Insights.

Sonder

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5 myths of employee wellbeing

An evidence-based approach for decision-makers

Contents

Introduction 3

MYTH 1
Paid time off cures burnout 5

MYTH 2
Digital-only is the answer 9

MYTH 3
Wellbeing cannot be measured 12

MYTH 4
Employees need psychological debriefing after traumatic events 17

MYTH 5
Perks keep people engaged 20

Summary 23

About us 24

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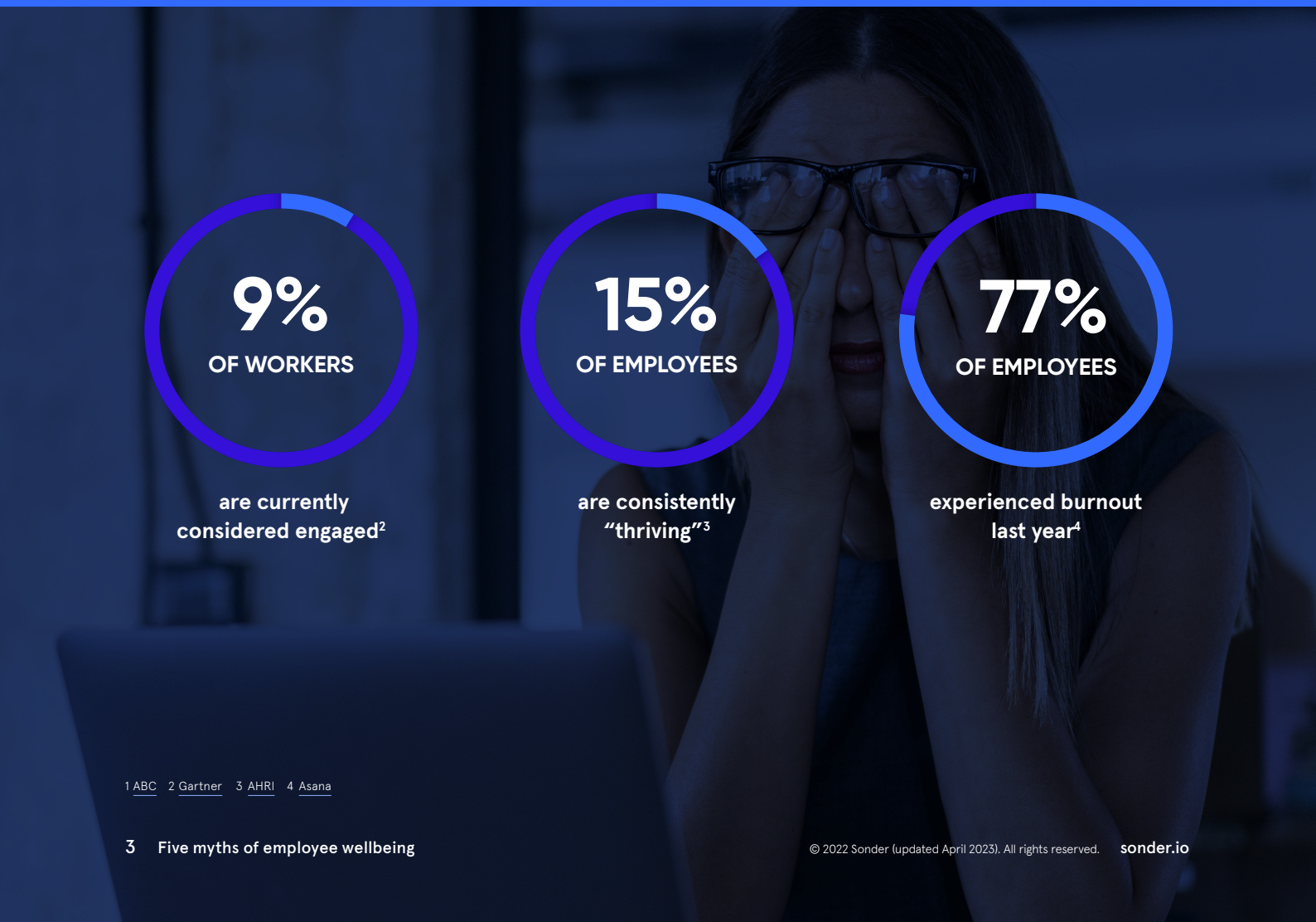
Introduction

The world of employee wellbeing can be a maze of shiny objects and misinformation. Business leaders, trying earnestly to look after their people, are confronted with conflicting messages at every turn. It's confusing and disorienting.

How can you be sure of the best wellbeing initiatives for your people? What benefits should you include or exclude? What kind of support delivers the most meaningful value?

The perplexity of options risks paralysis by analysis. Yet, time is of the essence. As employee turnover rates rise[1], recent Australian statistics impress a sense of urgency:



1 ABC 2 Gartner 3 AHRI 4 Asana

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42%
OF WORKERS

took time off in the last 12 months due to concerns about their mental wellbeing[5]

>43%
OF WORKERS

are "really struggling" or "not feeling bad, but just getting by"[6]

38%
OF WORKERS

are looking to leave their current employer in the next 12 months[7]

92%
OF WORKERS

want their next employer to offer mental wellbeing support[8]

$15.8b to $17.4b

is the cost of workplace-associated mental illness per year[9]

Yet, there is no one-size-fits-all solution for employee wellbeing. What suits one individual, workforce, industry and operating environment may not suit another. Many factors need to be considered and multiple traps avoided.

To help organisations decipher wellbeing offerings so they can design an evidence-based strategy geared towards organisational resilience, **this paper dispels five employee wellbeing myths that may be costing time, money and ESG# results.**

5 Sonder 6 AHRI 7 PwC Australia 8 Sonder 9 The Australia Institute # Environmental, social and corporate governance

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MYTH 1

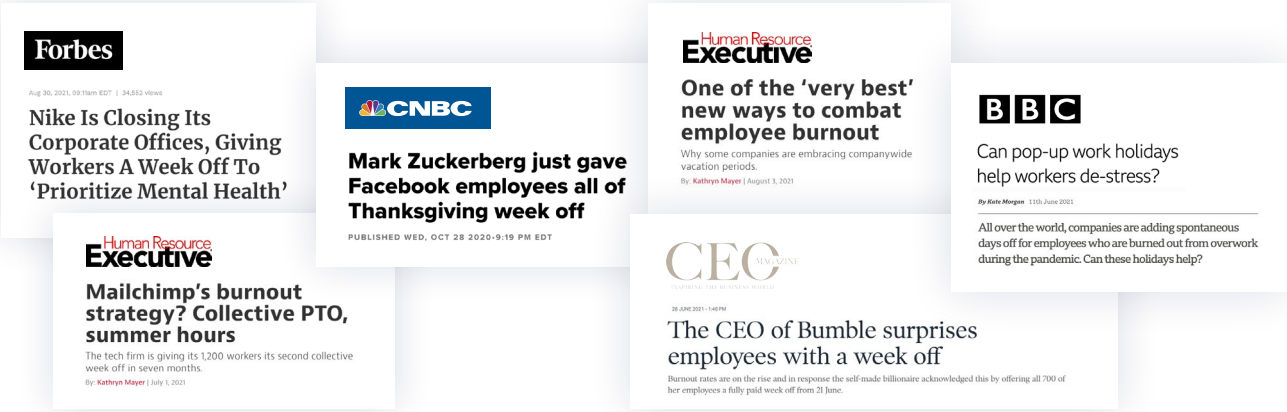
Paid time off cures burnout

In the past twelve months, the global media has done an exceptional job of glorifying companies that have gifted their employees with paid time off (PTO) to curb burnout and improve mental health and wellbeing. Business leaders who have not yet followed suit have surely felt the urge to, as their peers and role models flaunt their generous gestures and press mentions.[10]

Companies giving bonus PTO[11]

2020-2021 examples. List not exhaustive.

1 Day	3 Days	1 Week		Ongoing PTO
SAP	Facebook	Nike	Mozilla	Hiya
Cisco	Marriott International	Bumble	Podium	GitLab
Manulife		Zalando	Mailchimp (twice)	Electric
Citigroup		HubSpot	Fidelity Investments	Entain Australia
Google (twice)		LinkedIn	Momentive (formerly Survey Monkey)	
Thomson Reuters		Microsoft		
		Hootsuite		



10 Forbes, Human Resource Executive (1) (2), CEO Magazine, CNBC, BBC
11 The Australian, Forbes (1) (2) (3), BBC (1) (2), CNN (1) (2), GitLab, CNBC (1) (2) (3) (4), KGW8, Silicon Republic, HR Dive, Human Resource Executive (1) (2) (3) (4) (5), Human Resources Director

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What the evidence says

PTO can set the tone for a more balanced and healthier workplace, but it is a band-aid for burnout, not a cure. Burnout is a multifaceted, multidimensional issue that can rarely be solved with short bursts of time off work - employer-funded or otherwise.

Definition of burnout

"Burnout refers to the physical and emotional erosion that an employee can experience when they feel regularly unsatisfied, powerless and overwhelmed at work."[12] It is "an occupational phenomenon... resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:

1. Feelings of energy depletion or exhaustion;
2. Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
3. Reduced professional efficacy".[13]

> "The holidays shouldn't be a time to recharge. They should be a time to celebrate. If work is exhausting people to the point that they're using their time off to recover, you might have a burnout culture. A healthy organisation doesn't leave people drained in the first place."
>
> **Adam Grant, Organisational Psychologist, Wharton.[14]**

12 Mercer Marsh Benefits 13 World Health Organization 14 Adam Grant on LinkedIn

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Causes of burnout

Originally attributed to only work factors, there are now multiple studies attributing burnout to both work and personality factors. These tables share examples of work and personality factors which can contribute to burnout.[15]

Work (organisational) risk factors include:		
1	Workload	Excessive job demands and time pressures in relation to employee expectations and/or capabilities
2	Control	Low levels of personal control and decision-making at work
3	Reward	Lack of positive feedback and recognition
4	Community	Low quality or frequency of social relationships at work
5	Fairness	An absence of trust or justice in the workplace
6	Values	A conflict between individual and organisational values
7	Job insecurity	Low organisational commitment to an employee
8	Patient or customer-related stress	When the stress of a worker's patients or customers transfers stress to the worker

15 Journal of Clinical Nursing, Psychiatry Research, Burnout for experts, Occupational Medicine, Frontiers in Psychology, The Journal of Social Psychology, Psychology Research and Behavior Management, Journal of Occupational and Environmental Medicine, International Journal of Nursing Studies, Electronic Theses and Dissertations, Journal of Humanistic Psychology, Nursing Economics, Journal of Health Services Research and Policy, European Journal of Oncology Nursing, Journal of Personality, Psychology Today, Chartered Institute of Personnel and Development

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Personality (individual) risk factors include:	
1 Neuroticism	High levels of neuroticism and negative emotions
2 Perfectionism	Guilt when the goal of flawlessness is not achieved
3 Agreeableness	Difficulty in saying no, which leads to higher workload/expectations
4 High conscientiousness	Overlooking one's own needs to fulfil work demands
5 Low conscientiousness	Low proactivity in addressing work stressors
6 Low hardiness	Low sense of commitment, control and positive challenge
7 Low resilience	The inability to recover quickly from adversity
8 Low extraversion	Less confident, optimistic and social

Reducing burnout

The phenomenon of burnout is commonly a sign of deeply entrenched issues in the workplace. Until every risk factor is addressed, and sustainable, supportive and protective systems put in place, any claim that burnout has been cured will likely be one-dimensional and premature.[16]

The "disconnect disconnect"

Last year, Deloitte published a deep dive[17] into the disconnect between time-off policies and the culture around using them. Despite generous and sometimes unlimited vacation policies, workers are resisting taking time off to disconnect, hence Deloitte's term, the "disconnect disconnect".

Reasons cited include "the inability to travel, difficulty justifying time off in a work-from-home environment, and especially, fear of taking time off in an unstable job market". Deloitte also blamed a constantly-connected, "work martyr" culture.

Rather than focus on random PTO, Deloitte suggested employers should instead put the "P" back in PTO - in terms of permission, prioritisation and persistence in ongoing campaigns to encourage and empower workers to regularly rest and recharge.

16 Yonsei Medical Journal, International Review of Management and Marketing, The Urban Review, Infinite Potential, Clinical Practice and Epidemiology in Mental Health 17 Deloitte

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MYTH 2

Digital-only is the answer

As the lines blur between our personal and professional lives, employees are increasingly turning to their employers for better mental health and wellbeing support.[18] Looking for easy wins and low-effort solutions, many organisations are banking on self-help digital tools as the answer.

With between 165,000 and 325,000 health and wellness apps now commercially available, these apps are typically convenient, widely available, highly scalable, relatively easy to implement, and delegate much of the responsibility back to employees themselves.[19]

What the evidence says

Self-help apps can provide valuable initial guidance, but they should complement, not substitute, professional health care and robust clinical governance.[20] They should enhance a more holistic and comprehensive employee wellbeing strategy, not be the strategy.

18 Sonder 19 NPJ Digital Medicine 20 JMIR Mental Health

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Lack of ongoing engagement

Self-help apps risk user drop-off. This can result in delays to care or the absence of care (if there is no human support or ongoing follow-up).

"Widely celebrated as the solution to the supply and demand imbalance in mental health care, digital mental health interventions have flooded the marketplace to supplement specialty mental health care. However, the evidence supporting their efficacy is mixed,[21] and engagement with digital mental health interventions, particularly mobile apps that lack ancillary human interaction, is abysmal.[22] Users are unlikely to use these interventions more than a few times," conclude Rudd and Beidas.[23]

Carlo, Ghomi, Renn and Areán concur; "the vast majority [of health apps] remain largely unevaluated... [and] even when apps are evidence-based, their public health impact is often curbed by poor adherence".[24]

"Furthermore, the movement of specialty mental health care, an intensive public health intervention, from the hands of clinicians and into standalone digital interventions ignores decades of research about the importance of social support and may further isolate individuals who need human connection the most. Given the robust social support literature, it is not surprising that digital interventions with the highest levels of engagement are those that include some form of human interaction," said Rudd and Beidas.[25]

21 NPJ Digital Medicine, Journal of Affective Disorders 22 Evidence-Based Mental Health 23 JMIR Mental Health
24 NPJ Digital Medicine 25 JMIR Mental Health, Journal of Health Communication, Telemedicine and e-Health
26 JMIR Mental Health

> "Standalone digital interventions ignore decades of research about the importance of social support and may further isolate individuals who need human connection the most."
>
> **Rudd and Beidas.[26]**

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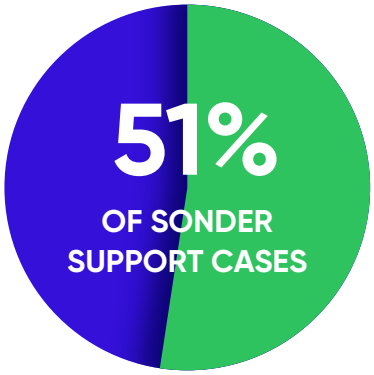
Gaps in patient assessment

Digital app users often struggle to fit their circumstances into the predefined categories in an app. Limitations of the tools can also lead to a 'Dr Google' type of self-diagnosis. This represents a dangerous gap in patient assessment because it neglects that many wellbeing issues are complex and multilayered.[27]

For example, "around 51 per cent of Sonder's support cases are caused by something other than the issue stated. [To illustrate,] self-diagnosed financial stress might, upon professional triage, uncover a need for urgent safety support for domestic violence, plus mental health support for isolation, depression, and suicide ideation all underwritten by a complex medical problem," says Dr Jamie Phillips, Medical Director at Sonder.[28]



are caused by something other than the self-diagnosed issue

27 Annals of Family Medicine 28 Sonder-PwC Australia

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MYTH 3

Wellbeing cannot be measured

Wellbeing advocates often struggle to secure appropriate funding for their workplace wellbeing initiatives. Many times this is because their business case focuses on qualitative data, but budget holders prefer quantifiable metrics - to satisfy their due diligence, allay their sense of risk, and promote colleague accountability of results.

What the evidence says

The good news is that there is widespread acceptance that wellbeing can be measured, albeit a lack of consensus on a common measurement standard.[29]

There have been at least 30 formal measures of wellbeing developed over the past 50 years, using different definitions and applied to the organisational context.[30] It is not necessary to adopt an existing formal measure, but an organisation may find it useful to review existing measures when articulating the metrics that will be relevant to their specific workplace.

29 International Journal of Wellbeing, International Journal of Business and Social Science, International Journal of Nursing Studies
30 University of Technology Sydney, Wellbeing: A Complete Reference Guide, Work and Wellbeing (Vol. 3, pp.9-34)

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How to measure wellbeing

Unlike sales and expense figures, wellbeing metrics do not fit naturally on a balance sheet. Similar to employee performance metrics, they need work behind the scenes to define what is being measured, when, how and why. This upfront effort, together with a concern about choosing the wrong metrics, can deter organisations from starting their journey.

However, it's important to remember that wellbeing metrics will change over time - based on organisational learnings, industry best practices and a maturing definition of wellbeing. The necessity to start, learn and pivot should trump the requirement for perfectionism at commencement.

Four steps to measure workplace wellbeing might include:

1. **Define what wellbeing means for the organisation.**

   Articulate what 'good' looks like and show how it relates to other objectives (e.g. retention, revenue, cost and risk).

2. **Determine the parameters, measurable attributes and indicators.**

   Be clear on the scope. Draw on both leading and lagging indicators. Formalise data capture.

3. **Start measuring.**

   Establish a baseline, compare to future state goals, and prepare a gap analysis. Over time, benchmark against industry data. Show progress and learnings.

4. **Review and improve.**

   Embed a process of regular review, consultation and refinement. To establish ROI, include a correlation between investments and programs.

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Employee wellbeing metrics

Leading indicators ("inputs") help predict future outcomes and events. They "look forward through the windshield at the road ahead".[31] Examples include:[32]

Leading indicators	Specific inputs
Organisational support	**Leadership buy-in (as rated by employees)** · **Leaders 'walk the talk' about healthy work practices** · **Leaders talk about their mental health and wellbeing** · **Leaders encourage discussion of employee wellbeing** · **Leaders commit to best practice in employee wellbeing**
	Funding · **Amount budgeted for employee wellbeing** · **Staff time allocated to wellbeing management**
	Policies and processes (existence and quality) · **Safety and wellbeing policies** · **Flexible work policy** · **Remote work policy** · **Attractive leave policies** · **Diversity, equity and inclusion policy** · **Bullying and harassment policy** · **Clear and effective change management processes** · **Regular insights gathered** · **Formal feedback loops in place**
Scope of the wellbeing strategy	· **Physical health and safety** · **Psychological health and safety** – Including the management of psychosocial risks (see A Simple Overview of ISO 45003) · **Job design** – The level of personal control, autonomy and decision-making – The level of colleague, team and management support for tasks assigned

31 Bernard Marr & Co. 32 Bupa, Campbell Institute, Accident Analysis and Prevention, Business in the Community, McKinsey & Company, International Journal of Organizational Leadership, Chartered Institute of Personnel and Development, National Mental Health Commission

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Leading indicators	Specific inputs
Programs and initiatives **The dilemma of choice** Over the years, employee wellbeing offerings have evolved into a smorgasbord of choice. Whilst this represents positive progress, it has also created a complex landscape for employees to navigate - unless they have a single point of entry to their wellbeing services.	· **Professional development opportunities** · **Wellbeing programs and initiatives.** Examples might include: – Gym benefits – Safety services – Social activities – Sleep programs – Healthy lunches – Health programs – Financial support – Exercise programs – Health assessments – Telehealth programs – Mental health support – Carer support programs – Health insurance or benefits – Onsite or offsite vaccinations
Employee awareness	· **Amount of visible health-promoting collateral** · **Number and reach of wellbeing information sessions** · **Number of 'speak up' programs and champions** · **Portion aware of the different wellbeing initiatives** · **Portion who understand each wellbeing initiative**
Employee training	· **First aid (and mental health first aid) training** · **Resilience training** · **Compassion training** · **Workplace Health and Safety (WHS) training** · **Diversity, equity and inclusion training**
Participation and engagement	· **Employee reach of programs and initiatives** · **Participation and uptake rates** · **Employee health behaviours (e.g. the number who are meeting the daily physical activity and alcohol consumption recommendations, as well as the number who are smoke-free)**
Employee satisfaction	· **Employee focus groups** · **Employee Net Promoter Score (eNPS)** · **Engagement surveys**

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Lagging indicators ("outputs") show tangible results.
They "look backwards through the rear window at the road already travelled".[33]
Examples include:[34]

Lagging indicators	Specific outputs
Employee health	· Prevalence of health conditions · Employee assistance program (EAP) usage · Number of referrals to other third parties for help
Claims and premiums	· Health insurance claims · Workers' compensation claims · Health care spend (including premiums)
Work time	· Annual leave usage rates · Sickness and absenteeism rates · Lost time injury frequency rates (LTIFR) · Lost work days to organisational factors · Return to work success rates and timeframes
Legal and compliance	· Recommended actions from WHS audits · Workplace investigations · Workplace litigations
Attrition	· Peer reviews and 360-degree feedback · Voluntary attrition rates · Exit survey information

33 Bernard Marr & Co. 34 Bupa, Business in the Community, Safe Work Australia, Chartered Institute of Personnel and Development, National Mental Health Commission

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MYTH 4

Employees need psychological debriefing after traumatic events

For years, employee support programs have prescribed the urgent deployment of a psychologist or trauma counsellor to the scene of a critical incident or traumatic event. Subsequently, well-intentioned employers who are keen to exercise their duty of care, have traditionally agreed to pay exorbitant rates for a psychologist to be sent onsite to support their employees after traumatic events.

What the evidence says

Psychological debriefing may do more harm than good and most employees should not need direct psychological support in the first instance.

Psychological debriefing (including critical incident stress debriefing to reconstruct the traumatic event) is not the best clinical practice. The evidence has for some time suggested that, "psychological debriefing is ineffective and has adverse long-term effects. It is not an appropriate treatment for trauma victims."[35]

35 British Journal of Psychiatry, Australian and New Zealand Journal of Psychiatry

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This sentiment was echoed in the World Health Organization (WHO) literature review (2012) which concluded that "psychological debriefing should not be used for people exposed recently to a traumatic event as an intervention to reduce the risk of post-traumatic stress, anxiety or depressive symptoms".[36]

Several studies also show that psychological debriefing can make symptoms worse:

- A study of police found that those who had psychological debriefing exhibited more hyperarousal at follow-up than those who did not receive a debriefing;[37]
- A study of road accident victims discovered that the intervention group had a "significantly worse outcome" at the three-year mark, "in terms of general psychiatric symptoms (BSI)#, travel anxiety when being a passenger, pain, physical problems, [the] overall level of functioning, and financial problems";[38]
- A burn trauma victims study showed 26 per cent had post-traumatic stress disorder (PTSD) at follow-up, compared to 9 per cent of the control group;[39] and
- The Cochrane Review of 11 clinical trials found no evidence that psychological debriefing reduced the severity of PTSD, depression, anxiety and general psychological morbidity, and "some suggestion that it may increase the risk of PTSD and depression". They recommended that "compulsory debriefing of victims of trauma should cease".[40]

36 World Health Organization 37 The Journal of Nervous and Mental Disease
38 The British Journal of Psychiatry 39 Journal of Traumatic Stress 40 Cochrane
Brief Symptom Inventory

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The alternative

Psychological First Aid (PFA) is the modern approach to critical incidents and disasters. Its premise is that people are resilient and in most cases can recover naturally from trauma.[41]

PFA is a "humane, supportive response to a fellow human being who is suffering and who may need support".[42] This involves helping people feel safe, connected to others, calm and hopeful, and ensuring access to physical, emotional and social support.[43] It aims to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment - and it can be delivered by colleagues and managers.[44]

"Most people recover naturally from trauma, without the need for formal mental health intervention.[45] For individuals who might benefit from trauma support, this is best provided in a style, on a timeframe, and by a practitioner who best suits the needs of that individual," says Sonder's Dr Phillips.

Five principles of psychological first aid (PFA):[46]

Ensuring safety | Promoting calm | Encouraging self-efficacy | Creating connectedness | Instilling hope

41 Australian Red Cross, Disaster Medicine and Public Health Preparedness 42 World Health Organization 43 Australian Red Cross
44 Department of Health (Victoria) 45 Annual Review of Clinical Psychology 46 Australian Red Cross, Department of Health (Victoria), Psychiatry

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MYTH 5

Perks keep people engaged

Yoga studios, rainbow slides, NASA sleep pods, organic lunches, daily ice cream allowances, volleyball courts, climbing walls, gyms, saunas, massage, ping-pong tables, games arcades, puppytoriums, hair salons, in-office scooters, childcare, acupuncture, Olympic-sized pools for SCUBA-certification at lunch, Botox-injection rooms, tanning beds, wine bars, food trucks, mini supermarkets, karaoke parties, music jam sessions and 100-seat theatres - according to the media, these make up the modern office and "keep employees happy".[47]

The transition to the virtual office has brought with it new creativity. Westpac organised virtual zoo and museum visits, while other companies have offered virtual escape room experiences, remote flower-arranging and cocktail-making courses, virtual bingo tournaments and watercolour classes, Lego championships on Zoom "for employees with their home-bound kids", doughnut home deliveries, care packages and more - to help employees adjust.[48]

Out of the office, employee perks have become a burgeoning industry. Third-party providers are promising everything from employee discounts to gender reassignment surgery and egg, sperm and embryo freezing, as well as house cleaning, concierge services, relocation assistance, dry cleaning, festival tickets, trips to Disney World, health and insurance benefits, student loan pay downs, plus free transportation to and from work - all to keep employees happy.[49]

47 SmartCompany, Forbes, Coburg Banks, Business Insider Australia, The New York Times, Business News Daily, CNN Money, Seek
48 Human Resources Director, StarTribune 49 Glassdoor, Forbes, Finance Buzz, The New York Times, Business News Daily, SnackNation, Coburg Banks, StarTribune

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What the evidence says

Perks can deliver bursts of happiness, but they don't keep people engaged.[50] Long hours, overloaded to-do lists, poorly designed and dead-end jobs, ill-trained managers and bullying colleagues can quickly erase any memory of the free organic sandwich that an employee had after their nap in the NASA pod at noon.

"Awesome", "unusual" and "unbelievable employee perks" promoted in the media serve to generate powerful clickbait headlines, attract job candidates, surprise and delight current employees, and deliver short-term wins for an organisation - but they only scratch the surface.

The release of ISO 45003 reminded us that workplaces are complex ecosystems and a multitude of factors influence employee satisfaction and engagement - including how work is organised, social factors at work, and the safety of the work environment.[51]

Factors contributing to an engaged and mentally healthy workplace[52]

The design of the job

- Demands of the job
- Resources provided
- Sense of personal control

Team/group factors

- Presence of effective leadership and training
- Quality of interpersonal relationships and support

Organisational factors

- Perceived justice
- Recognition and reward
- Psychosocial safety climate
- Safe physical environment
- Organisational change and level of support

Home factors

- Demands from home (including significant life events)

Individual factors

- Genetics
- Personality
- Coping style
- Lifestyle factors
- Mental health history
- Cognitive and behavioural patterns

50 International Journal of Business and Management, Personality and Individual Differences
51 International Organization for Standardization 52 National Mental Health Commission

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The dark side of perks

Too many employee perks might also be a bad thing.[53] "These benefits are not being offered out of largess. It's done because organisations want employees to work 24/7. If you never have to leave to get your dry cleaning, to go to the gym, to eat or even go to bed, you can work all the time. They're golden handcuffs," says Gerald Ledford, a senior research scientist at the Center for Effective Organizations at the University of Southern California's Marshall School of Business.[54]

Perks can also lure employees into a false sense of security. For example, an employee taking advantage of flexible work practices might think everything's rosy, but beneath an organisation's diplomatic veneer, their colleagues and managers can perceive those employees as unprofessional and lacking commitment - which is penalising their career prospects.[55] Conversely, an employee not taking advantage of perks and flexible work practices might be punished by the organisation for not taking part in policies put in place to incentivise them.[56]

Putnam, Myers and Gaillard say, "We tie these tensions, and the management of them, to an overarching dilemma in implementing workplace flexibility, the autonomy-control paradox".[57] This occurs when management wants to create an environment with a high level of autonomy, but simultaneously retain high levels of monitoring and oversight.[58]

53 University of Texas Theses and Dissertations 54 The New York Times 55 Academy of Management Journal
56 Human Relations 57 Human Relations 58 South African Journal of Business Management

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Summary

"Workers' wellbeing is a key factor in determining an organisation's long-term effectiveness. Many studies show a direct link between productivity levels and the general health and wellbeing of the workforce", says the International Labour Organization (ILO).[59]

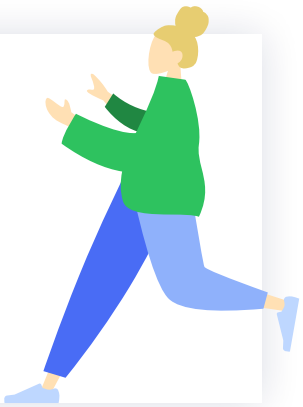
This means that for high-performing organisations, employee wellbeing strategies have graduated from a 'nice to have' to an 'essential operational tool' - and board-level questions have changed from 'should we commit?' to 'what should we commit to and how can it be measured?'.

Wellbeing advocates should not be daunted by the requirement to supply quantitative metrics and sophisticated business cases. They should embrace the opportunity to develop an evidence-based and measurable approach that eliminates guesswork and takes confident forward steps towards improving employee wellbeing.

Dispelling five myths of employee wellbeing

This paper set out to arm decision-makers with an evidence-based approach for their employee wellbeing strategy, as well as a user-friendly overview of wellbeing metrics. It argued that:

1. Paid time off does not cure burnout;
2. Self-help apps should be complemented by human care;
3. Employee wellbeing can be measured;
4. Psychological debriefing after trauma can do more harm than good; and
5. Perks do not secure employee engagement in the long term.



It's now up to organisations to consider this evidence as they: define what wellbeing means for their organisation; determine how to measure it; gather data; review their progress regularly; then learn and improve.

The secret to an impactful employee wellbeing strategy that fosters "individual and collective thriving"[60] is to take action now and evolve - not wait for next quarter, next year, or for the stars to align.

59 International Labour Organization 60 Journal of Organizational Behavior

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About us

Sonder is an Active Care technology company that helps organisations improve the wellbeing of their people so they perform at their best.

Our mobile app provides immediate, 24/7 support from a team of safety, medical, and mental health professionals - plus onsite help for time-sensitive scenarios.

Accredited by the Australian Council on Healthcare Standards (ACHS), our platform gives leaders the insights they need to act on tomorrow's wellbeing challenges today.

ACHS

FINANCIAL REVIEW BOSS MOST INNOVATIVE COMPANIES WINNER 2021

Information Security Management System ISO 27001 Certified

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In-person response

Get on-the-ground assistance so you're not alone in difficult times

Sonder specialists

Access our clinical team of registered nurses, doctors, psychologists, and more

Wellbeing resources

Build a happier, healthier you - in just a few minutes a day

Safety scanning

Avoid unsafe situations and outcomes before they arise

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Care in your hands

Let's connect

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