لبيه أعمال
Labayh Business

The Resilient Workplace

How organizations can protect employee wellbeing, strengthen adaptability, and sustain performance

August 2026

Provided By Labayh Business

labayhbusiness

لبيـــه أعمـــال
Labayh Business

Labayh Medical Care Company

Why Labayh?

Worldwide toolset
Based in Madinah & Riyadh with delivery capability throughout the Kingdom and across the globe.

Bilingual Capability
Design, delivery and support in Arabic and English and in some cases other languages.

Qualified and experienced
Tools for assessment, design and delivery from some of the best in the world used by accredited practitioners.

A Saudi Company
Saudi MOH approved platform. Management and delivery team with a wealth of experience in the region and beyond.

9 Years
of experience

+1,000
Professionals

+120
Countries

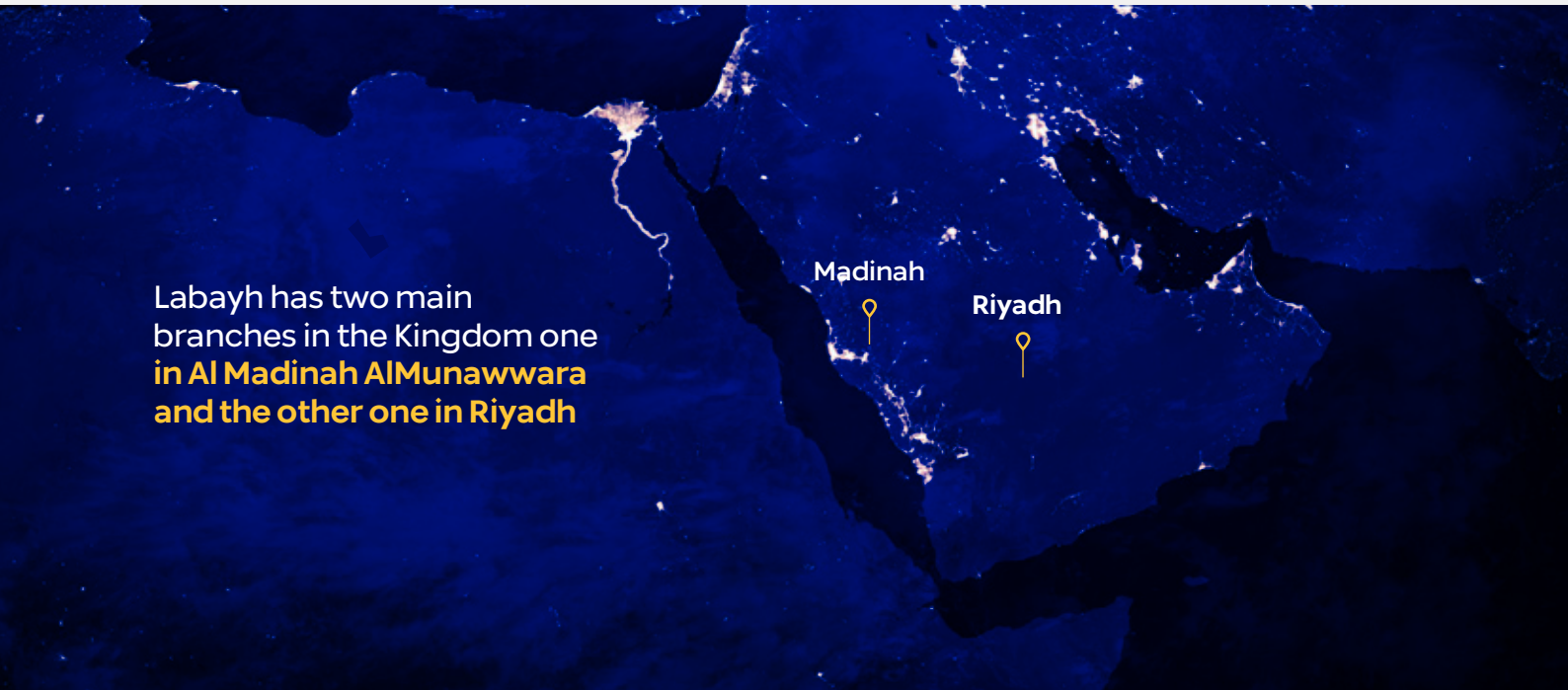
+3M
Active users

+570K
Rating count in app

+112M
Minutes of appointments

+3.5M
Minutes of social responsibility

98%
Satisfaction rate



Labayh has two main branches in the Kingdom one **in Al Madinah AlMunawwara and the other one in Riyadh**

Index

00 Executive Summary
- What the evidence tells us
- Five decisions for employers

01 Introduction: Why Resilience Matters Now
- The scale of the issue

02 What Is Resilience?
- What resilience is not
- Resilience exists at three levels

03 The Relationship Between Resilience and Wellbeing
- The resilience and wellbeing cycle
- What the research shows
- Four workforce states leaders should distinguish

04 Evidence in Practice: What the Studies Show

05 What Strengthens Employee Resilience?

06 What Weakens Employee Resilience?
- What employer data is already showing

07 The Manager's Role
- The six actions of a resilience-supporting manager
- A practical conversation guide
- Where the manager role stops
- Support the managers too

08 Recommendations for Employers
- The Labayh Resilience Action Model

09 How Labayh Business can support

10 References

Our point of view

Employee resilience is not a request to tolerate more pressure. It is the capacity to adapt, recover, and continue contributing within a workplace that provides fair demands, trusted leadership, social support, recovery time, and access to care.

Executive Summary

Employee resilience has moved from a personal development topic to a business and workforce issue. Organizations are asking employees to adapt to new technologies, changing roles, cost pressure, workforce restructuring, and higher customer expectations. The capacity to respond cannot be separated from mental wellbeing, work design, management quality, and access to support.

At Labayh Business, we view resilience as a shared outcome. Employees bring personal strengths, skills, relationships, and life circumstances. The organization shapes the conditions in which those resources are used or depleted. A resilient workforce is more likely when work is manageable, priorities are clear, managers are trusted, people can speak early, and recovery is treated as part of performance rather than a reward after exhaustion.

20%
of employees were engaged globally in 2025

40%
experienced a lot of stress on the previous day

12bn
working days lost each year to depression and anxiety

$1tn
annual productivity loss linked to depression and anxiety

What the evidence tells us

Resilience is dynamic. It includes readiness before pressure, constructive action during pressure, and recovery after adversity.

Wellbeing and resilience reinforce one another. Strong wellbeing preserves the energy and attention needed for adaptation. Resilient responses can protect wellbeing during periods of disruption.

Work conditions matter. Excessive demands, low control, unfair treatment, unclear roles, weak support, and limited recovery can exhaust the resources that resilience depends on.

Managers influence the day-to-day experience. They translate strategy into workload, priorities, feedback, flexibility, and support. Their behavior can surface risks early or push problems underground.

Training can produce benefits, yet results depend on fit, participation, baseline need, program quality, and the surrounding work setting. Training should sit beside work redesign and professional care, not replace them.

A 2025 meta-analysis reviewed 279 primary sources, 297 independent samples, and 432,458 participants. It found positive associations between workplace resilience and performance, job attitudes, psychological wellbeing, and physical health. The strength of the associations varied by the way resilience was defined, the presence of adversity, occupational risk, and measurement method. This supports investment, yet it argues against a one-size-fits-all program or a single headline score.

OUR CONCLUSION

Organizations should build resilience through a connected system: healthier work design, capable managers, trusted teams, practical employee skills, confidential support, and outcome measurement.

Five decisions for employers

01

Adopt a shared-responsibility definition. Position resilience as an outcome shaped by employee resources and workplace conditions.

02

Diagnose the sources of pressure. Combine employee voice, workload evidence, people data, service data, and manager insight.

03

Develop managers as the first operational line of support. Train them to prevent avoidable stress, hold supportive conversations, adjust work, and connect people to care.

04

Build a stepped support pathway. Give employees options that range from self-guided tools and team practices to counseling, coaching, and clinical referral.

05

Measure change, not activity alone. Track resilience and wellbeing beside workload, psychological safety, service reach, absence, retention, and employee feedback.

1 Introduction: Why Resilience Matters Now

What the evidence tells us

Work has always required adaptation. The difference now is the frequency and overlap of change. Employees may be adapting to automation, new systems, new leaders, changing team structures, higher service expectations, financial concerns, and personal pressures at the same time. Each demand may be manageable alone. In combination, they can reduce concentration, increase fatigue, weaken trust, and slow recovery.

This report does not treat pressure as automatically harmful. Challenge can support learning, purpose, and growth when people have adequate resources, control, support, and recovery. Risk grows when demands remain high for long periods and employees have little influence over how work is planned or performed.

The scale of the issue

The World Health Organization estimates that 15% of working-age adults had a mental disorder in 2019. Depression and anxiety are linked to an estimated 12 billion lost working days each year and US$1 trillion in lost productivity. WHO identifies excessive workloads, low job control, job insecurity, discrimination, inequality, and negative behavior as workplace risks to mental health.

Gallup reported that 20% of employees worldwide were engaged in 2025, down from a peak of 23% in 2022 and 2023. Global life evaluation improved slightly, with 34% of employees classified as thriving. Daily stress remained at 40%, above pre-pandemic levels. In the Middle East and North Africa, engagement stood at 14%, daily anger at 30%, and 36% of employees said it was a good time to find a job where they live. These measures do not equal resilience, but they show the emotional and organizational setting in which employers are asking people to adapt.

Figure 1. Selected workplace signals

Indicator	Latest figure	What leaders should read from it
Global employee engagement	**20%**	Many employees have limited connection to their work or employer.
Global daily stress	**40%**	Pressure remains common and can restrict recovery and decision quality.
Employees thriving in life	**34%**	A minority report strong present and future life evaluation.
MENA employee engagement	**14%**	Regional employers face a marked engagement gap.
MENA daily anger	**30%**	Negative daily emotion deserves attention in workforce diagnostics.

Source: Gallup, State of the Global Workplace 2026. Figures reflect 2025 data.

2

What Is Resilience?

What Is Resilience?

Employee resilience is the capacity and process through which people prepare for pressure, adapt during disruption, and recover after setbacks. It can be strengthened, depleted, and restored. It draws on personal resources such as confidence and coping skills, social resources such as trusted colleagues and managers, and organizational resources such as role clarity, autonomy, fair treatment, and access to help.

At Labayh Business, we use a three-part definition that keeps the idea practical for leaders and measurable for HR teams.

Figure 2. The Labayh three-part view of resilience

Resilience component	Core question	Workplace example
Capacity	**What resources are available before pressure rises?**	Skills, energy, confidence, relationships, role clarity, and access to support.
Response	**How does the employee or team act during pressure?**	Prioritizing, communicating, solving problems, asking for help, and adapting plans.
Recovery	**How does performance and wellbeing stabilize after the event?**	Rest, reflection, workload adjustment, learning, return-to-work support, and renewed confidence.

Source: Adapted from workplace resilience research reviewed by Good et al. and CIPD.

What resilience is not?

01

It is not endurance without limits

An employee who keeps working through chronic overload may look resilient in the short term. The same pattern can end in exhaustion, absence, disengagement, or departure. Sustainable resilience includes recovery, boundary setting, and early help-seeking.

02

It is not emotional silence

People can be resilient and still experience stress, fear, grief, anger, or uncertainty. Resilience is shown through adaptation and recovery, not the absence of emotion. A culture that rewards silence can hide risk until performance or health deteriorates.

03

It is not a substitute for treatment

Skills programs may help employees manage ordinary pressure. They do not replace assessment, counseling, medical care, or crisis support for people with clinical or acute needs. Employers need a clear pathway from awareness to professional help.

04

It is not an individual score used for selection

A resilience measure can support program evaluation and group-level diagnostics. It should not become a label for who is strong, weak, promotable, or suitable for redundancy. Misuse will reduce trust and may discourage honest participation.

Resilience exists at three levels

Figure 3. Resilience from employee to organization

Level	What it looks like	Primary levers
Employee	Adapts priorities, regulates emotion, uses support, recovers, and learns.	Skills, health, confidence, boundaries, relationships, and care.
Team	Shares information, redistributes work, speaks about risk, and learns from setbacks.	Trust, psychological safety, coordination, peer support, and fair workload.
Organization	Anticipates disruption, protects capacity, maintains core services, and supports recovery.	Work design, governance, staffing, leadership, policies, data, and support services.

Consulting implication

A company can have resilient individuals inside a fragile system. Repeated dependence on personal sacrifice is a warning sign, not proof of organizational resilience.

3

The Relationship Between Resilience and Wellbeing

The Relationship Between Resilience and Wellbeing

Resilience and wellbeing are connected, but they are not the same. Wellbeing describes how people are functioning and feeling across mental, emotional, social, and physical domains. Resilience describes the resources and responses that help them adapt and recover when demands rise.

The relationship works in both directions. Stronger wellbeing gives people more energy, attention, emotional range, and social capacity for adaptation. Effective coping and recovery can protect wellbeing during a difficult period. The reverse can occur when stress becomes chronic: depleted wellbeing narrows the resources available for coping, which makes the next demand harder to manage.

The resilience and wellbeing cycle

Figure 4. How wellbeing can protect or deplete resilience

Stage	Healthy cycle	Risk cycle
Before pressure	Adequate capacity, clear roles, trusted relationships, and access to support.	Fatigue, unresolved conflict, unclear priorities, and limited control.
During pressure	People reprioritize, communicate, seek help, and adjust plans.	People conceal problems, work longer, withdraw, or make avoidable errors.
After pressure	Recovery time, reflection, workload reset, and learning restore capacity.	No reset occurs; the next demand arrives before recovery is complete.

What the research shows

The 2025 workplace resilience meta-analysis found positive associations between resilience and psychological wellbeing, physical health, job attitudes, and performance across 297 independent samples. Psychological wellbeing showed the strongest relationship across several resilience concepts. The authors found variation that remained after known study differences were taken into account. This means employers should expect directionally positive results, but not a fixed effect across every role, culture, or program.

A 2025 systematic review of resilience interventions in public-sector workplaces reached a similar conclusion. Programs often improved psychological wellbeing and some work outcomes, yet the evidence base varied in design, quality, follow-up period, and intervention type. The review framed resilience as a shared responsibility between employees and organizations.

Four workforce states leaders should distinguish

Figure 5. A simple diagnostic matrix

State	What may be happening	Best employer response
Higher wellbeing, higher resilience	People have resources, support, and recovery capacity.	Maintain the conditions; test readiness for future change.
Higher wellbeing, lower resilience	People feel well now but have limited experience, confidence, or preparation for disruption.	Build skills, scenario practice, peer support, and change readiness.
Lower wellbeing, higher resilience	People are coping and delivering, but at a high personal cost.	Reduce demands, protect recovery, and provide early support.
Lower wellbeing, lower resilience	Resources are depleted and risk is concentrated.	Act on work conditions, provide professional support, and monitor safety.

Measurement rule

Do not treat a resilience score as proof that wellbeing is healthy. Measure both, then connect the results to workload, management, culture, service access, and people outcomes.

4

Evidence in Practice: What the Studies Show

Evidence in Practice: What the Studies Show

Workplace resilience programs can create meaningful gains, yet the result depends on the audience, baseline need, program content, delivery quality, and evaluation period. The following studies give employers three useful lessons: target the need, measure the intended outcome.

01

Digital resilience training for healthcare professionals

Setting: A randomized trial with 410 healthcare professionals in Singapore.

Intervention: A six-session digital Building Resilience at Work program, compared with a control group across three measurement points

Observed result: Participants in the intervention group recorded significant improvement in resilience after the program and/or at three-month follow-up. The authors called for further research on long-term effects and transfer to other settings.

Consulting lesson: Digital delivery can extend reach, yet follow-up and setting-specific testing remain part of responsible implementation.

Evidence in Practice: What the Studies Show

02

Stress management for local government employees

Setting: A randomized trial with 311 local government employees in the United Kingdom.

Intervention: Three half-day sessions based on acceptance, mindfulness, and values-guided action, with outcomes followed for six months.

Observed result: Employee distress declined. Among participants who began the study with higher distress, 69% improved to a clinically significant degree. Benefits were concentrated in the group with greater baseline need.

Consulting lesson: Segment employees by need. A universal program may appear weak when a large share of participants has little room for improvement.

03

Energy management and employee wellbeing

Setting: A worksite randomized trial with 240 employees across 12 worksites.

Intervention: A 2.5-day group program focused on energy management, energy-related quality of life, and purpose, assessed after six months.

Observed result: The intervention group improved on energy, general health, mental health, social functioning, purpose, and sleep measures. Weight, diet, physical activity, and cardiometabolic risk did not show significant change.

Consulting lesson: Match the claim to the outcome. A program can succeed on psychological and quality-of-life outcomes without changing unrelated health indicators.

5

What Strengthens Employee Resilience?

What Strengthens Employee Resilience?

Employee resilience grows through a combination of personal, social, managerial, and organizational resources. The strongest employer strategy is to build these resources before a period of strain, then preserve them during change and restore them after intense work.

01

Manageable demands and clear priorities
People adapt better when they know what matters, what can wait, and who can make trade-offs. Resilience falls when every task is urgent, staffing does not match demand, or priorities change without removing older commitments.

02

Autonomy and employee voice
Control over methods, sequencing, scheduling, and problem solving helps employees respond to pressure in a way that fits the situation. Employee voice gives leaders early information about barriers and risk. It can improve the quality of change decisions and increase trust in the response.

03

Supportive work relationships
CIPD identifies supportive coworkers, supportive managers, and high-quality manager-employee relationships as strong predictors of resilience. Social support provides practical help, emotional validation, information, and a sense that the employee does not have to manage the situation alone.

04

Psychological safety
Psychological safety allows employees to raise concerns, admit mistakes, ask questions, and request help without fear of humiliation or retaliation. It does not mean avoiding accountability or difficult conversations. It creates a setting where risks can surface early enough to be managed. APA survey data connect higher psychological safety with stronger confidence during workplace change.

05

Fairness, respect, and predictability
Fair decisions and respectful treatment protect trust. Predictable processes for workload allocation, performance decisions, flexibility, and change reduce avoidable uncertainty. Employees can manage difficult news more effectively when the process is clear and they are treated with dignity.

06

Recovery and boundaries
Recovery restores attention, emotional regulation, physical energy, and social patience. Employers can support it through realistic deadlines, breaks, leave, protected time away from work, workload reset after peak periods, and manager behavior that respects non-work time. Recovery should be planned into intensive work, not added after problems appear.

07

Skills and self-efficacy
Employees benefit from practical skills in prioritization, problem solving, emotional regulation, communication, help-seeking, and healthy routines. Training works best when employees can practice the skills, apply them to real work, receive reinforcement from managers, and access further support when self-management is not enough.

08

Accessible professional support
Confidential counseling, coaching, crisis support, and referral pathways give employees options matched to their needs. Access depends on more than availability. Employees need clear communication, privacy, simple booking, inclusive delivery, suitable hours, and confidence that service use will not affect their career.

Labayh Business view

The best resilience strategy increases resources and reduces avoidable strain at the same time. Skills alone cannot correct chronic overload, unfair treatment, or unsafe management behavior.

6

What Weakens Employee Resilience?

What Weakens Employee Resilience?

Resilience is often weakened gradually. The first signs may look ordinary: slower decisions, missed handovers, irritability, reduced participation, repeated rework, more sick days, or employees staying online longer. Leaders should read patterns across teams and time rather than waiting for a severe incident.

Chronic overload

Temporary peaks can be managed when people can recover. Chronic overload keeps the body and mind in a sustained demand state. It reduces attention, patience, creativity, and the ability to learn from setbacks. Hiring, prioritization, process design, and demand management belong in the resilience plan.

Low control and role ambiguity

Employees struggle when they are accountable for outcomes but cannot influence timing, resources, or methods. Unclear roles create duplicated work, conflict, hesitation, and a constant need to interpret what leaders want. Clear decision rights can release capacity without adding a new wellbeing program.

Poor management behavior

Inconsistent instructions, public criticism, favoritism, weak follow-up, and silence during change can drain trust. Employees may stop raising concerns or asking for help. The issue may appear later through avoidable errors, absence, low service use, or turnover.

Repeated change without closure

A workforce can absorb major change when leaders explain the case, involve employees, define what is changing, protect core capacity, and close the transition with learning. Constant initiatives with limited communication or unresolved work create change fatigue and cynicism.

Stigma and support friction

A service can exist and still feel inaccessible. Employees may worry about confidentiality, manager reaction, language, cultural fit, cost, scheduling, or career impact. Low use is not proof of low need. It may show that the route to help is unclear or not trusted.

What employer data is already showing

CIPD surveyed 1,101 HR and people professionals or managers with major HR decision influence in 2025. Sixty-four percent reported stress-related absence in their organization. Heavy workload was the leading cause among organizations reporting this form of absence, cited by 41%. Only half believed their stress-reduction efforts were effective, and 37% described their wellbeing approach as more reactive than preventive. These are UK employer findings and should be used as a directional comparison.

Common mistake

Organizations often respond to signs of strain with another individual course. We recommend testing the work system first: demand, control, clarity, fairness, staffing, recovery, and manager behavior.

7

The Manager's Role

The Manager's Role

Managers are the point where workplace policies become daily experience. They set priorities, distribute work, explain decisions, notice changes, approve flexibility, respond to mistakes, and connect employees to support. Their actions can protect capacity or add pressure.

Gallup has reported that the manager or team leader accounts for about 70% of the variance in team-level engagement. Engagement is not the same as resilience, yet this finding shows the scale of managerial influence on employee experience.

CIPD found that only 29% of surveyed organizations trained line managers to support mental health. Among employers that offered training, 73% agreed that managers were confident holding sensitive conversations and directing employees to expert help, compared with 57% among employers without training.

The six actions of a resilience-supporting manager

01
Set direction. Translate broad goals into clear priorities, roles, decision rights, and realistic deadlines.

02
Watch the pattern. Notice changes in behavior, quality, attendance, conflict, participation, and hours without making a diagnosis.

03
Ask early. Use private, direct questions about workload, support, and what would make the next period more manageable.

04
Adjust the work. Reprioritize, redistribute, clarify, pause low-value activity, or use available flexibility.

05
Connect to support. Explain confidential services, referral routes, emergency procedures, and available accommodations.

06
Follow up. Agree on a time to check progress and confirm whether the adjustment or referral helped.

A practical conversation guide

Figure 6. A six-step supportive conversation

Step	Manager language	Purpose
Observe	I have noticed that your workload and hours have increased over the past two weeks.	Use facts without labeling the employee.
Ask	How are you managing, and which part of the work is creating the most pressure?	Invite the employee view.
Listen	What would make the next week more manageable?	Identify practical needs and options.
Act	Let us reset the priorities, move this deadline, and review the workload on Thursday.	Change a work factor within the manager role.
Connect	Confidential support is available. I can show you how to access it.	Offer care without forcing disclosure.
Follow up	I will check in on Thursday. We can adjust the plan again if the pressure remains high.	Keep accountability and care active.

Where the manager role stops

Managers should not diagnose, provide therapy, investigate private clinical details, promise absolute confidentiality, or carry serious risk alone. They need clear escalation routes for immediate safety concerns, harassment, violence, severe distress, and medical emergencies. HR, clinical providers, occupational health, safeguarding teams, and emergency services hold distinct responsibilities.

Support the managers too

Managers often absorb pressure from senior leaders and their teams at the same time. They need realistic spans of control, role clarity, decision authority, peer support, supervision, and access to the same wellbeing services. A manager program that adds responsibilities without creating capacity may increase risk.

Manager standard

Managers do not need to have every answer. They need to notice, ask, act within their role, connect the employee to the right help, and follow up.

8

Recommendations for Employers

Recommendations for Employers

We recommend a connected employer model that joins prevention, preparation, support, recovery, and measurement. The aim is not to create another standalone initiative. The aim is to make resilience visible in work design, leadership practice, employee support, and workforce decisions.

The Labayh Business Resilience

Figure 7. The Labayh Business Resilience Action Model

Pillar	Employer question	Priority actions
Diagnose	Where is pressure concentrated, and which resources are missing?	Baseline survey, people data review, service data, interviews, focus groups, and team heat map.
Protect	Which work conditions create avoidable strain?	Workload, staffing, role clarity, autonomy, fairness, flexibility, recovery, and change practices.
Equip	Do employees and managers have usable skills?	Manager training, employee skills, peer support, scenario practice, and clear escalation guides.
Support	Can people reach confidential help at the right level?	Awareness, simple access, counseling, coaching, crisis routes, referral, and inclusive delivery.
Recover	How do people and teams regain capacity after intense periods?	Workload reset, return-to-work plans, follow-up, team reflection, and renewed priorities.
Measure	Did conditions, outcomes, and business indicators change?	Pre/post data, pulse measures, utilization, employee voice, absence, retention, and leadership review.

Recommendation 1: Set a shared definition and governance model
Agree on what resilience means, what it does not mean, and which outcomes the organization wants to protect.

Recommendation 2: Establish a baseline before selecting solutions
Combine a short employee survey with interviews or focus groups and a review of absence, turnover, workload, overtime, change exposure, engagement, and service use. Compare groups only where sample size and privacy allow. Look for differences by function, role, location, seniority, work arrangement, and manager population.

Recommendation 3: Fix high-impact work factors first
Prioritize issues that affect many employees and sit within organizational control. Common examples include unmanageable workload, unclear priorities, low decision authority, inconsistent flexibility, weak handovers, constant after-hours contact, poor change communication, and unresolved team conflict. Set a named owner and review date for each action.

Recommendation 4: Build manager capability and capacity
Train managers in workload planning, early warning signs, supportive conversations, referral, accommodation, crisis escalation, and return-to-work support. Pair training with job aids, office hours, peer practice, senior escalation, and workload review for managers themselves. Test skill through scenarios rather than attendance alone.

Recommendation 5: Create a stepped support pathway
Offer several levels of help so employees can enter at a point that fits their need. A pathway may include self-guided education, manager support, workshops, peer resources, coaching, counseling, specialist referral, and crisis services. Explain confidentiality, booking, cost, response time, language, and emergency limits in plain language.

Recommendation 6: Design recovery into the operating rhythm
Identify predictable peak periods and plan recovery in advance. Use staffing plans, rotating coverage, realistic deadlines, protected leave, meeting limits, after-hours boundaries, and post-peak workload resets. For high-exposure roles, include structured debriefing and access to professional support.

Recommendation 7: Target high-risk moments and groups
Use data and employee input to identify where support should be concentrated. Common moments include restructuring, leadership transition, return from long absence, promotion into management, critical incidents, sustained customer pressure, organizational integration, and major technology change. Targeting should improve access, not label employees as weak.

Recommendation 8: Measure outcomes through a balanced scorecard
Track leading indicators that show conditions and early change, then lagging indicators that show workforce outcomes. No single measure proves impact. Use several evidence types and state where results are observed, estimated, or influenced by other factors.

9

How Labayh Business can support

How Labayh Business can support

We can help organizations move from a general wellbeing ambition to a clear resilience strategy. Our work can include workforce diagnostics, employee surveys, interviews, focus groups, service-data analysis, manager capability assessment, program design, counseling and coaching pathways, pilot evaluation, and executive reporting.

We recommend starting with the decision the organization needs to make. That may be where to target investment, how to support managers, which work conditions to change, how to respond during transformation, or how to show value. We then select the evidence and measures that answer that decision, rather than collecting data with no clear use.

Final recommendation

Build resilience before the next period of strain. Diagnose the work, equip managers, protect recovery, open trusted routes to care, and measure whether employees are better able to adapt without sacrificing their wellbeing.

10

References

References

World Health Organization. (2024). Mental health at work. https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work

World Health Organization. (2022). Guidelines on mental health at work. https://www.who.int/publications/i/item/9789240053052

Gallup. (2026). State of the Global Workplace 2026: Global Data Summary. https://www.gallup.com/workplace/697904/state-of-the-global-workplace-global-data.aspx

Gallup. (2026). State of the Global Workplace: Regional Data Summary. https://www.gallup.com/workplace/697850/state-of-the-global-workplace-regional-data.aspx

Chartered Institute of Personnel and Development. (2021). Employee resilience: An evidence review. https://www.cipd.org/uk/knowledge/evidence-reviews/evidence-resilience/

Good, S. C., Fisher, D. M., Toich, M. J., and Schutt, E. M. (2025). A meta-analysis of resilience in the workplace. International Journal of Stress Management, 32(1), 1-30. https://doi.org/10.1037/str0000348

References

BMC Public Health

Hollaar, M. H. L., et al. (2025). Resilience-based interventions in the public sector workplace: A systematic review. BMC Public Health. https://doi.org/10.1186/s12889-024-21177-2

Deloitte.

Deloitte. (2024). Mental health and employers: The case for investment. https://www.deloitte.com/uk/en/services/consulting/research/mental-health-and-employers-the-case-for-employers-to-invest-in-supporting-working-parents-and-a-mentally-health-workplace.html

CIPD

Chartered Institute of Personnel and Development and Simplyhealth. (2025). Health and wellbeing at work 2025. https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2025-pdfs/8920-Health-and-wellbeing-report-2025-/

GALLUP®

Gallup. (2026). How to Improve Employee Engagement in the Workplace. https://www.gallup.com/workplace/285674/improve-employee-engagement-workplace.aspx

AMERICAN PSYCHOLOGICAL ASSOCIATION

American Psychological Association. (2024). Work in America Survey: Psychological Safety in the Changing Workplace. https://www.apa.org/pubs/reports/work-in-america/2024

U.S. Department of Health and Human Services, Office of the Surgeon General. Workplace Mental Health and Well-Being. https://www.hhs.gov/surgeongeneral/reports-and-publications/workplace-well-being/index.html

References

scientific reports

Lau, Y., et al. (2025). A randomized controlled trial investigating digital resilience training for healthcare professionals. Scientific Reports, 15, 44514. https://doi.org/10.1038/s41598-025-28028-z

AMERICAN PSYCHOLOGICAL ASSOCIATION

Flaxman, P. E., and Bond, F. W. (2010). Worksite stress management training: Moderated effects and clinical significance. Journal of Occupational Health Psychology, 15(4), 347-358. https://doi.org/10.1037/a0020522

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION

Das, S. K., et al. (2019). Effectiveness of an Energy Management Training Course on Employee Well-Being: A Randomized Controlled Trial. American Journal of Health Promotion, 33(1), 118-130. https://doi.org/10.1177/0890117118776875

NIH
National Institutes of Health

Shiri, R., et al. (2023). Effectiveness of workplace interventions to improve health and wellbeing at work: A systematic review. Scandinavian Journal of Work, Environment and Health. https://pmc.ncbi.nlm.nih.gov/articles/PMC10298158/

JMIR Publications
Advancing Digital Health & Open Science

Joyce, S., et al. (2018). Mindfulness-Based Resilience Training in the Workplace: Pilot Study of the Internet-Based Resilience@Work Program. Journal of Medical Internet Research, 20(9), e10326. https://doi.org/10.2196/10326

AMERICAN PSYCHOLOGICAL ASSOCIATION

Bakker, A. B., and Demerouti, E. (2007). The Job Demands-Resources model: State of the art. Journal of Managerial Psychology, 22(3), 309-328. https://doi.org/10.1108/02683940710733115

لبيـــه أعمـــال
Labayh Business

labayhbusiness