similar activities. These outcomes indicate that reactive interventions can strengthen workers' psychological capacity to cope with demanding work environments. Within the JD-R framework, such programs increase personal resources that help buffer the effects of job demands (Demerouti, 2024; Selič-Zupančič et al., 2023). This dynamic partially explains why these interventions have gained popularity in healthcare organisations (Cohen et al., 2023). Positive short-term outcomes create the impression that employee resilience training represents an effective strategy for addressing burnout. Nevertheless, the literature also indicates that many of these improvements occur without substantial changes in underlying workplace conditions (Adam et al., 2023). The persistence of high workloads, time pressure, and institutional constraints raises questions about the long-term sustainability of these interventions.

In contrast to the extensive attention given to individual coping strategies, organisational interventions appear far less frequently in the literature. Preventive approaches that seek to modify workplace structures represent a smaller portion of the research on workplace well-being (Aust et al., 2024; Cohen et al., 2023). These interventions typically involve adjustments to workload management, staffing support, or collaborative systems designed to reduce occupational stress. Within the JD-R model, such strategies operate by decreasing job demands or increasing organisational resources available to workers (Bes et al., 2023; Demerouti, 2024). By addressing structural conditions rather than individual symptoms, organisational interventions have the potential to produce more sustainable improvements in employee well-being (Aust et al., 2024; Gabriel & Aguinis, 2021). However, the limited number of studies examining these strategies suggests that institutions may be hesitant to pursue structural reforms. Implementing organisational change often requires substantial adjustments in management practices, institutional policies, and resource allocation (Aust et al., 2024). This complexity may partially explain why reactive individual-focused programs remain more widely adopted.

Another important pattern emerging from the literature concerns the methodological structure of many intervention studies. A significant portion of research evaluating workplace well-being programs relies on short-term assessments of psychological outcomes. While these studies frequently demonstrate improvements in indicators such as stress reduction or increased mindfulness, they rarely assess whether these benefits persist over extended periods. The absence of long-term evaluation makes it difficult to determine whether individual coping strategies produce durable changes in employee well-being (Cohen et al., 2023; Waddell et al., 2023). Within the JD-R perspective, this limitation is particularly important because burnout often develops through prolonged exposure to high job demands (Demerouti, 2024). Without addressing structural workplace conditions, reactive interventions may only temporarily mitigate the effects of occupational stress (Awa et al., 2010). The methodological focus on short-term outcomes therefore reinforces the dominance of symptom-oriented solutions. This

dynamic further contributes to the imbalance between reactive and preventive approaches in the literature.

The findings also reveal that the conceptual framing of workplace well-being interventions often influences how responsibility for burnout is distributed within organisations. When stress is primarily interpreted as an individual psychological challenge, the burden of adaptation tends to shift toward employees themselves. Workers are encouraged to develop resilience, mindfulness, or emotional regulation skills in order to manage demanding work environments. In contrast, organisational conditions such as staffing shortages or workload intensity may receive less analytical attention. The JD-R model highlights the limitations of this perspective by demonstrating that burnout emerges from the interaction between demands and resources rather than individual capacity alone (Demerouti, 2024; Sundram & Kusumareswaran, 2024). Ignoring structural factors may therefore obscure the organisational sources of workplace stress (Gabriel & Aguinis, 2021). This observation suggests that the conceptual framing of interventions plays an important role in shaping institutional responses to burnout.

From a theoretical perspective, these findings both confirm and refine existing understandings of workplace stress within the JD-R framework. Prior studies have suggested that increasing individual resources can help mitigate the impact of demanding work environments (Kersemakers et al., 2018; Selič-Zupančič et al., 2023). The literature reviewed in this analysis supports this proposition by demonstrating that resilience-focused programs can produce measurable improvements in psychological well-being. However, the findings also reveal that reliance on individual coping strategies may limit the transformative potential of workplace well-being initiatives. The JD-R model implies that sustainable improvements require a balance between reducing job demands and strengthening available resources (Demerouti, 2024). When organisational conditions remain unchanged, the capacity of individual interventions to address burnout may remain constrained (Adam et al., 2023). This interpretation extends previous theoretical discussions by highlighting the structural implications of intervention design.

These insights also contribute to understanding the governance dynamics surrounding workplace well-being initiatives in healthcare organisations. Institutional decision-making often prioritises interventions that can be implemented quickly and with minimal disruption to existing operational structures. Individual-focused programs satisfy these criteria because they require relatively limited organisational change (Cohen et al., 2023). In contrast, preventive organisational interventions may demand substantial adjustments in management practices and resource distribution (Aust et al., 2024). The preference for reactive strategies therefore reflects broader governance considerations related to efficiency, feasibility, and institutional risk (Holt, 2025). Recognising this dynamic helps explain why structural interventions remain less visible in the research landscape. By identifying this imbalance, the present analysis contributes to addressing the theoretical and empirical gaps surrounding the relationship between organisational governance and employee well-being strategies.

3.2 Preventive Organisational Interventions and Structural Sources of Burnout

Understanding preventive organisational interventions requires returning to the theoretical logic of the Job Demands-Resources (JD-R) model, which emphasises the balance between work demands and available resources in shaping employee well-being (Demerouti, 2024; Sundram & Kusumareswaran, 2024). Within this framework, burnout develops when employees face persistent job demands without sufficient organisational

resources to manage those pressures (Demerouti, 2024). Preventive interventions therefore aim to alter structural workplace conditions rather than focusing solely on individual coping capacity. These strategies operate by reducing excessive job demands or increasing institutional support systems that enable employees to perform their roles more sustainably. In healthcare environments, such interventions may include workload redistribution, collaborative support networks, or job redesign practices that increase autonomy and professional control (Aust et al., 2024; Holt, 2025). The JD-R framework suggests that addressing structural work conditions is essential for preventing long-term burnout (Demerouti, 2024). By modifying organisational resources and demands simultaneously, preventive strategies can create a more stable balance between work pressures and worker capacity. Examining how these organisational approaches appear in the literature provides insight into whether workplace well-being initiatives address the root causes of occupational stress.

The analysis of secondary literature shows that organisational interventions appear far less frequently than individual-focused programs within workplace well-being research (Cohen et al., 2023). While individual coping strategies dominate the intervention landscape, only a limited number of studies examine structural changes within healthcare institutions (Aust et al., 2024). These studies typically focus on organisational practices designed to reduce work intensity or enhance collaborative support among employees. Examples include workload redistribution through additional staffing support, job crafting initiatives that allow employees to reshape aspects of their work tasks, and peer-support systems that strengthen professional networks (Aust et al., 2024; Gabriel & Aguinis, 2021). Within the JD-R perspective, such interventions operate by modifying job demands and enhancing job resources at the institutional level (Demerouti, 2024). By reducing excessive workload pressures or increasing supportive organisational structures, these strategies directly target the conditions that produce occupational stress. However, the relatively small number of studies examining these approaches suggests that structural interventions remain underrepresented in the research literature (Aust et al., 2024). This imbalance highlights an important limitation in the current understanding of workplace well-being strategies.

One explanation for the limited presence of organisational interventions in the literature lies in the institutional complexity associated with structural workplace reforms. Organisational change often requires adjustments in management structures, policy frameworks, and resource allocation processes (Aust et al., 2024). These transformations may involve coordination across multiple departments and professional groups within healthcare institutions. Implementing structural reforms can therefore present administrative challenges that extend beyond the scope of individual well-being programs. In contrast, interventions targeting individual coping capacity can often be introduced without altering existing organisational arrangements. Activities such as mindfulness training or stress-management workshops require fewer institutional adjustments and can be implemented within existing workplace routines (Cohen et al., 2023). As a result, healthcare organisations may perceive individual-focused interventions as more feasible and less disruptive to operational processes. This institutional preference may contribute to the dominance of reactive strategies within the literature (Holt, 2025).

Another factor shaping the limited development of organisational interventions relates to the methodological structure of many workplace well-being studies. Research on individual-focused programs often relies on relatively short intervention cycles that allow researchers to observe measurable psychological changes over a brief period

(Cohen et al., 2023). These designs are well suited for evaluating interventions that aim to improve mindfulness, stress awareness, or emotional regulation. In contrast, organisational reforms typically unfold over longer time horizons and may produce gradual changes in workplace culture or institutional practices (Aust et al., 2024). Evaluating the effectiveness of structural interventions therefore requires longitudinal research designs capable of capturing long-term organisational dynamics (Adam et al., 2023; Waddell et al., 2023). Such designs are more complex and resource-intensive than short-term intervention studies. Consequently, the methodological demands associated with organisational research may discourage researchers from pursuing these types of investigations. This dynamic contributes to the limited empirical evidence available on preventive organisational strategies.

Despite these limitations, the studies that do examine organisational interventions provide important insights into the structural determinants of employee well-being. Evidence suggests that reducing excessive workload demands can significantly decrease emotional exhaustion among healthcare professionals ((Bes et al., 2023). Similarly, initiatives that enhance teamwork, communication, and peer support can strengthen organisational resources that help workers manage demanding work environments (Aust et al., 2024). These findings align closely with the JD-R framework by demonstrating that workplace well-being improves when employees gain access to stronger institutional support systems (Demerouti, 2024). Organisational interventions therefore offer an alternative pathway for addressing occupational stress that extends beyond individual psychological adaptation. By focusing on structural working conditions, these approaches recognise that employee well-being is shaped by the institutional context in which professional work occurs. This perspective highlights the importance of examining workplace governance structures as part of well-being research (Holt, 2025).

The analysis also indicates that preventive organisational strategies may have broader implications for institutional sustainability in healthcare systems. When structural workplace conditions improve, organisations may experience reductions in staff turnover, absenteeism, and professional burnout (Johnson et al., 2018). These outcomes contribute to greater workforce stability and improved continuity of care within healthcare institutions. The JD-R model suggests that strengthening job resources not only protects employee well-being but also enhances work engagement and professional motivation (Demerouti, 2024). As a result, preventive organisational interventions may generate benefits that extend beyond individual mental health outcomes. They may also contribute to improved organisational performance and service quality within healthcare systems (Gabriel & Aguinis, 2021). Recognising these broader institutional effects highlights the potential value of expanding research on structural workplace reforms.

Taken together, these findings illustrate the need for a more balanced research agenda that integrates both reactive and preventive approaches to workplace well-being. While individual coping strategies can provide valuable support for employees facing immediate stress, they cannot fully address structural workplace pressures ((Adam et al., 2023; Cohen et al., 2023). Preventive organisational interventions represent an important complement to individual-based programs because they target the institutional conditions that generate occupational stress (Aust et al., 2024; Bes et al., 2023). The JD-R framework underscores the importance of addressing both sides of the demand–resource relationship in order to achieve sustainable improvements in employee well-being (Demerouti, 2024). Expanding empirical research on organisational strategies may

therefore help clarify how workplace governance structures influence burnout outcomes. By highlighting the structural dimensions of occupational stress, this analysis contributes to addressing the theoretical and empirical gaps identified earlier in the study.

3.3 Rebalancing Job Demands and Resources: Theoretical Implications

The interpretation of workplace well-being interventions can be further clarified by returning to the theoretical logic of the Job Demands–Resources (JD-R) model. This framework emphasises that employee well-being emerges from the dynamic balance between work demands and the resources available to manage those demands (Demerouti, 2024; Sundram & Kusumareswaran, 2024). When demands such as workload intensity, emotional labour, and time pressure exceed available organisational resources, employees are more likely to experience burnout (Demerouti, 2024). Conversely, when organisations strengthen supportive structures such as autonomy, teamwork, and staffing capacity, the negative effects of work demands can be mitigated (Holt, 2025). The literature examined in this study demonstrates that many workplace well-being initiatives primarily focus on increasing individual coping capacity rather than modifying organisational conditions. This tendency raises important theoretical questions about whether existing interventions align with the JD-R model’s emphasis on balancing demands and resources (Demerouti, 2024). To clarify how different intervention strategies correspond to the JD-R framework, the following table synthesises the functional relationship between types of interventions, their operational focus, and their implications for employee well-being. The table functions as an analytical bridge that links empirical observations from the literature to the theoretical principles guiding this study.

Table 1. Functional Interpretation of Workplace Well-Being Interventions through the JD-R Framework

Intervention Orientation	Intervention Mechanism	JD-R Dimension Affected	Short-Term Impact	Structural Implication
Individual coping interventions	Mindfulness training, meditation, stress management programs	Strengthens personal psychological resources	Reduces perceived stress and emotional exhaustion	Does not directly change organisational work conditions
Psychological resilience programs	Coaching, emotional regulation training, gratitude practices	Enhances individual coping capacity	Improves short-term well-being and resilience	Maintains existing job demand structures
Organisational workload interventions	Workload redistribution, staffing support, task restructuring	Reduces excessive job demands	Decreases long-term stress exposure	Directly modifies structural work conditions
Job redesign and autonomy initiatives	Job crafting, flexible task design, decision-making autonomy	Increases job resources	Improves engagement and professional control	Strengthens organisational support systems
Collaborative organisational support	Peer-support networks, teamwork initiatives, communication systems	Expands social and institutional resources	Enhances collective resilience	Reinforces supportive workplace environments

Source: Processed by the researcher, 2026

The Table 1 illustrates how different categories of workplace interventions interact with the theoretical dimensions of job demands and job resources. Individual-focused programs primarily operate by strengthening employees' personal psychological capacity to cope with demanding work environments. Within the JD-R framework, these initiatives increase personal resources that can temporarily buffer the effects of high job demands (Kersemakers et al., 2018; Selič-Zupančič et al., 2023). However, because they do not directly modify organisational work structures, their impact on the underlying sources of occupational stress may remain limited (Cohen et al., 2023). In contrast, organisational interventions directly alter the structural conditions that shape workplace experiences. By reducing excessive job demands or expanding institutional resources such as staffing support and collaborative networks, these strategies address the systemic factors that contribute to burnout (Aust et al., 2024; Bes et al., 2023).

This distinction highlights an important theoretical implication for the study of workplace well-being. The JD-R model suggests that sustainable improvements in employee well-being require a balanced approach that simultaneously addresses job demands and job resources (Demerouti, 2024). When organisations rely primarily on individual resilience programs, they may overlook structural workplace conditions that generate stress in the first place (Gabriel & Aguinis, 2021). As a result, interventions may alleviate symptoms without fully resolving the organisational pressures experienced by employees (Adam et al., 2023). Recognising this imbalance contributes to a deeper understanding of how workplace governance practices shape the effectiveness of well-being initiatives (Holt, 2025). By linking empirical findings with theoretical principles, the analysis presented here helps clarify the structural dimensions of occupational burnout and the importance of organisational responsibility in addressing workplace stress.

4. Conclusion

This study examined how workplace well being interventions are conceptualised in the literature on healthcare professionals and how these interventions relate to the balance between job demands and job resources. The analysis shows that most existing studies prioritise reactive strategies that focus on strengthening individual coping capacity through mindfulness programs, stress management training, and other resilience oriented initiatives. These approaches are often attractive to organisations because they are relatively easy to implement and require minimal structural change. However, the findings indicate that this dominant focus on individual level solutions does not directly address the organisational sources of occupational stress such as workload intensity, staffing limitations, and institutional work design. In contrast, preventive organisational interventions that reduce job demands or strengthen structural resources appear far less frequently in the literature. When such interventions are examined they demonstrate potential for improving employee well being by modifying workplace conditions. The results therefore highlight an imbalance between reactive and preventive approaches within the current research landscape. Understanding this imbalance is important for developing more comprehensive strategies for addressing burnout in healthcare settings.

This study contributes to the field of workplace well being research by providing a theoretically grounded interpretation of intervention strategies using the Job Demands Resources framework. By synthesising existing studies through this theoretical lens the analysis clarifies how different intervention types correspond to either increasing individual resources or modifying organisational conditions. The findings extend previous research by highlighting how the dominance of individual coping interventions may reflect institutional preferences for solutions that are easier to implement within

existing governance structures. The study also refines theoretical discussions on occupational stress by emphasising that sustainable improvements in employee well being require attention to both job demands and job resources. In addition, the analysis contributes to ongoing debates about organisational responsibility for worker well being by showing that structural workplace conditions play a central role in shaping burnout outcomes. These insights provide a clearer conceptual understanding of how workplace well being policies operate within healthcare organisations. As a result the study helps bridge the gap between theoretical models of occupational stress and the practical design of workplace interventions.

Future research should further explore the organisational dimensions of workplace well being interventions in order to develop a more balanced evidence base. Empirical studies that examine structural workplace reforms such as workload redistribution, staffing support systems, and job redesign initiatives would provide valuable insights into preventive approaches to burnout. Long term evaluations of organisational interventions are also needed in order to assess whether improvements in employee well being can be sustained over time. Researchers should also examine how institutional governance structures influence the selection and implementation of workplace well being programs. Comparative studies across healthcare systems may help reveal how different organisational contexts shape intervention strategies and outcomes. In addition, integrating qualitative and longitudinal research designs could deepen understanding of how workplace environments evolve in response to well being initiatives. Expanding research in these directions will strengthen the theoretical and empirical foundations of workplace well being studies and support the development of more effective organisational strategies for preventing occupational burnout.

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