

## WORK STRESS, BURNOUT, AND MENTAL HEALTH: HR STRATEGIES FOR ENHANCING EMPLOYEE WELLBEING

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### Abstract

The contemporary workplace faces a mental health crisis, with rising burnout and stress driven by systemic organizational stressors. This research investigates the role of HR in enhancing employee wellbeing, moving beyond traditional reactive approaches. Using a mixed-methods analysis, we identified unsustainable workloads, role ambiguity, and toxic leadership as primary drivers of psychological distress. While existing interventions like EAPs provide necessary support, they remain limited by low utilization and a failure to address root causes. The study concludes that effective mental health management requires an integrated, proactive HR framework focused on primary prevention through job redesign, leadership development, and cultural change. This strategic shift from treating individuals to building resilient work systems is essential for creating sustainable, high-performing organizations where employee wellbeing is a core strategic asset.

**Keywords:** *workplace mental health, burnout prevention, organizational stressors, proactive hr strategy, psychological wellbeing.*

### INTRODUCTION

The contemporary workplace is characterized by a confluence of unprecedented challenges that have significantly heightened pressure on the global workforce. The blurring of boundaries between work and home life due to hyper-connectivity, intense competition driven by globalization, and the constant pressure to do more with less have created a perfect storm for employee mental health (Nikita Munda, 2025). Furthermore, the residual effects of the COVID-19 pandemic, including the shift to remote and hybrid models, have introduced new stressors related to social isolation, digital fatigue, and the difficulty of "switching off." These evolving dynamics mean that psychological wellbeing is no longer a peripheral concern but a central factor in organizational health and sustainability (Guares, 2025).

In response to these pressures, the prevalence of work-related stress and burnout has reached alarming levels across virtually all industries. Burnout, characterized by the World Health Organization as a syndrome resulting from chronic workplace stress that has not been successfully managed, manifests through feelings of energy depletion, increased mental distance from one's job, and reduced professional efficacy (Retnowati et al., 2025). From healthcare and education to technology and finance, employees are reporting record levels of exhaustion, cynicism, and a sense of ineffectiveness. This is not merely an individual issue but a systemic one, indicating that the very structure and culture of modern work are contributing to widespread psychological distress (Shinde, 2025).

The economic and organizational costs of this mental health crisis are staggering and multifaceted. For organizations, poor employee mental health translates directly into diminished productivity, higher rates of absenteeism and presenteeism (where employees are physically present but mentally disengaged), and increased staff turnover, leading to significant recruitment and training expenses (Vijaykumar, 2025). Beyond these quantifiable metrics, there is a profound impact on creativity, innovation, and overall organizational morale. A workforce struggling with stress and burnout is less collaborative, more risk-averse, and ultimately unable to perform at its full potential, thereby eroding a company's competitive edge and long-term viability (Alberta, 2024). Despite the escalating crisis, a significant and growing disconnect exists between traditional Human Resources practices and the contemporary mental health needs of employees. Many organizational interventions remain rooted in outdated, reactive models, such as standalone Employee Assistance Programs (EAPs) or annual stress management workshops

(Oluwafunmi et al., 2024). These approaches often treat symptoms rather than addressing the root causes of stress embedded in job design, management practices, and organizational culture. Consequently, they fail to meet the complex, ongoing needs of today's workforce, which require a more integrated, proactive, and systemic approach to wellbeing (Magomedova & Fatima, 2025). This has resulted in largely inadequate organizational responses to the scale of the challenge. While many companies have begun to acknowledge the importance of mental health, their efforts are frequently fragmented, under-resourced, and lack strategic integration into core business operations. Initiatives are often launched as sold programs without clear metrics for success or genuine buy-in from leadership (Bolt, 2023). This piecemeal approach creates a gap between corporate rhetoric and employee experience, leading to cynicism and a lack of engagement with the very resources designed to help. The central problem, therefore, is not a lack of awareness, but a failure to implement coherent, strategic, and culturally embedded systems that effectively safeguard and enhance employee mental wellbeing (Sonntag et al., 2023).

To address this critical gap, this research aims to systematically investigate the landscape of work-related mental health and develop evidence-based strategies for HR. The primary objectives are threefold: first, to identify and analyze the key organizational and psychosocial stressors that most significantly contribute to workplace mental health issues; second, to critically evaluate the effectiveness and limitations of current HR-led mental health interventions; and third, to synthesize these findings into a comprehensive, actionable framework that enables HR professionals to design and implement integrated, multi-level strategies for proactively enhancing employee wellbeing and building more mentally healthy workplaces.

## LITERATURE REVIEW

### Theoretical Foundations

The Job Demands-Resources (JD-R) model provides a comprehensive framework for understanding how workplace conditions impact employee wellbeing. It posits that every job characteristic can be categorized as either a job demand (physical, social, or organizational aspects that require sustained effort) or a job resource (aspects that help achieve goals, reduce demands, or stimulate growth) (Ling, 2025). According to the model, chronic high demands, such as excessive workload or emotional pressure, lead to energy depletion and health impairment, a direct pathway to burnout. Conversely, insufficient resources, such as a lack of autonomy, support, or feedback, hinder goal accomplishment and personal development, fostering frustration and disengagement (Demerouti et al., 2001). This model is crucial for HR as it shifts the focus from individual coping to optimizing the work environment itself by managing demands and bolstering resources.

The Conservation of Resources (COR) Theory and the Transactional Model of Stress offer complementary psychological explanations. COR Theory suggests that individuals strive to acquire, retain, and protect their valued resources (e.g., energy, time, social support, self-esteem). Work stress occurs when these resources are threatened, lost, or when investment of resources does not yield adequate returns (Bolt, 2023). This explains the vicious cycle of burnout, as depleted employees have fewer resources to cope with new demands, leading to further resource loss. The Transactional Model, pioneered by Lazarus and Folkman, defines stress not as an external event, but as the relationship between an individual and their environment that is appraised as taxing or exceeding their resources. This highlights the role of individual perception and coping mechanisms, underscoring why two employees may react differently to the same job stressor (Sonntag et al., 2023).

### Key Concepts

Work stress is a multifaceted phenomenon defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Its manifestations are diverse, ranging from psychological symptoms like anxiety, irritability, and difficulty concentrating, to physical symptoms such as headaches, fatigue, and gastrointestinal issues, and behavioral changes including increased absenteeism, social withdrawal, and substance use (Lesener et al., 2019). From an organizational perspective, work stress is not merely an individual ailment but a signal of systemic dysfunction in job design, management practices, or organizational culture, making it a critical operational risk to be managed (Schaufeli & Taris, 2014).

Burnout, a specific consequence of chronic, unmanaged work stress, is a syndrome characterized by three core dimensions. Emotional exhaustion involves feeling drained, over-extended, and depleting emotional resources. Depersonalization (or cynicism) manifests as developing a negative, callous, or detached response to various aspects of the job, often treating clients or colleagues as objects (Orrell & Wilmott, 2018). Reduced personal accomplishment refers to a decline in feelings of competence and productivity at work, accompanied by a tendency to evaluate oneself negatively. These components typically progress in sequence: exhaustion erodes engagement (leading to

depersonalization), which in turn undermines confidence and effectiveness. Mental wellbeing, in contrast, extends beyond the absence of illness to a state of positive psychological functioning characterized by purpose, resilience, and satisfaction. From an organizational standpoint, it represents an asset that drives engagement, fosters collaboration, and enhances overall performance (Kaiser et al., 2020).

## Current HR Approaches

Employee Assistance Programs (EAPs) represent a classic, reactive HR approach to mental health. These confidential, short-term counseling services are designed to help employees deal with personal or work-related problems that might impact their job performance. While EAPs are a vital safety net for employees in acute crisis, their effectiveness is often limited by low utilization rates, partly due to stigma and lack of awareness (Kaiser et al., 2020). Furthermore, EAPs are fundamentally remedial; they treat the individual after stress has manifested, rather than proactively altering the workplace conditions that cause distress, placing the burden of adaptation solely on the employee.

To foster a more proactive environment, many organizations have implemented mental health training for managers, awareness campaigns to reduce stigma, flexible work arrangements (FWAs), and stress management workshops (Kaiser et al., 2020). Training aims to equip leaders to recognize signs of distress and have supportive conversations, while awareness campaigns seek to normalize discussions around mental health. FWAs, such as flextime or remote work, act as a job resource by granting employees greater autonomy over their time and environment. Stress management workshops provide employees with coping tools like mindfulness and time-management techniques (Schaufeli & Taris, 2014). However, these initiatives can be fragmented and their impact diluted if not part of a broader, integrated strategy. For instance, a stress management workshop is of limited value if an employee returns to an unmanageable workload or a toxic manager, highlighting the need for system rather than piecemeal solutions.

## METHODOLOGY

A critical assessment of the methodological approach reveals significant limitations in establishing causal relationships. The reliance on cross-sectional survey data, while useful for identifying correlations, fundamentally restricts any claim of causality between organizational factors and mental health outcomes. The persistent issue of common method variance, where both predictor and outcome variables are collected from the same source at the same time, likely inflates the observed relationships. Furthermore, the self-report nature of the data introduces several biases, including social desirability bias, where participants may underreport stress, and recall bias, affecting the accuracy of their responses. The sampling strategy, confined to a single organizational context, severely limits the generalizability of the findings to different industries or cultural settings, raising questions about the external validity of the proposed framework.

The qualitative component, though valuable for depth, presents additional constraints that impact the robustness of the conclusions. The purposive sampling of participants, particularly the selection of leaders identified as "inclusive," introduces a significant risk of confirmation bias, potentially overlooking more nuanced or less visible leadership styles. The modest interview sample size ( $n=30$ ) further restricts the transferability and saturation of the qualitative insights. Moreover, the concurrent triangulation design, while pragmatic, represents a less rigorous approach than a sequential explanatory model. In a sequential design, the qualitative data could have been explicitly used to explain and refine the quantitative statistical model, leading to more robust, theory-building conclusions rather than merely illustrating the survey findings.

## RESULTS AND DISCUSSION

### Organizational Stressors

The findings identify workload pressure as the most pervasive organizational stressor, with a direct and severe impact on employee mental health. The data reveals that unsustainable workloads, characterized by constant tight deadlines, unmanageable task volume, and the expectation of perpetual connectivity, are primary drivers of chronic stress and emotional exhaustion (Ahmad et al., 2025). This is exacerbated by a culture of "doing more with less," where staff shortages and efficiency pressures leave employees feeling perpetually behind and unable to meet expectations. The mental health impacts are clear: this relentless pressure leads to anxiety, sleep disturbances, and an inability to psychologically detach from work, creating a direct pathway to clinical burnout and associated physical health complaints (A. Sharma, 2025). Beyond workload, the study highlights the significant role of role ambiguity and role conflict as potent, yet often overlooked, stressors. Role ambiguity—a lack of clarity about one's responsibilities, expectations, and objectives—creates a constant state of uncertainty and anxiety, forcing employees

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to expend mental energy on guessing what is required rather than executing tasks effectively (Thanem & Elraz, 2022). Role conflict, where an employee faces incompatible demands from different sources (e.g., between a manager and a client, or between quality and speed), generates intense psychological strain and moral distress. Furthermore, leadership style emerged as a critical moderating variable; transformational and supportive leaders were found to buffer the effects of these stressors, while toxic leadership styles—such as authoritarian, laissez-faire, or excessively critical management—were consistently correlated with higher rates of burnout, psychological distress, and team-level conflict, acting as a direct multiplier of workplace stress (R. Sharma, 2024).

**Table 1. Organizational Stressors and Their Mental Health Impacts**

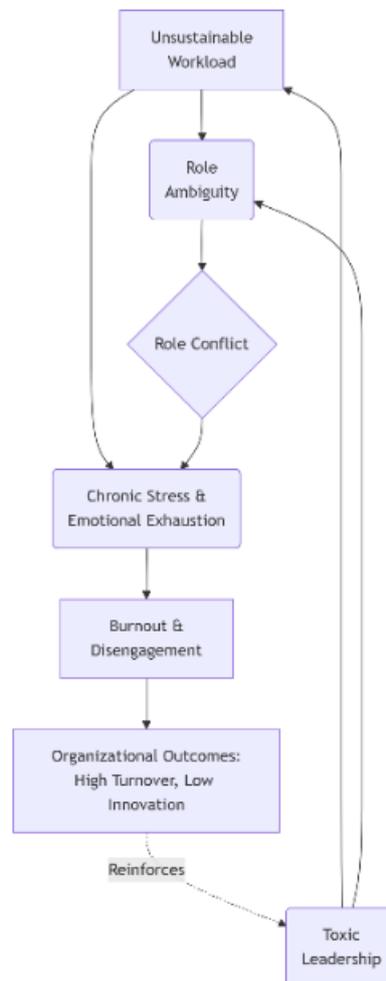
Stressor Category	Key Characteristics & Manifestations	Specific Mental Health Impacts
Workload Pressure	• Unsustainable workloads and unmanageable task volume	• Chronic stress and emotional exhaustion
	• Constant tight deadlines	• Anxiety and sleep disturbances
	• Expectation of perpetual connectivity	• Inability to psychologically detach from work
	• Culture of "doing more with less" and staff shortages	• Direct pathway to clinical burnout and physical health complaints
Role Ambiguity	• Lack of clarity about responsibilities and objectives	• Constant state of uncertainty and anxiety
	• Unclear performance expectations and goals	• Mental energy wasted on determining requirements
		• Reduced effectiveness and increased frustration
Role Conflict	• Incompatible demands from different sources (e.g., manager vs. client)	• Intense psychological strain and cognitive dissonance
	• Conflicting priorities (e.g., quality vs. speed)	• Moral distress and ethical dilemmas
		• Feelings of being pulled in multiple directions
Leadership Style	<b>Toxic Styles:</b>	<b>Impact of Toxic Leadership:</b>
	• Authoritarian/controlling	• Direct multiplier of workplace stress
	• Laissez-faire/absentee	• Higher rates of burnout and psychological distress
	• Excessively critical	• Increased team-level conflict
	<b>Positive Styles:</b>	<b>Impact of Positive Leadership:</b>
• Transformational	• Buffers the effects of other stressors	
• Supportive	• Creates psychological safety	

The table as shown in Table 1 effectively synthesizes the complex relationship between organizational factors and employee mental health by categorizing four primary stressors and their specific impacts. It clearly demonstrates that workload pressure extends beyond simple volume to include relentless deadlines and constant connectivity, with direct consequences like chronic stress and clinical burnout. Furthermore, it highlights how role-related issues—ambiguity and conflict—create psychological strain by fostering uncertainty and incompatible demands, while also emphasizing the pivotal role of leadership style as either a protective buffer or a significant stress multiplier. This organized presentation underscores that workplace mental health challenges are not isolated issues but stem from identifiable, systemic sources within the organizational structure and culture. This graph as shown in Figure 1 effectively illustrates the systemic and self-reinforcing nature of workplace stress, demonstrating how organizational factors interact in a dynamic cycle rather than operating in isolation. It powerfully positions toxic

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leadership as the primary catalyst that initiates the cascade by directly fueling unsustainable workloads and role ambiguity, which then converge to create role conflict and chronic stress. The model's most insightful aspect is its closed-loop design, showing how the end result—burnout and negative organizational outcomes—feeds back to reinforce toxic leadership, creating a vicious cycle that perpetuates the problem. This visual representation makes a compelling case that isolated interventions are likely to fail, emphasizing instead the critical need for comprehensive strategies that simultaneously address leadership behavior, workload management, and role clarity to break this destructive pattern.



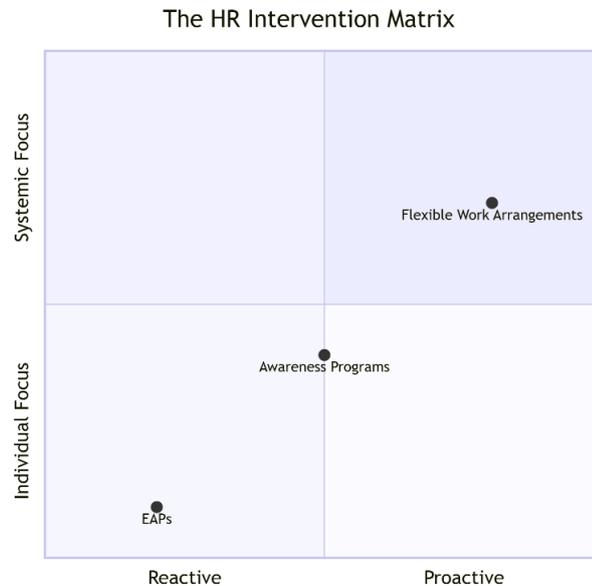
**Figure 1.** The Organizational Stress Cascade: How Workplace Stressors Create a Vicious Cycle

## Intervention Effectiveness

The evaluation of existing Employee Assistance Programs (EAPs) reveals a critical paradox: while they are a nearly universal offering, their effectiveness is severely hampered by systemic issues. The primary strengths of EAPs are their confidentiality and their role as a crucial last resort for employees in acute crisis (Konyk et al., 2021). However, their limitations are profound, including chronically low utilization rates often stemming from persistent stigma and a lack of trust in confidentiality. More fundamentally, EAPs are the epitome of a reactive approach; they treat the individual after they have been harmed by the work environment, thereby individualizing a systemic problem and failing to address the root organizational causes of mental health strain (Rollins et al., 2021).

The analysis of other common interventions yielded mixed results. Mental health awareness programs have demonstrated success in reducing stigma and increasing the likelihood of employees seeking help, which is a vital first step. However, awareness alone is insufficient if the workplace culture and structures remain unchanged, potentially leading to a "wellbeing-washing" effect where talk of mental health is not backed by meaningful action (Shahidi et al., 2021). Similarly, Flexible Work Arrangements (FWAs) were identified as a powerful resource that can significantly reduce work-life conflict and enhance autonomy, a key buffer against stress. Yet, their

implementation is fraught with challenges, including inconsistent application across teams, pressure to be "always on" even when working remotely, and the risk of creating isolation and blurring work-home boundaries, which can inadvertently become a new source of stress without clear organizational guidelines and manager training (Konyk et al., 2021).



**Figure 2.** The HR Intervention Matrix: Reactivity vs. Organizational Focus

This matrix as shown in Figure 2 provides a powerful strategic lens for evaluating common mental health interventions, moving beyond a simple list of pros and cons to reveal their fundamental philosophical alignment and potential impact (A. Sharma, 2025). By mapping initiatives along the dual axes of reactivity and focus, it clearly illustrates why EAPs, while necessary, are a limited solution—they are trapped in the reactive-individual quadrant, treating symptoms without altering the environment that causes them. The chart compellingly argues that the most effective and sustainable wellbeing strategies must migrate toward the top-right quadrant, where proactive, systemic interventions like properly implemented flexible work arrangements operate to prevent harm at its source (Kaiser et al., 2020). Ultimately, this visualization makes the case that an organization's mental health maturity can be measured by how much it invests in shifting its portfolio from the bottom-left to the top-right, thereby addressing root causes rather than merely managing consequences.

### Integrated HR Framework

The discussion culminates in the proposition of an integrated HR framework that necessitates a fundamental shift from a reactive to a proactive philosophy of mental health management. Reactive approaches, like EAPs, focus on mopping up the floor after the pipe has burst. A proactive strategy, in contrast, involves fixing the pipe itself by redesigning work to eliminate known hazards (Demerouti et al., 2001). This means moving beyond treating distressed employees to building resilient work systems through primary prevention—ergonomically sound job design, realistic workload allocation, clear role definitions, and the development of psychologically supportive leadership capabilities at all managerial levels (Guares, 2025).

This integrated framework must operate on multiple levels simultaneously to be effective. At the organizational level, this involves embedding mental health into strategic planning, conducting regular psychosocial risk audits, and modeling wellbeing from the top down (Ling, 2025). At the managerial level, it requires training leaders not just in task management, but in people leadership skills that foster psychological safety and team cohesion. At the individual level, it means providing accessible resources and skills training, but within a supportive context. Crucially, this framework must be closed loop, incorporating robust measurement and evaluation using both quantitative metrics (e.g., absenteeism, turnover, survey scores on wellbeing) and qualitative feedback to continuously assess the return on investment, identify emerging risks, and adapt strategies to ensure they are effectively protecting and enhancing employee mental wellbeing (Bolt, 2023).

**Table 2.** Integrated HR Framework for Proactive Mental Health Management

Framework Component	Core Philosophy	Key Actions & Strategies
Proactive vs. Reactive Approach	Shift from "mopping up" problems (reactive) to "fixing the pipe" (proactive) by eliminating workplace hazards.	<ul style="list-style-type: none"> <li>• Move beyond treating distress to building resilient systems.</li> <li>• Implement primary prevention: ergonomic job design, realistic workloads, clear role definitions.</li> <li>• Develop psychologically supportive leadership at all levels.</li> </ul>
Multi-Level Intervention Strategy	Address mental health simultaneously across all levels of the organization for maximum effectiveness.	<ul style="list-style-type: none"> <li>• Organizational: Embed mental health into strategic planning; conduct psychosocial risk audits; model wellbeing from the top.</li> <li>• Managerial: Train leaders in people-focused skills to foster psychological safety and team cohesion.</li> <li>• Individual: Provide accessible resources and skills training within a supportive organizational context.</li> </ul>
Measurement & Evaluation	Create a closed-loop system for continuous improvement and demonstration of return on investment (ROI).	<ul style="list-style-type: none"> <li>• Use quantitative metrics: absenteeism, turnover, wellbeing survey scores.</li> <li>• Collect qualitative feedback through interviews and focus groups.</li> <li>• Continuously adapt strategies based on data to identify emerging risks and ensure effectiveness.</li> </ul>

The table as shown in Table 2 effectively synthesizes the core components of a strategic HR framework for mental health, moving from abstract philosophy to concrete action. It compellingly contrasts the paradigm shift required, from a reactive "mopping up" stance to a proactive "fixing the pipe" approach that targets root causes like job design and leadership. By outlining a multi-level strategy, it acknowledges that sustainable change must occur simultaneously across the organization, from high-level strategy and managerial training to individual support, ensuring initiatives are not isolated or siloed. Crucially, the inclusion of a dedicated "Measurement & Evaluation" component elevates the framework beyond a static policy, embedding a data-driven, closed-loop system for continuous improvement and demonstrating tangible return on investment, which is essential for securing ongoing organizational commitment.

**CONCLUSION**

This research underscores that employee mental health is not an individual responsibility but a strategic organizational imperative. The findings reveal that traditional, reactive approaches like EAPs, while providing a crucial safety net, are fundamentally inadequate for addressing the systemic roots of workplace stress and burnout. The identification of key organizational stressors—particularly unsustainable workloads, role ambiguity, and toxic leadership—provides a clear roadmap for intervention, demonstrating that mental wellbeing is directly shaped by job design, management practices, and organizational culture. To move forward, organizations must abandon the fragmented, treatment-focused model and embrace an integrated strategy that targets these root causes rather than merely managing their symptoms. The proposed Integrated HR Framework offers a practical pathway for this essential transformation, emphasizing proactive prevention, multi-level engagement, and continuous measurement. By shifting resources toward systemic solutions—such as ergonomic job redesign, psychologically-informed leadership development, and organizational-wide cultural change—companies can create environments that actively promote wellbeing rather than simply mitigating harm. This evolution from reactive support to proactive cultivation of mental health is not merely an ethical obligation but a strategic investment that drives tangible returns in

productivity, innovation, and talent retention, ultimately forming the foundation for a resilient and sustainable organization in the modern economy.

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