

# MENTAL WELLBEING AND DIGITAL WORK

An evidence review

**Evidence summary**  
July 2021

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## Evidence summary

# Mental wellbeing and digital work

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# 1 Introduction

## Background

Work can and should have a positive impact on people's lives,<sup>1</sup> but day to day, we can often find ourselves under pressure. Persistent stress can lead to mental ill health of varying degrees, affecting both our personal and working lives. Pressures can be practical, physical, emotional, psychological, social, relational, financial or technological. They can be singular or apply in combination, compounding the pressure individuals feel.

Over recent years, campaigns have increased public awareness about the importance of promoting mental wellbeing and attempted to reduce the stigma that surrounds mental health problems.<sup>2</sup> At the same time, there are concerns contemporary ways of working may lead to increased workloads and affect mental wellbeing.<sup>3</sup>

Digital technologies are an undeniable feature of modern working life that can facilitate a great deal and are valuable tools for many. However, they have added to concerns about job quality and mental health. Criticisms include that they can deskill jobs through automation, create precarious work through the 'gig economy', damage work-life balance by encouraging 'always-on' work climates, weaken social relationships, and damage our health through the physical effects of blue light and screen time.<sup>4</sup> These effects have sometimes been labelled 'technostress'.

The global pandemic has exacerbated such concerns over the last year, putting mental wellbeing high on the agenda of many employers and HR leaders. The availability of videoconferencing and other remote ICT has been a saving grace in that they have enabled many organisations to continue functioning during COVID-19 lockdowns. All the same, an unprecedented rise in remote and digital working has been seen to lead to cases of social isolation, large workloads and long working hours. Post-pandemic, we can expect a partial return to the office for the many who have been homeworking, with 'hybrid' workplaces and greater options for flexible working becoming more common than they were before.

Employers in the UK have a legal duty of care for their employees to do what is reasonably practical to safeguard their mental wellbeing. There are also important organisational outcomes closely related to mental wellbeing, such as sickness absence and reduced performance. Employers clearly play an important role in helping lower the risk of mental health problems and encouraging good mental health.

## Research focus

This evidence review focuses on work-related risk factors in mental wellbeing – in particular those relating to digital working – and what employers can do to help manage them. We summarise the scientific literature on the following questions:

- 1 What is the nature of mental wellbeing and how is it measured?
- 2 How do work and people management affect mental wellbeing? In particular, what is the evidence that working digitally (for example, email, cloud-based platforms or enterprise social networks) affects mental wellbeing?
- 3 How are these impacts on mental wellbeing moderated by other factors – for example, management behaviour, work location, occupation, seniority, work patterns or socio-demographics?
- 4 What contribution can management or training interventions make to workplace mental wellbeing?

This is not the whole story of how mental ill health plays out at work. In particular, its causes are often not the nature of people’s work or how they are managed, but factors in their personal lives. These too are areas in which employers can play an active role – for example, in providing support during bereavement. However, in order to give a robust, systematic view of the research evidence, the current review narrows the focus to the main ways that work, people management and workplace interventions make a positive or negative difference to mental health.

Our approach was a ‘rapid evidence assessment’ (REA), a core method in evidence-based practice.<sup>5</sup> REAs are short, systematic reviews that identify, critically appraise and synthesise the best available research evidence. As such, they give a reliable summary of the current state of the body of knowledge. We also discussed the implications of the research with ten HR directors across two online workshops.

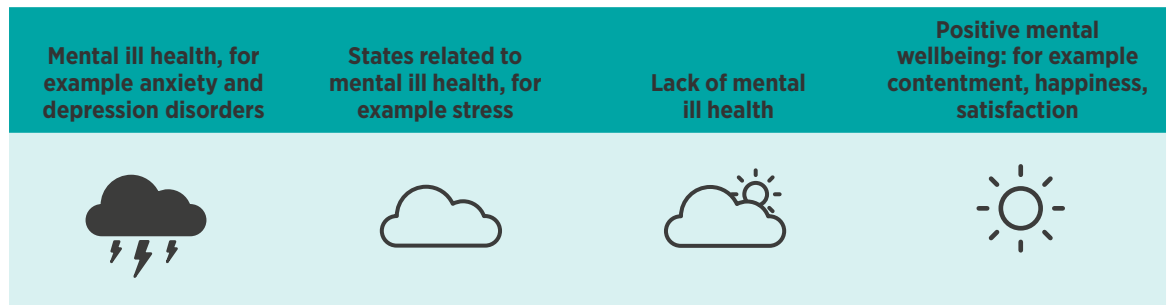
This report brings together the main research insights along with the professional expertise of our HR director panel. We summarise the main findings and present practical recommendations for managers and HR and L&D professionals. The detail of the REA itself is available in the accompanying scientific summary at [cipd.co.uk/evidence-mental-wellbeing](http://cipd.co.uk/evidence-mental-wellbeing).

## 2 What is the nature of mental wellbeing?

### A continuum of mental health

Mental wellbeing is a positive term describing the social and emotional wellbeing of individuals. It is often used as a synonym for mental health.<sup>6</sup> The World Health Organization (WHO) describes mental health as ‘*an integral and essential component of health*’. It states that mental health is more than just the absence of mental health problems or disorders. In other words, not being mentally ill does not necessarily mean that an individual is mentally healthy, as positive states such as satisfaction, contentment and happiness also come into play. As we note in our guide on responding to suicide risk in the workplace, ‘*We all have mental health, just as we all have physical health. How we feel can vary from good mental wellbeing, to difficult feelings and emotions, to severe mental health problems. Mental health, like physical health, can fluctuate on a spectrum from good to poor and we all have times when we feel better or worse.*’<sup>7</sup>

Figure 1: A continuum of mental health states



### Mental health conditions

However, when we look at the best research on mental wellbeing, it overwhelmingly centres on mental health problems. In workplace or work-related mental wellbeing, the most common conditions investigated are depression and anxiety. Both of these are recognised clinical conditions. Depression relates to persistent feelings of sadness and

hopelessness and lost interest in usually enjoyable activities. Anxiety relates to intense, excessive and persistent worrying in everyday situations. They are serious but relatively common conditions: among general adult populations, typically 6–10% will experience them in a given year.<sup>8</sup> These figures include high-risk groups such as the unemployed: for the working population, this number is lower, typically about one in twenty.<sup>9</sup>

A more common and usually less serious condition is stress. The UK Health and Safety Executive (HSE) defines workplace stress in terms of people's reaction to '*excessive pressures or other types of demand*'. It can be momentary – for example, being experienced when an employee lacks the skills or time to meet the demands of their job – and can affect people in different ways, such that some will cope with or even thrive in high-stress environments much more so than others. It is estimated that almost half of British workers frequently experience work-related stress.<sup>10</sup> Stress is a risk factor in mental health conditions,<sup>11</sup> but most researchers do not consider it an adequate indicator of poor mental wellbeing.

Another widely used term used in discussions of work-related wellbeing is 'burnout'. However, due to problems with its definition and measurement – including that it is not clear how it differs from depression – it is not a diagnosable condition, but rather, as the WHO terms it, an 'occupational phenomenon'.

The figures above on prevalence give a more nuanced picture than the common statement that one in four UK adults experience a mental health problem of some kind each year.<sup>12</sup> On the one hand, work-related stress is more common, but clinically recognised mental health conditions are far less common. It is thus advisable to distinguish clinical conditions such as anxiety and depression from typically less serious conditions such as workplace stress.

This evidence review prioritises the most trustworthy studies of cause and effect in work-related mental health. Because of this, it focuses on recognised mental health conditions and factors that either cause or help prevent or alleviate them. We do not review the research on positive mental states at work, or on work-related stress, as the body of research here is weaker.

### Measures of mental wellbeing

A range of validated measures exist for mental health conditions (see the scientific summary for detail). These are based on survey-type questions – for example, the Depression, Anxiety and Stress Scale (DASS)<sup>13</sup> collects responses to items in reference to 'the past week', including:

- 'I couldn't seem to experience any positive feeling at all' and 'I felt that I had nothing to look forward to' (depression).
- 'I felt I was close to panic' and 'I experienced trembling (for example in the hands)' (anxiety).
- 'I found it hard to wind down' and 'I tended to over-react to situations' (stress).

More generic measures of mental health are also available – for example, the Mental Health Inventory-5 (MHI-5) is a validated scale that is brief and easy to administer.

These measures are primarily designed to inform clinical assessment and decisions, and clearly collect sensitive personal data. Outside of targeted occupational health services, it is unlikely that measuring mental health conditions will be appropriate for most employers. Given how common it is, measures of stress may be more appropriate than those for anxiety and depression, but even here the guidance of the relevant scales should be followed closely. Other options for employers include raising awareness and promoting

guidance on mental health issues (for example, from the charity Mind<sup>14</sup>), referring to bespoke occupational health or counselling resources, or assessing mental health risk factors, which we discuss below.

### 3 Work-related risk factors

Over recent decades, a large number of high-quality studies have been published on factors that predict mental wellbeing. To identify the most trustworthy studies of cause and effect, we limited our search to *meta-analyses* and to single studies at least as robust as *prospective cohort studies*, a longitudinal design that allows us to identify not only associations (or correlations), but *predictive* relationships.<sup>15</sup>

A consistent view emerges of a wide range of work-related antecedents. The individual factors that have the largest impact on employees' mental health are listed in Table 1. These factors all related to measures of anxiety, depression and/or generic mental health. We also give the typical *effect sizes* of these factors. Effect sizes are crucial for understanding the practical importance of factors. Unlike *statistical significance*, which relates to the likelihood that research findings are due to chance, effect sizes explain the magnitude of an intervention or factor of influence.

The effect sizes of the factors listed in Table 1 are all 'small' or 'moderate' according to Cohen's rule of thumb, which interprets often obscure statistical measures into simple terms.<sup>16</sup> However, this doesn't mean that they are unimportant, as they relate to crucial health-related outcomes. To illustrate this in more tangible terms, we have used the effect sizes to estimate the increase or reduction in sickness absence. Clearly, sickness absence is not the only important outcome from mental ill health, but it is striking that for an organisation of 100 employees, some of the risk factors equate to as many as 80 or 100 days' absence per year.<sup>17</sup>

*It is striking that for an organisation of 100 employees, some of the risk factors equate to as many as 80 or 100 days' absence per year.*

**Table 1: Greatest risk factors in mental wellbeing at work**

	Effect size	Effect on absence (ADY/100)
Bullying	●●●○○	+58 to 103
Long working hours	●●●○○	+80
Perceived injustice	●●●○○	+13 to 80
Sense of coherence	●●○○○	-18 to 52
Effort-reward imbalance	●●○○○	+14 to 44
Organisational change	●●○○○	+9 to 37
Job control or autonomy	●●○○○	-12 to 21
Social support	●●○○○	-15
Job demands	●●○○○	+2 to 13

Notes: Effect sizes,<sup>18</sup> marked yellow for positive impacts on mental health, green for negative: ●●●● very large; ●●●●o large, anybody can easily see the difference; ●●●oo moderate, visible to the naked eye of an expert or careful observer; ●●ooo small, the difference probably needs to be measured to be detected; ●oooo very small. Effect on absence: likely positive or negative change in days' absence per year per 100 employees (ADY/100).

In the following sections, we discuss these factors under three groupings: work relationships; job design and the nature of work; and employee perceptions.

## Work relationships

### Social support and cohesion

The relationships we have with colleagues, bosses, reports, customers and suppliers are central to our working lives. The positives, such as social cohesion, support and psychological safety, are important factors not only for performance but also for mental wellbeing. Receiving help and advice from supervisors and co-workers has a positive impact on mental wellbeing; this is especially so for support from colleagues.<sup>19</sup> And unsurprisingly, a perceived lack of support predicts mental health problems.

HR directors noted that reaching out to colleagues for support and having ‘water cooler’ conversations – key to alleviating stress and pressure – has become more difficult with working remotely. Providing that support, therefore, has become more important. Leaders have been much more proactive, whether organising team events to replicate the social dimension of work, or creating a stronger personal connection with their employees through showing greater interest in their personal lives .

Things like virtual poker nights, virtual quizzes, Q&As with our leaders (...) I think that has definitely helped in terms of not just recreating that social dimension but also that feeling of isolation, which could otherwise have crept up during the remote working time.

Marc Weedon, HR Director, Zuora

### Bullying

Social support makes an important contribution to workplace mental health, but its influence is outweighed by overtly negative aspects of work relationships – that is, conflict, bullying and harassment have much larger impacts. Bullying involves targeted incivility, repeated over a period of time, that can take the form of physical or verbal abuse, harassment, ridicule or social exclusion.<sup>20</sup> We find strong evidence showing that these behaviours are not only a potentially major legal risk, but also personally very harmful. They relate to an array of health-related outcomes, including anxiety, depression, burnout, frustration, negative emotions and physical symptoms. In short, bullying is quite clearly the highest individual risk factor for work-related mental health.

Employers should have robust and well-communicated policies and guidance promoting dignity and respect at work. This needs to be backed up by the climate or social norms, which make it clear that inappropriate behaviour won’t be tolerated. Senior leaders play a critical role in setting norms by demonstrating strong values of dignity and respect. For more information, see our [factsheet](#) on harassment and bullying at work.

### Job design and the nature of work

#### Working hours

The nature of our jobs can affect our mental wellbeing in various ways. One of the most prominent risk factors is long working hours, especially for women. This is especially concerning, as working hours and work-life balance are particularly challenging areas in the UK. The CIPD’s *Good Work Index* has found that the UK fares worse in work-life balance than the great majority of OECD countries, with many workers doing substantially longer hours than they would realistically like to (for example, one in four overworks by ten or more hours per week).<sup>21</sup>



### **Work autonomy and coping with demands**

Related to working hours, the demands or intensity of the job are also influential. Jobs that are very physically or psychologically demanding can lead to smaller but all the same notable drops in mental wellbeing.

One reason work demands are less impactful than working hours is that other factors can mitigate their effects. In particular, job control or work autonomy is an important 'protective' feature that enables people to cope with high demands. Indeed, as can be seen in Table 1, the positive influence of job control generally outstrips the negative influence of job demands.

*Job control or work autonomy is an important 'protective' feature that enables people to cope with high demands.*

Work autonomy is about loosening managerial control and allowing workers to make decisions about the tasks they do, how they do them or how their work is scheduled.<sup>22</sup> High job demands are a common reality in many organisations. There is a limit as to what is acceptable, which is why the legal protection of working time regulations is important.<sup>23</sup> But job demands are a fact of life, so empowering people to handle them is an essential aspect of management. Work autonomy is a core way this happens.

How much scope there is for autonomy is context specific, as industries and jobs differ naturally in how prescriptive managerial controls need to be. Nonetheless, as the context allows, increasing work autonomy can offer real gains to workers and their employers.

Autonomy was singled out by HR directors as especially important when working remotely, not only to allow employees to work flexibly and balance their work and home lives more successfully, but also to reduce pressure to be 'always on' and make it less difficult to switch off from work. A common view was that employees need to feel they genuinely have the permission to control as much of their working environment as possible. So it may help to create a manifesto or template for working, which normalises using autonomy throughout the whole organisation, or leaders setting a positive example by introducing and demonstrating flexible working to their teams, such as taking physical breaks during the day and engaging in social activities. Senior leaders were seen to have a particular responsibility in setting healthy norms.

In addition, other uses of digital technology may facilitate work autonomy. For example, employees can let others know their schedule, blocking out time in their electronic diaries so that colleagues don't set up too many meetings, or setting automatic email replies outside of their normal hours. Our panel noted that individuals' work patterns differ naturally, so it can help to acknowledge this – for example, by letting others know that even if you are sending an email outside normal work hours, you don't expect them to reply out of hours.

*I think it's how you introduce permission to give people control (...) Whether it's you don't have meetings on a Friday, or it's understood that you do this in the morning, you do that in the afternoon.*

Rebekah Wallis, Director of People & Corporate Responsibility, Ricoh UK

Questioning, ‘Do you need to be at that meeting?’ Thinking about not sending emails after 6.00 in the evening, not scheduling meetings before 9:00 in the morning. But what we did then was we role-modelled that as a senior leadership team so that it felt okay, but also then acknowledging that it doesn’t work for everyone (...) But we encourage teams to come together and almost set their own norms that would work for them that would give the majority the headspace. I think that’s pretty powerful.

Cathy Donnelly, Senior Director for Talent, Liberty IT

### **Government policy and autonomy in digital work**

There are also implications here for government employment policy. For example, on the face of it, ‘gig economy’ workers have a choice in what work they accept, but the way they are managed on the online platforms can be highly controlled and may contribute to overwork and exhaustion.<sup>24</sup> For zero-hour contracts, there is more evidence that they give workers genuine choice in how they manage their work-life balance, but here too some employers have been accused of using job insecurity to coerce people to work long hours. Thus, governments should strive to ensure a fundamentally fair basis to modern working practices like these.<sup>25</sup>

### **Organisational change**

Major structural and procedural change is a common feature of organisational life and has profound implications for the nature of people’s work. Research shows that mergers, downsizing and restructuring substantially increase the risk of mental health problems. The mental health risks increase when employees perceive the change negatively and when there are multiple or repeated incidents of change. This underscores the importance of effective change management, which includes treating employees as valued stakeholders, listening to their concerns and seeking to understand and work through reasons for resistance.<sup>26</sup>

The relationships workers have with colleagues, managers, people who report to them, customers and suppliers are central to people’s working lives. The positive aspects of these relationships, such as social cohesion, support and psychological safety, are important factors not only for performance but also for mental wellbeing. Receiving help and advice from supervisors and co-workers has a positive impact on mental wellbeing; this is especially so for support from colleagues.<sup>27</sup> And unsurprisingly, a perceived lack of support predicts mental health problems.

### **Work-related psychological attitudes and states**

#### **Sense of coherence**

One psychological factor closely related to organisational change is employees’ *sense of coherence*. This describes whether people can comprehend events, find meaning in them and feel that they can manage them. Although it is particularly relevant during a period of change, it can also be a more general outcome from management style. For example, people managers should not keep their people guessing or behave in ways that cause feelings of insecurity. Instead, they should be open in explaining decisions, help people have a clear line of sight between their work and wider organisational objectives and, as far as is possible, give certainty about potential change.

### Fairness at work

Other psychological factors also play an important role in work-related mental wellbeing. Two of the main risk factors concern fairness: a perceived imbalance between effort and reward, and more generally perceived injustice. There are three types of *organisational justice*, all of which can be important:

- **distributive justice:** how fair the allocated outcomes of a decision are
- **procedural justice:** how fair the processes or approaches used to make decisions are
- **interactional or social justice:** how fairly people are treated when procedures are implemented.

Clearly, pay and other forms of reward are a major part of the terrain of fairness. As we found in our previous evidence review on the behavioural science of reward, people have a deeply ingrained need for fairness and, as a result of this, look for demonstrable rigour and transparency in determining pay and progression.<sup>28</sup> For further insights into fairness at work more generally, see our thematic review.<sup>29</sup>

### Does digital work affect mental wellbeing?

This was a core question at the outset of our review. In short, however, we find no direct evidence of an association between digital work and mental wellbeing. There is a growing body of research on work-related technology and digital work, including some on the links with mental health. From this, the term ‘technostress’ has been coined for what is perceived to be a unique phenomenon.<sup>30</sup> However, as it stands, the research evidence linking digital work and mental wellbeing is weak and inconclusive, and thus not sufficient to give confident recommendations. There are also seemingly conflicting findings – for example, that digital communication technology can cause stress or can help people achieve better work–life balance. In short, we find no direct evidence of an association between digital work and mental wellbeing.

However, this does not leave us with nothing on the links between digital work and mental health. We do have evidence that digital working relates to mental wellbeing risk factors discussed above. For example, an excessive volume of emails is evidently a sign of excessive work demands, and we have evidence that it creates anxiety by reducing workers’ sense of control, as they fear they will fall behind in their work or miss important information. We also find good evidence that expectations or demands to respond swiftly via digital communication tools is bad for workers’ mental health. And we find evidence that ICT work contributes to the tendency to be ‘always on’ and work longer hours than is healthy. Dragano et al (2020) summarise the current body of research as follows:

...the use of digital technologies is associated with specific psychosocial demands (e.g. higher workload, complexity, conflicts between work and other life domains) and resulting psychobiological stress reactions. It is, however, still unclear if this kind of technostress causes mental disorders because epidemiological studies are missing. Yet, an increasing number of studies suggests that well designed digital work may promote good health if it optimizes work organization or enables greater flexibility, and increases control and autonomy at work... Digitalization of work seems to have both opportunities and risks for the mental health of employees.<sup>31</sup>

Perhaps the lack of clear evidence here should not be a complete surprise. After all, work channels, platforms and ‘spaces’ (physical or virtual) can be used in different ways, and it is our work *methods*, management *approaches* and the *amount* of work we have that will be the primary influences.

Our panel discussions support these ideas, with HR directors suggesting that digital working leads to more intense working conditions as employees are often in the same space for a long period of time, with meetings sometimes running back-to-back and little opportunity for a change of environment. Panel members acknowledged that working in this way has the potential to amplify the risk factors mentioned above, but organisational approaches to these new ways of working are ultimately likely to influence things more strongly.

There is definitely more focus and intensity to those meetings, which I think is having an impact. As you say, people don't actually leave their chair. At least you'd move to a different meeting room, wouldn't you? You'd grab yourself a cup of tea in the same room, but there is a different nature of the working day.

Amy Taylor, People Director, PFK Francis Clark

## 4 Workplace mental health interventions

Any attempt to manage the risk factors discussed above could be described as an intervention. For example, introducing a right to disconnect or encouraging colleagues to avoid emailing out of hours may help prevent excessive working hours. Aside from this, however, we reviewed studies of specifically designed workplace interventions that aim to reduce the risk of mental health problems. Evaluation research of this kind is important, as organised training and support programmes are always a major option for employers.

Most of the interventions focused on helping prevent anxiety and depression. The research points to the most effective interventions, including stress management training that borrows techniques from cognitive behavioural therapy (CBT) and covers areas like coping skills and problem-solving skills. Related to this, resilience training can also have an important impact by developing employees' psychological resilience – our separate evidence review on [employee resilience](#) discusses this in more detail. At a psychologically deeper level, contemplative techniques such as mindfulness are also effective.

Knowledge-based interventions to develop mental health literacy – that is, developing people's understanding of mental health issues – can also help mental health, but we don't know from the existing research how big the effects are.

Interestingly, these knowledge- and technique-based approaches can be delivered effectively through digital channels.

However, looking across these interventions, the effects on work-related wellbeing are small when compared with the risk factors discussed in section 3 above. Effective action on these risk factors will be the best way to support employees' mental wellbeing. Our advice therefore is that the development interventions described may be useful additions, but above all, employers and HR professionals should prioritise directly managing the known risk factors.

## 5 Socio-demographic risk factors

Finally, as well as risk factors and interventions, our review also looked at how biological and socio-demographic factors can affect work-related mental wellbeing.

We find strong evidence that family history and genetic vulnerability predispose people to mental ill health, as can the experience of traumatic life events. Sex is also an influence: women are twice as likely to be diagnosed with depression or anxiety disorders than men, especially young women between the ages of 25 and 35 years. Overall, however, age is not in itself a risk factor.

Other socio-demographic factors include low educational attainment, low socioeconomic status and psychosocial stressors such as financial strain, perceived discrimination and social isolation. These are all important risk factors predicting mental wellbeing.

There may be little that employers can do to actively manage these risks – for example, discrimination law would clearly prevent profiling on this basis. However, employers can play an important role in providing or signposting employees to guidance and support.<sup>32</sup>

## 6 Conclusions

Digital communication tools and work platforms are an ever-present feature of many people's working life. This has only increased over the last year, through an unprecedented rise in remote working due to the global pandemic and national lockdowns.

The body of research on how digital work affects mental wellbeing is in its early stages and we wait for more robust evidence. Developing this body of research is something that employers can be a part of, for example, by teaming up with academics to conduct evaluations or observational studies in-house. However, we already have a strong body of research on the factors that predict work-related mental wellbeing, and we can draw conclusions from this on how best to manage digital work.

### **Strengthen workplace relationships**

A first area for employers to consider is strengthening workplace relationships. Managing and resolving interpersonal conflict, in particular bullying and harassment, is of paramount importance as this is the greatest risk factor in work-related mental wellbeing. On the flipside, social support and cohesion help prevent work-related mental conditions, so employers and managers should work hard to build strong, positive teams.

### **Design of jobs and processes**

A second broad area to focus on is the design of jobs and HR and management processes that directly affect the nature of work people do. A particular risk is working long hours. Sometimes this can simply be a result of high work demands, but it's also a problem that digital working has often been seen to exacerbate. We can be overwhelmed by the number of emails we receive, or the number of videoconferences we have scheduled, and can find it harder to disconnect because of mobile and remote technology. Employers should work to foster the right work climates – that is, employees' shared understanding of policies, practices and normal behaviour – on excessive working hours. In particular, they would do well to set policies and expectations that deter an 'always-on' work climate.

Job control or autonomy is another important aspect of the nature of work – indeed, it can help employees manage high workloads. Increasing work autonomy is both a question of

management style and HR or operational systems and processes. Across these, there is a good case for delegating or pushing control down the hierarchy as much as is appropriate.

We also see affects from organisational change programmes such as mergers and restructuring. Like high job demands, these are also a fact of modern working life, but when change is repeated or excessive, it can be detrimental to mental health.

### **Psychological states or perceptions**

A third area of risk factors that employers should prioritise relates to psychological states or perceptions. A particularly helpful factor in preventing mental health conditions is employees' sense of coherence. So, when managing organisational change, it is important to make sure they comprehend and understand the reasons for change and feel that they can manage the changes that they encounter in their jobs. Beyond this, workers' sense of fairness or justice – for example, in perceiving a reasonable balance between the effort they put in and the rewards they receive – also influences mental wellbeing.

We advise HR professionals and managers to target these risk factors as directly as possible to minimise the risk of and maximise protection from mental health problems. This is important in an increasingly digital era, just as it was previously.

Finally, employers should gauge the wellbeing of their workforces and the main associated risk factors, and seek to understand their employees' main concerns and challenges. Measures can be used in employee surveys, but these should be proportionate to the level of information that is needed – clinical measures of stress and anxiety are unlikely to be appropriate in general. Alternative measures of risk factors can be replicated from the CIPD's Good Work Index.

## **7 Notes**

- 1 See the CIPD's research on Good Work [www.cipd.co.uk/goodwork](http://www.cipd.co.uk/goodwork)
- 2 For example, [www.headstogether.org.uk/](http://www.headstogether.org.uk/) and [www.timetotalkuk.org.uk/](http://www.timetotalkuk.org.uk/)
- 3 Green, F., Felstead, A., Gallie, D. and Henseke, G. (2018) *Work intensity in Britain: first findings from the Skills and Employment Survey 2017*. London: Centre for Learning and Life Chances in Knowledge Economies and Societies, UCL Institute of Education. Available at: [www.cardiff.ac.uk/research/explore/find-a-project/view/626669-skills-and-employment-survey-2017](http://www.cardiff.ac.uk/research/explore/find-a-project/view/626669-skills-and-employment-survey-2017)  
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- 4 For example, see: Schlachter, S., McDowall, A., Copley, M. and Inceoglu, I. (2018) Voluntary work-related technology use during non-work time: a narrative synthesis of empirical research and research agenda. *International Journal of Management Reviews*. Vol 20. pp825–46.  
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