

ORGANIZATIONAL WELL-BEING CULTURE: CONCEPTUAL MODEL AND DEVELOPMENT OF A MULTIDIMENSIONAL MEASURE (COBE-Q)

Liliana Pitacho^{1,C}, Daniela Rossana Lima² and João Pedro Cordeiro^{3,C}

¹Instituto Politécnico de Setúbal, Escola Superior de Ciências Empresariais, Campus do IPS, Estefanilha, 2910-761 Setúbal, Portugal. Life Quality Research Center (LQRC), Santarém, Portugal; liliana.pitacho@esce.ips.pt; <https://orcid.org/0000-0001-6008-3475>

²Instituto Politécnico de Setúbal, Escola Superior de Ciências Empresariais, Campus do IPS, Estefanilha, 2910-761 Setúbal, Portugal.; daniela.lima@esce.ips.pt; <https://orcid.org/0000-0001-8359-5342>

³Instituto Politécnico de Setúbal, Escola Superior de Ciências Empresariais, Campus do IPS, Estefanilha, 2910-761 Setúbal, Portugal. Life Quality Research Center (LQRC), Santarém, Portugal; joao.cordeiro@esce.ips.pt; <https://orcid.org/0000-0002-0831-7892>

^cCorresponding Author, liliana.pitacho@esce.ips.pt; <https://orcid.org/0000-0001-6008-3475>

ABSTRACT

Background: Organizational well-being has increasingly gained attention in occupational safety and health research; however, it has been predominantly conceptualized through individual-level indicators, with limited integration of cultural and systemic organizational determinants. **Objectives:** To propose a definition and a theoretically grounded multidimensional model of Organizational Well-Being Culture, and to conduct an initial empirical test of the Organizational Well-Being Culture Questionnaire (COBE-Q) as a diagnostic instrument within the field of occupational safety and health. **Methodology:** An exploratory study was conducted with a sample of 135 adult workers. The COBE-Q, a 30-item instrument covering ten theoretically defined dimensions was tested. Descriptive statistics, exploratory factor analysis using principal component analysis, and reliability analyses were performed. **Results:** A dominant general component explaining a substantial proportion of variance, supporting the conceptualization of Organizational Well-Being Culture as an integrated construct. The scale demonstrated excellent internal consistency, with all items showing adequate discriminatory power. **Conclusions:** The results provide preliminary empirical support for the proposed conceptual model and suggest that Organizational Well-Being Culture may function as a structural determinant of occupational health and a level of primary prevention. The COBE-Q emerges as a promising diagnostic tool to support organizational decision-making and preventive strategies.

Keywords: Occupational Safety and Health, Primary Prevention, Healthy Work Environments, Organizational Diagnosis, Psychosocial Risks.

1. INTRODUCTION

In a global world where being constantly busy and working seems to be synonymous with success, employees face progressively increasing levels of stress and lower levels of well-being (Faraci *et al.*, 2022). Notably, however, the literature has demonstrated that employees with high levels of workplace well-being tend to be more engaged in their tasks, display higher levels of motivation and creativity, and are also more likely to achieve personal and professional success (Gomez & Chavez, 2023; Gürbüz *et al.*, 2024). Moreover, in a competitive environment, concern for well-being constitutes a crucial factor in organizational image for attracting and retaining highly qualified talent (Mosquera & Soares, 2025).

Thus, employee well-being has become a central focus of organizational research and practice. However, traditional approaches with a more individualistic emphasis limit the understanding of the systemic and cultural antecedents that shape well-being within organizations (Pandey *et al.*, 2025; Ashfan *et al.*, 2026). This growing centrality of concern for well-being in organizations, both from a practical and scientific perspective, has been accompanied by a proliferation of concepts, indicators, and measurement instruments, often marked by fragmented approaches predominantly centered on the individual. Integrative literature reviews show that workplace well-being has been mostly operationalized through individual psychological states, such as satisfaction, engagement, or burnout, frequently analyzed in isolation and with limited anchoring in cultural or multilevel perspectives (Nielsen *et al.*, 2017; Kundi *et al.*, 2021).

Recent integrative frameworks conceptualize organizational culture as a multilevel construct shaping employees' experiences of well-being (Dumitriu *et al.*, 2025). Drawing on Schein's definition of culture as shared assumptions guiding perception and action, well-being emerges not as an individual outcome but as a culturally constructed and collectively sustained phenomenon, reflected in how organizations value, legitimize, or neglect it (Schein & Schein, 2017).

Despite this recognition, recent literature highlights a substantial conceptual gap in defining Organizational Well-Being Culture as a collective, systemic, and structural construct, as well as in clearly identifying its constituent dimensions (Kundi *et al.*, 2021). The lack of an integrative definition and coherent dimensional model constrains theoretical development, limits empirical comparability, and weakens the practical utility of organizational diagnostics. Consequently, there is a scientific imperative to articulate a clear and operational definition of Organizational Well-Being Culture and to identify its structuring dimensions in a way that captures its multidimensional and cultural nature. Robust instruments grounded in explicit and empirically supported conceptual models are therefore essential to assess shared organizational perceptions and practices, distinguishing symbolic initiatives from cultures that genuinely foster sustainable well-being (Nielsen *et al.*, 2017; Dollard & Bakker, 2010).

Organizational culture encompasses shared values, norms, and practices that guide behavior and shape the work environment, including leadership commitments, communication patterns, and social systems. As such, it functions as a collective and contextual determinant of well-being rather than a set of isolated policies. Research shows that supportive cultures enhance psychological safety, reduce stress and burnout, and foster health-promoting practices (Dheer *et al.*, 2026). Accordingly, drawing on a critical literature review and a practice-oriented perspective, this study aims to develop a multidimensional and scientifically grounded model of organizational well-being culture and to develop and test the Organizational Well-Being Culture Questionnaire (COBE-Q) to assess the model's theorized dimensions and support organizational diagnostics.

Organizational Well-Being Culture refers to an integrated and stable system of organizational meanings, practices, and mechanisms through which well-being is recognized as a core value and consistently embedded in organizational functioning. It is expressed in leadership behaviors; communication and participation processes; fair, inclusive, and respectful treatment; the balance between demands and resources; the quality of workplace relationships; the affirmation of ethical principles; and the promotion of continuous learning and innovation in well-being. Such a culture sustains psychosocially healthy work environments over time. This approach does not oppose organizational objectives, such as profitability, but integrates behavioral standards that support the sustainable achievement of organizational goals, embedding well-being within the organizational mission. Based on this definition, a conceptual model of Organizational Well-Being Culture is proposed, comprising ten interrelated dimensions.

The first dimension is Leadership Commitment to Well-Being and refers to the degree to which leaders explicitly communicate the importance of well-being, model healthy behaviors, and support practices that promote collective and individual well-being. Leadership plays a structuring role in the construction of organizational cultures, influencing priorities, implicit norms, and shared perceptions of what is valued within the organization (Schein & Schein, 2017). Recent studies show that when leaders demonstrate a visible commitment to well-being, integrating it into strategic discourse, management decisions, and behavioral role modelling, employees report higher levels of well-being, greater psychological safety, and lower exposure to chronic stress (Liu *et al.*, 2024).

The second dimension, Open Communication and Psychological Safety, refers to employees' perceptions of an organizational climate characterized by trust, transparency, and freedom to express concerns, negative emotions, work-related difficulties, and support needs without fear of retaliation or stigmatization. Psychological safety is conceptualized as a collective condition in which members feel safe to take interpersonal risks, admit mistakes, ask for help, and communicate stress or emotional overload (Edmondson & Bransby, 2023). Empirical evidence shows that organizational contexts fostering open communication and trust are associated with higher workplace well-being, greater engagement, and lower burnout, as they enable social support, early problem resolution, and emotional regulation (Newman *et al.*, 2017).

The third dimension, Empowerment and Participation, refers to the extent to which employees experience autonomy in their work, are involved in decision-making, and perceive that their voice is heard and valued by the organization. Autonomy and participation are key psychosocial resources linked to higher well-being, intrinsic motivation, and work engagement. Empowering organizational contexts enhance employees' sense of control, competence, and work meaningfulness, fostering more positive and sustainable work experiences (Nielsen *et al.*, 2017; Pandey *et al.*, 2025). Research on employee voice further indicates that feeling heard and valued is associated with greater psychological well-being, organizational trust, and psychological safety, reflecting participatory and inclusive cultures (Morrison, 2023).

The fourth dimension, Recognition and Justice, refers to employees' perceptions that their contributions are valued, that rewards and organizational decisions are allocated in a fair and transparent manner, and that the feedback received is constructive and development oriented. Organizational contexts perceived as fair, where recognition and organizational justice prevail, influence not only individual attitudes but also the quality of relationships and trust in the organizational system (Pandey *et al.*, 2025).

The fifth dimension, Diversity and Inclusion, refers to employees' perceptions of respectful treatment, equitable development opportunities regardless of individual differences, and a sense of inclusion and acceptance within teams and the broader organization. A key distinction must be made between diversity, understood as the presence of differences, and inclusion, which reflects the psychological experience of belonging and being valued. Only inclusive contexts enable diversity to yield positive outcomes for individuals and organizations (Jansen *et al.*, 2014). Research shows that inclusive cultures are associated with higher psychological well-being, greater psychological safety and engagement, and lower levels of stress and turnover intention (Randel *et al.*, 2018).

The sixth dimension, Work–Life Balance, which refers to the perception that the organization respects the boundaries between professional and personal spheres, offers flexibility in the management of working time, and adjusts work demands in a way that is compatible with a balanced life. The literature has consistently demonstrated that work–life balance constitutes a

central determinant of psychological well-being and occupational health, functioning as an organizational protective mechanism against chronic stress and emotional exhaustion (Allen *et al.*, 2020; Pandey *et al.*, 2025). Beyond individual effects, work–life balance reflects implicit cultural norms regarding availability, performance, and success, signaling whether overload and hyperconnectivity are valued or discouraged.

The seventh dimension, Resources and Support, refers to the perception that the organization provides formal and informal resources to promote physical and mental health, offers conditions and activities that foster well-being, and ensures that employees know where and how to seek help when facing difficulties. Recent reviews (e.g., Nielsen *et al.*, 2017) indicate that organizations that invest in a structured manner in support resources promote higher levels of well-being, engagement, and perceived organizational support, as well as lower levels of burnout and turnover intention. This is consistent with the job demands–resources (JD-R) model (Bakker & Demerouti, 2017), which has consistently demonstrated that the availability and accessibility of organizational resources constitute central determinants of well-being at work. Beyond their instrumental effect, resources and support communicate implicit cultural values, signaling whether health and well-being are recognized as organizational responsibilities or relegated to the individual sphere.

The eighth dimension, Sense of Community, refers to the perception of a strong team spirit, mutual support, and relational quality in the work context, as well as the existence of organizational practices that promote social interaction, cooperation, and connection among organizational members. Positive interpersonal relationships at work function as a social resource that protects against stress, emotional exhaustion, and isolation, promoting well-being, engagement, psychological safety, and employee retention (Nielsen *et al.*, 2017). Beyond individual effects, the quality of relationships reflects implicit cultural norms regarding collaboration, trust, and belonging, signaling whether the organization values interdependence and mutual support or, conversely, privileges competitive and individualistic dynamics.

The Ethical and Purpose-Driven Culture dimension refers to employees' perceptions that organizational mission and values reflect ethical and human principles, that work contributes to a meaningful purpose, and that responsible, morally consistent behavior is encouraged. Ethics and purpose thus function as cultural mechanisms guiding what is considered right and meaningful in the organizational context, shaping collective expectations and behavior. Cultures grounded in shared ethical values and purpose are associated with higher psychological well-being, engagement, and organizational commitment, and with lower cynicism and emotional exhaustion (Aguinis & Glavas, 2017). Additionally, ethical climates enhance trust, predictability, and perceptions of justice, fostering safer psychosocial work environments (Mayer *et al.*, 2012).

The final dimension, Innovation and Learning in Well-Being, refers to the organization's capacity to systematically gather well-being feedback, evaluate evidence, and continuously improve practices while creating space for experimentation with health-oriented approaches. Organizational well-being is not a static condition but a dynamic process requiring ongoing monitoring, learning, and adaptation to changing work contexts (Pitacho, 2025). Organizations that embed learning mechanisms tend to develop more resilient cultures, better equipped to address emerging psychosocial risks and diverse employee needs (Pandey *et al.*, 2025).

Based on the proposed conceptual model, empirical operationalization is methodologically necessary to examine the consistency, structure, and practical relevance of its theorized dimensions. Accordingly, this study presents the development of the Organizational Well-Being Culture Questionnaire (COBE-Q), an instrument designed to assess at the organizational level,

the presence and maturity of a sustained well-being culture. The questionnaire is directly grounded in the model's ten dimensions, translating core cultural values, practices, and mechanisms into observable and shared organizational indicators. The empirical phase is conceived as an initial pilot study of both the conceptual framework and the measurement instrument, representing a first empirical effort to evaluate their coherence, feasibility, and preliminary psychometric adequacy. Beyond generating initial empirical evidence, this pilot phase aims to provide a diagnostic tool for occupational safety and health, supporting the identification of organizational protective factors and informing primary prevention strategies to promote psychosocially healthy work environments.

2. MATERIALS AND METHODS

This study adopted a quantitative, cross-sectional, and exploratory design aimed at the initial empirical testing of the Organizational Well-Being Culture conceptual model and the development of the Organizational Well-Being Culture Questionnaire (COBE-Q).

The sample consisted of 135 adult workers ($N = 135$), recruited through convenience sampling. All participants were employed at the time of data collection. The mean age of the participants was 41.48 years ($SD = 12.18$), reflecting a heterogeneous working-age population. Regarding gender distribution, 73.7% of the respondents identified as female.

In terms of educational attainment, 46.8% of participants reported holding a bachelor's degree, 31.7% had completed secondary education, and 16.5% held a master's degree. Smaller proportions reported having completed the third cycle of education (2.2%), the second cycle (1.4%), or a doctoral degree (1.4%).

Regarding organizational sector, 64.0% of participants were employed in private organizations, 20.9% in public organizations, 8.6% in the social sector, and 6.5% in public-private partnerships. Participation in the study was voluntary and anonymous. All respondents were informed about the objectives of the research and provided informed consent prior to completing the questionnaire. Ethical principles concerning confidentiality, anonymity, and data protection were strictly observed throughout the research process.

Organizational Well-Being Culture was assessed using the Organizational Well-Being Culture Questionnaire (COBE-Q), developed specifically for this study. The instrument consists of 30 items, organized into ten theoretically grounded dimensions, with three items per dimension. Responses are recorded on a seven-point Likert-type scale, ranging from 1 ("strongly disagree") to 7 ("strongly agree"). Higher scores indicate stronger perceptions of a well-being-oriented organizational culture. Once the process of applying the questionnaire was completed, the data were exported and analyzed through the SPSS software.

3. RESULTS

Descriptive statistics were examined for all items, including minimum and maximum scores, skewness, and kurtosis. Based on these analyses, no items were excluded, as none presented skewness or kurtosis values outside the conservative range of -1 to $+1$, indicating acceptable univariate distributions for exploratory purposes.

An exploratory factor analysis (EFA) was conducted using a principal component analysis (PCA) extraction method within a cross-validation framework. The analyses performed on the first subsample indicated adequate data suitability for factor extraction, as evidenced by a Kaiser–

Meyer–Olkin (KMO) measure of sampling adequacy of .94 and a statistically significant Bartlett’s test of sphericity, $\chi^2(36) = 960.571$, $p < .001$.

The EFA results confirmed that the scale items form a single global dimension. A dominant first component emerged, accounting for 61.78% of the total variance. Although two additional components presented eigenvalues greater than one, their explained variance was substantially lower (Component 2 = 5.5%; Component 3 = 4.3%) when compared to the variance explained by the first component. From both a statistical and substantive standpoint, the retention of these additional components was therefore not justified.

Given the exploratory pilot nature of the study and the sample size ($N = 135$), a confirmatory factor analysis (CFA) of the ten proposed components was not conducted, as complex CFA models require substantially larger samples to ensure stable and reliable parameter estimation (Hair *et al.*, 2019). Despite this, to preserve alignment with the theoretical framework, Table 1 presents the loadings of this principal component for items organised according to the ten proposed dimensions, which, despite being exploratory, show substantial loadings and provide preliminary empirical support for the conceptual model.

Table 1: Conceptual subdimensions and loadings on the first principal component

Subdimension	Item	Component loading
Innovation and Well-Being Learning (IWBL)	IWBL1	.82
	IWBL2	.70
	IWBL3	.79
Leadership Commitment to Well-Being (LC)	LC1	.86
	LC2	.79
	LC3	.84
Empowerment and Participation (EP)	EP1	.75
	EP2	.84
	EP3	.87
Communication and Psychological Safety (CPS)	CPS1	.82
	CPS2	.82
	CPS3	.80
Ethical and Purpose-Driven Culture (EPDC)	EPDC1	.85
	EPDC2	.77
	EPDC3	.89

Subdimension	Item	Component loading
Work–Life Balance (WLB)	WLB1	.59
	WLB2	.80
	WLB3	.70
Recognition and Justice (RJ)	RJ1	.82
	RJ2	.81
	RJ3	.85
Diversity and Inclusion (DI)	DI1	.77
	DI2	.91
	DI3	.72
Resources and Support (RS)	RS1	.59
	RS2	.73
	RS3	.74
Sense of Community (SC)	SC1	.74
	SC2	.65
	SC3	.83

Note. Exploratory factor analysis was conducted using principal component analysis (PCA). Items are presented according to the ten theoretical dimensions of the proposed conceptual model. Reported loadings correspond to the first principal component extracted in the PCA. Only loadings for the first principal component are reported. All loadings $\geq .40$.

Corrected item–total correlations ranged from .57 to .89, indicating that all items contributed adequately to the overall scale and demonstrated good to very good discriminatory power. No item presented a corrected item–total correlation below the recommended threshold of .30. Furthermore, Cronbach’s alpha if item deleted remained stable across all items and did not exceed the overall reliability coefficient, indicating that the removal of any item would not improve internal consistency. The COBE-Q demonstrated excellent internal consistency as a global measure (Cronbach’s $\alpha = .98$; McDonald’s $\omega = .98$), supporting the reliability of the instrument for assessing organizational well-being culture in this exploratory pilot study.

4. DISCUSSION

The present study aimed to deepen the understanding of Organizational Well-Being Culture by proposing a theoretically grounded conceptual model and by conducting an initial empirical test of the COBE-Q as a diagnostic instrument within the field of occupational safety and health.

The results support the central premise guiding this work: well-being in organizations should be understood not only as an individual psychological outcome, but as a culturally embedded and structurally sustained organizational condition, with direct implications for occupational health. The findings are consistent with classical and contemporary perspectives on organizational culture, which conceptualize it as a shared system of meanings, values, and practices that shape how organizational members perceive, interpret, and respond to their work context (Schein & Schein, 2017), a view that is further supported by the natural statistical emergence of a general factor. It should also be acknowledged that the emergence of a single dominant factor may partly reflect common method variance associated with the use of self-report measures collected at a single point in time (Podsakoff *et al.*, 2003). Future research should therefore employ methodological strategies and confirmatory designs to further examine the dimensional distinctiveness of the proposed constructs. Notwithstanding this methodological consideration, the proposed model addresses a gap identified in the literature, which has predominantly operationalized workplace well-being through individual-level indicators, often detached from the cultural and systemic antecedents that sustain prolonged exposure to psychosocial risks (Nielsen *et al.*, 2017; Kundi *et al.*, 2021).

When interpreted within the framework of occupational safety and health, Organizational Well-Being Culture can be conceptualized as a central organizational determinant of occupational health (Pandey *et al.*, 2025). The ten dimensions proposed in the model capture key organizational mechanisms that the literature has consistently associated with chronic stress exposure and employees' capacity to maintain health in the work context (Dollard & Bakker, 2010; Bakker & Demerouti, 2017). In this sense, well-being culture operates upstream of individual strain reactions, influencing not only how stressors are experienced, but also how they are produced, normalized, or mitigated within organizational systems.

This upstream positioning allows Organizational Well-Being Culture to be framed as a structural level of primary prevention in occupational safety and health. Rather than focusing on remediation after harm has occurred or on strengthening individual resilience in the face of adverse conditions, a well-being-oriented organizational culture operates at the level of organizational design, norms, and practices, reducing prolonged exposure to psychosocial risks and promoting psychologically safe work environments. This interpretation is consistent with research on psychosocial safety climate, which shows that organizational policies, practices, and procedures reflecting a genuine concern for psychological health are associated with lower levels of burnout, stress, and mental health problems, as well as improved safety outcomes (Dollard & Bakker, 2010; Nielsen *et al.*, 2017).

Within this framework, the COBE-Q emerges as a particularly relevant diagnostic tool for occupational safety and health practice. By operationalizing Organizational Well-Being Culture through shared perceptions of organizational practices and values, the instrument enables organizations to move beyond fragmented assessments of isolated risk factors and toward an integrated diagnosis of their cultural conditions for well-being promotion. This diagnostic perspective is especially pertinent within the scope of primary prevention, as it allows the identification of systemic strengths and vulnerabilities before psychosocial risks translate into adverse health outcomes, absenteeism, or turnover.

Additionally, the COBE-Q can support organizational decision-making and the development of internal policies related to health, well-being, and sustainability. The multidimensional conceptual structure underlying the instrument provides a useful interpretative framework for leaders, human resource professionals, and occupational safety and health practitioners, guiding

action toward organizational levers. In this sense, the instrument is not limited to an evaluative function but may also serve as a support for strategic reflection and for aligning declared values, actual practices, and legal responsibilities in the domain of occupational health.

Despite the contributions of the study, some limitations should be acknowledged. Given the exploratory and pilot nature of the present study and the relatively modest sample size, the factorial structure identified should be considered preliminary and interpreted with caution. Although the findings provide initial support for the conceptual coherence of the instrument, further research using larger and more heterogeneous samples is required to conduct confirmatory factor analyses and to rigorously test the proposed multidimensional structure. Such validation is necessary before the COBE-Q can be confidently used as a diagnostic tool in organizational contexts. The exploratory and pilot nature of the empirical phase limits the generalizability of the results and calls for caution in interpreting the dimensional structure of the model. Nevertheless, these limitations are inherent to early stages of instrument development and do not compromise the conceptual and applied relevance of the proposed framework.

Future research should build upon this initial evidence by testing the COBE-Q in larger and more diverse samples, enabling confirmatory analyses and hierarchical modelling, as well as the assessment of the instrument's predictive validity with respect to well-being and occupational health indicators. Longitudinal studies will be particularly relevant to evaluate the role of organizational well-being culture as a sustained protective factor over time.

In sum, this study contributes to the literature by reframing well-being as a cultural and organizational phenomenon, by proposing a coherent conceptual model grounded in consolidated theoretical frameworks, and by presenting a diagnostic instrument with clear applicability in the field of occupational safety and health.

5. CONCLUSIONS

This chapter contributes to the occupational safety and health literature by advancing a conceptual and empirical approach to Organizational Well-Being Culture as a structural and collective determinant of occupational health. By proposing a theoretically grounded multidimensional model and conducting an initial empirical test of the COBE-Q, the study responds to the need for theoretical support and instruments that move beyond individualized conceptions of well-being and capture the organizational conditions that shape sustained exposure to psychosocial risks.

The findings support the relevance of conceptualizing well-being as a culturally embedded phenomenon, reflected in shared organizational values, practices, and mechanisms that influence how work is designed, managed, and experienced. In this sense, Organizational Well-Being Culture can be positioned as a level of primary prevention in occupational safety and health, contributing to the creation of psychologically safe and sustainable work environments.

The COBE-Q emerges not only as a research instrument, but also as a promising diagnostic tool for organizational contexts, offering a structured means of assessing cultural conditions associated with well-being and supporting organizational decision-making, the development of internal policies, and preventive strategies.

This study establishes a solid foundation for the integration of organizational well-being culture as a multidimensional construct in research and practice within the field of occupational safety and health.

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