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Geneva Wellbeing

The science behind high-performing teams and safer work:

Why addressing psychosocial and physical health matters

Umbrella & Geneva Wellbeing Report

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Marketing report

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Table of Contents

01. Introduction

Tama tū tama ora; tama noho tama mate.
He who stands, lives; he who sits, perishes.

Since we started publishing our Annual Wellbeing Reports three years ago, we've focused on many of the key work factors that influence our ability to feel well and work well. We've shared our data on workload, mental safety and working while unwell (otherwise known as presenteeism) – and what to do about them. This year, we've chosen to do something slightly different. We want to zoom out, looking at the many and varied psychosocial and behavioural factors that influence our health and work.

This focus reflects the hundreds of conversations our team has had with workers, organisations, industry bodies and professional associations in the last 12 months.

More than ever, people care about managing psychosocial risks (defined as the environmental, relational and operational hazards at work that may cause harm to people's psychological and physical health).

But they also care about managing critical physical risks, ensuring that workers aren't made sick or physically injured while fulfilling their work duties.

Our recent market survey found that more than half (56%) of the organisations we support were struggling to manage wellbeing and psychosocial risks when they came to us.

More than a quarter (28%) weren't sure how to manage sickness absence or productivity loss nor how to facilitate a safe return to work.

Our own organisational journey mirrors these joint challenges, with 2026 marking the transition of the Umbrella brand into Geneva Wellbeing (stay tuned for more!). This gives us a renewed focus on bringing together holistic workplace wellbeing services that tackle both psychosocial and physical health and safety risks comprehensively. We'll retain the same great team, with the same great expertise and services. And we're excited to expand our influence with the help of expert physiotherapists, occupational therapists and addiction support counsellors to make workplaces even healthier.

In this joint Umbrella and Geneva Wellbeing Report, we examine the state of psychosocial challenges (otherwise known as "work" challenges) and health challenges (personally driven behaviours like sleeping, eating and exercising) in workplaces around Aotearoa New Zealand. Sharing new data from thousands of workers, collected in the past four years, we explore the prevalence of these challenges among workers and how they might influence psychological distress, performance, wellbeing and ill health.

02. Executive summary

We know from our work in the past year that most of the organisations we work with are committed to ensuring that their critical risks are well-managed.

For many organisations, this includes managing psychosocial risk and reducing workplace stress, alongside managing more "traditional" risks like manual handling or hazardous equipment. The "how to" part of managing psychosocial risk is often where people get stuck. Organisations are unsure whether the most effective interventions are likely to be work system-related changes (e.g., workload management or peer support) or individual-related changes (e.g., supporting breaks or encouraging movement). Or is it a combination of both systemic and individual interventions that's best? That's what we explore in this report.

According to more than 11,000 people who have completed our Umbrella Wellbeing Assessment since 2022, the most common psychosocial or "work" challenges for employees relate to:

- poor change consultation (28%)
- high workload (21%)
- and a perception that their psychological wellbeing is not prioritised at work (19%).

When it comes to individual health challenges, not getting enough sleep ranks the highest (23%), followed by not getting enough moderate exercise (22%) and not getting enough leisure/relaxation time (21%).

But what difference does it really make if people are reporting work or health challenges? For one, the odds of experiencing high psychological distress are **more than three times higher** for people experiencing poor peer support or personal harassment ("unkind words and behaviour") at work. And, when people struggle with getting enough relaxation or leisure time, their odds of experiencing stress from significant ill health are **two times higher**. These numbers are just a snapshot of the critical risk that can come from not managing work and health challenges proactively. We tell the full story in **Chapter 3**.

Ultimately, as we explore in **Chapter 4**, the data tell us that both work *and* personal health challenges significantly predict mental health, physical health and performance issues – explaining up to one-quarter of the differences associated with these outcomes. For all outcomes – other than physical ill health – work challenges explain a slightly *greater* amount, however. This tells us that, while both psychosocial and physical factors are important, organisations are likely to benefit the most from making a change to work *systems* through proactive psychosocial risk identification and management.

In **Chapter 5**, we explore the stress pathway to better understand the mechanism through which work challenges produce stress, and how they influence our long-term health and performance. We then explore two common themes in the world of workplace wellbeing, starting with the problem: the wellbeing paradox and why spending more organisational budget on wellbeing doesn't always produce the results we want to see **(Chapter 6)** and continuing with the solution: fixing the work, not the worker **(Chapter 7)**. After discussing the secret to building high-performing teams through the lens of a famous fable **(Chapter 8)**, we conclude with our final thoughts on what really helps to address workplace psychosocial and physical health (hint: it starts with an integrated solution; **Chapter 9**). In **Chapter 10**, we let you know how Umbrella and Geneva Wellbeing can help.

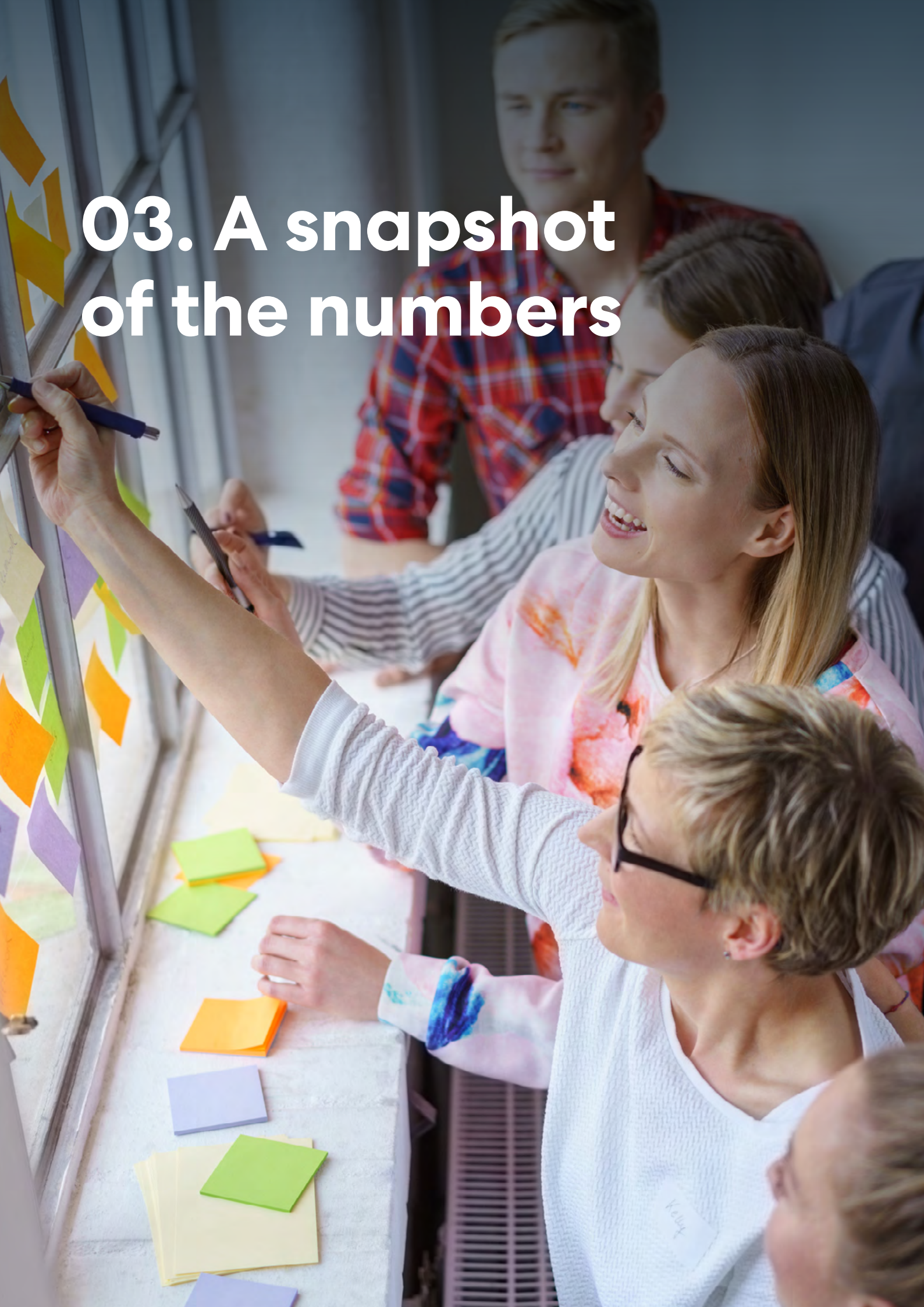
We started this report with the whakataukī: *Tama tū tama ora; tama noho tama mate. He who stands, lives; he who sits, perishes.* We share this not only as an explicit reminder of the power of staying healthy and active, but as a challenge to organisations all over New Zealand: do not sit by waiting for another, more convenient, day to address employee health and wellbeing. Stand up today for a healthier workplace tomorrow.

Until next time, mā te wā,

The Umbrella and Geneva Wellbeing team

Want to understand how psychosocial and health challenges show up in your workforce?

Umbrella and Geneva Wellbeing measure and advise on these and other workforce issues, and design and deliver interventions to address them in organisations nationwide – helping to build thriving individuals, teams and businesses. Find out more about our flagship Umbrella Wellbeing Assessment, strategy and consulting services, early intervention injury prevention, return-to-work programmes and evidence-based training programmes at www.umbrella.org.nz or www.genevawellbeing.co.nz



03. A snapshot of the numbers

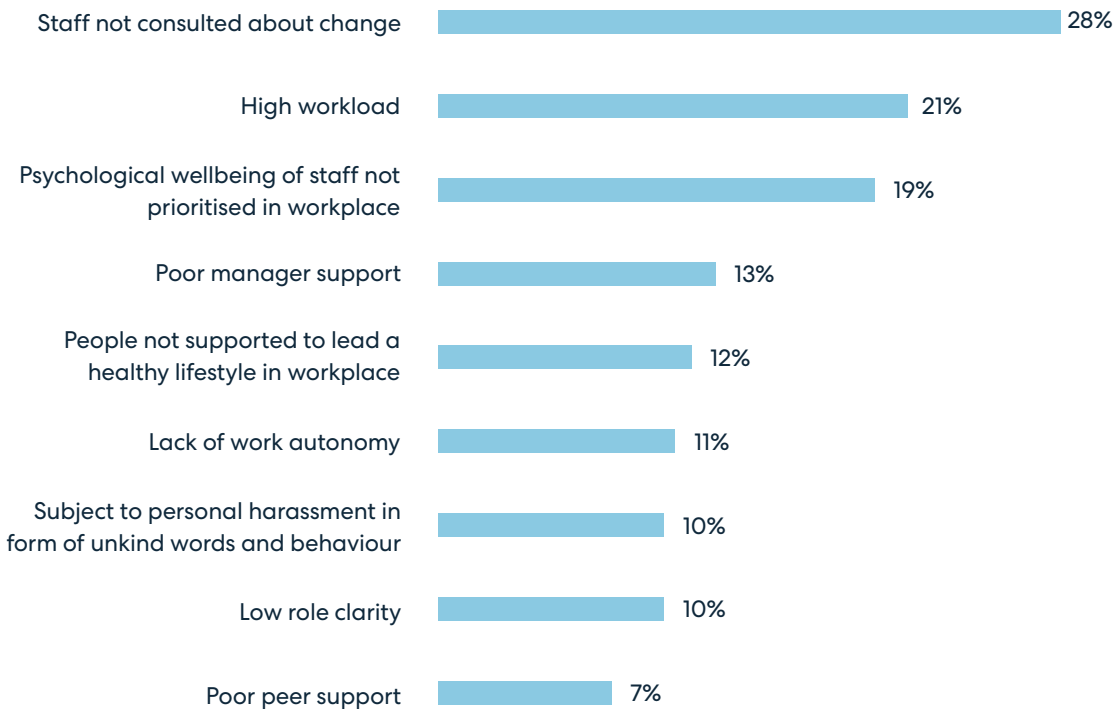
These findings are powered by data from more than 11,000 working Kiwi users of the Umbrella Wellbeing Assessment,[1] an organisational survey designed by researchers and psychologists to help organisations understand the individual, work and organisational factors that are driving employee wellbeing and engagement.

How prevalent are psychosocial and health challenges among New Zealand workers?

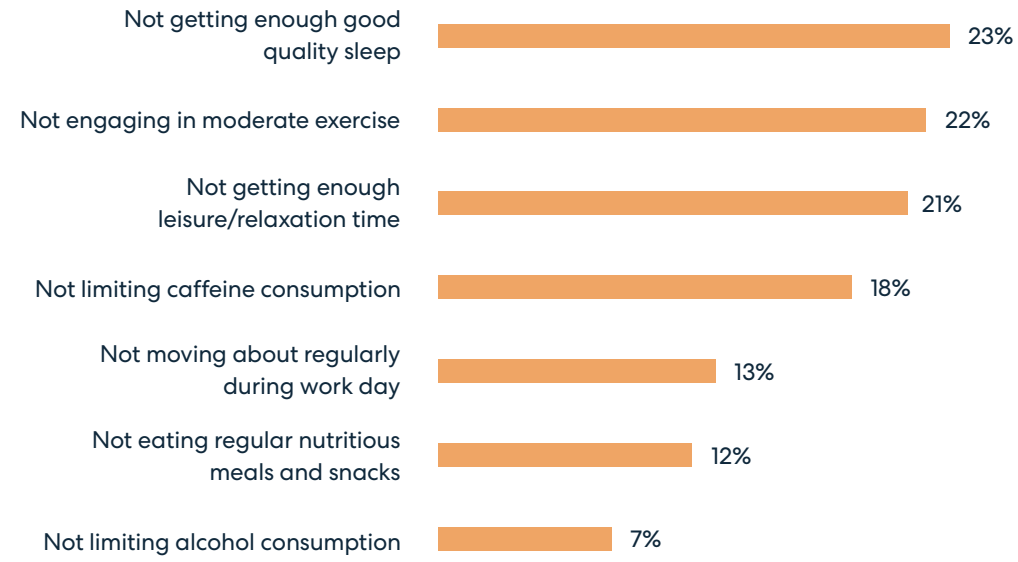
To investigate how prevalent psychosocial challenges are at work, we asked people the extent to which they agreed or disagreed with a series of negatively worded statements depicting work-related scenarios.
For health challenges, we asked people to self-rate their engagement in common health behaviours. For the prevalence data below, we only count those who *strongly agreed* or *agreed* with the work scenarios and, for health behaviours, those who self-reported that they were not engaging in the health behaviours at all and needed to do much better.

[1] All data were collected from 2022 to 2025 from working New Zealanders (*N* = 11,610) across 53 organisations from varied industries (e.g., social services and healthcare, construction and manufacturing, administration, financial and insurance services, education, forestry, and retail). These data were collected from organisations who opted in to run the survey and, although invitations were sent to all workers in each organisation, participation was voluntary. A self-selection bias may therefore be present, and the sample may not be demographically representative of the New Zealand workforce at large.

Prevalence of psychosocial challenges (% of working New Zealanders who agree):



Prevalence of health challenges (% of working New Zealanders who report they are):



These percentages are conservative estimates; we only counted workers who definitively stated that they were challenged in each area. However, a significantly higher proportion of workers reported being on the fence about experiencing psychosocial challenges or stated that they engaged in the health behaviours *some of the time* and that there was room for improvement.

What does this mean for health and performance?

According to our data, somewhere between one in four and one in ten workers are regularly experiencing psychosocial and health challenges to a significant degree. It's fair to assume that these same workers are also struggling with their mental health, physical health and performance. But instead of assuming – let's put it to the test.

In *Table 1*, we present data on the odds of experiencing poor outcomes when experiencing psychosocial and health challenges. Our outcomes of interest are:

- High psychological distress (symptoms of anxiety and depression)
- Poor job performance in the previous month (self-rated in relation to *my own top performance and worst performance*)
- Low flourishing (general domains of wellbeing such as relationships, self-esteem, purpose and optimism)
- Significant ill health stress (level of stress experienced due to ill health in past four weeks)

Almost all challenges were associated with increased odds of poor outcomes – ranging from slightly increased odds (> 1x) to more than 3x the odds.

Focusing on those challenges with the **highest odds** of poor outcomes:

3x

higher/increased odds to experience **high psychological distress** when being subject to **personal harassment** in the form of unkind words and behaviour at work.

3x

higher/increased odds to experience **high psychological distress** when being subjected to **poor peer support** at work.

3x

higher/increased odds to experience **low flourishing** when being subjected to **poor peer support** at work.

3x

higher/increased odds to experience **low flourishing** when **not eating regular** nutritious meals and snacks.

To what extent do psychosocial and physical challenges predict health and performance?

Using predictive statistical analysis, we can examine the combined effect of different challenges in predicting health and performance outcomes. We can also tell which ones come out on top as the strongest predictors, relative to one another. Notably, these analyses do not presume that one variable *causes* the other.

According to our models, *one-quarter of the fluctuation in people's psychological distress and flourishing is explained by the psychosocial and health challenges they experience*. While physical health challenges explain a sizeable proportion of the variance, psychosocial challenges explain a *greater* proportion. This suggests that proactively addressing these work-related factors could exert more influence over mental health and wellbeing among employees than would health promotion alone.

Table 1. Psychosocial challenges, health challenges and negative outcomes

	High psychological distress	Poor job performance	Low flourishing	Significant ill health stress
Staff not consulted about change	↑	↑	↑	↑
High workload	↑	↑	↑	↑
Psychological wellbeing of staff not prioritised in workplace	↑ ↑	↑	↑ ↑	↑
Poor manager support	↑ ↑	↑	↑ ↑	↑
People not supported to lead a healthy lifestyle in workplace	↑ ↑	↑	↑ ↑	↑
Lack of work autonomy	↑ ↑	↑	↑ ↑	↑
Subject to personal harassment in form of unkind words and behaviour	↑ ↑ ↑	↑	↑	↑
Low role clarity	↑ ↑	↑ ↑	↑ ↑	↑
Poor peer support	↑ ↑ ↑	↑	↑ ↑ ↑	↑
Not getting enough good quality sleep	↑ ↑	↑	↑ ↑	↑
Not engaging in moderate exercise	↑	↑	↑ ↑	↑
Not getting enough leisure/ relaxation time	↑ ↑	↑	↑ ↑	↑ ↑
Not limiting caffeine consumption	↑	↑	↑	↑
Not moving about regularly during work day	↑	↑	↑	↑
Not eating regular nutritious meals and snacks	↑ ↑	↑	↑ ↑ ↑	↑
Not limiting alcohol consumption	-	↑	↑	-

Note. Arrows represent odds ratios (OR). ↑: 1 > OR < 2; ↑↑: 2 > OR < 3; ↑↑↑: OR >3; (-) OR is not statistically significant

For job performance, 12 percent of the differences in people's performance was explained by psychosocial and physical challenges. Once again, and perhaps unsurprisingly, psychosocial challenges at work played a bigger role in explaining job performance than did physical health challenges.

Finally, stress from significant ill health was the hardest outcome to predict in our analysis, with only seven percent of the differences explained by psychosocial and physical challenges. An equal amount of the variance was explained by each type of challenge.

Top predictors of psychological distress

1. Not getting enough good quality sleep
2. Psychological wellbeing not prioritised in workplace
3. Not getting enough leisure/ relaxation time
4. Not eating regular nutritious meals and snacks
5. Subject to personal harassment in form of unkind words and behaviour

Top predictors of job performance:

1. Role clarity at work
2. Moving about regularly during work day
3. Getting enough good quality sleep
4. Eating regular nutritious meals and snacks
5. Manageable workload

Top predictors of flourishing:

1. Peer support at work
2. Eating regular nutritious meals and snacks
3. Getting enough good quality sleep
4. Role clarity at work
5. Engaging in moderate exercise

Top predictors of stress from ill health:

1. Not engaging in moderate exercise
2. Not getting enough good quality sleep
3. Subject to personal harassment in form of unkind words and behaviour
4. Not getting enough leisure/ relaxation time
5. Lack of autonomy at work

Not sure what to make of these numbers? The next chapter summarises our biggest takeaways.

Interested in knowing these stats (and so much more) for your organisation?

We've run our Wellbeing Assessment with tens of thousands of employees across countless industries, helping organisations to pinpoint their strengths and risk areas. Our experienced researchers and psychologists have the skills and expert knowledge to turn information into action. Importantly, we remain independent and objective, reducing internal reporting bias and maximising employee trust and participation.

04. Insights: What do the numbers mean?

1. Even using conservative estimates, challenges are experienced by between 7% and 28% of working New Zealanders.

Whether we are examining work-related psychosocial challenges or health challenges, our estimates from more than 11,000 working New Zealanders show that employees regularly experience issues, with as many as one in four people facing the most prevalent challenges.

Even for those challenges reported relatively *less frequently* – like poor peer support or not eating regular nutritional meals and snacks – the impact of these can be significant if one in ten workers are reporting them.

Poor peer support, for example, increases the odds of also experiencing high psychological distress and low flourishing by more than three times; a pattern that is very similar for people struggling with poor nutrition. This means that organisations stand to gain a lot from investing in a workforce that is healthy and well-resourced at work, especially if these investments are tailored to the highest impact areas.

2. Challenges predict poor outcomes almost universally, though some are more strongly associated than others.

Our statistical testing reveals a clear, significant association between psychosocial challenges and negative outcomes. Almost universally, these hurdles are associated with an increased likelihood of poor mental health and diminished wellbeing, while simultaneously damaging performance and increasing stress levels from ill health.

Importantly, when this statistical testing considers all the different challenges at the same time – and ranks their predictive strength against each other – we get a slightly more nuanced picture of those challenges that come out on top. Getting enough good quality sleep was a top predictor across all outcomes, for example, and good nutrition was a top predictor for three out of four outcomes. Other predictors that featured multiple times in the top five list were: being subject to personal harassment at work, lack of role clarity at work, not getting enough leisure/relaxation time and not engaging in moderate exercise.

While these analyses give us valuable insights, the exact profile of psychosocial and health challenges that are influential for a given organisation, industry or role type will differ. When it comes to predicting "good job performance in the previous month" in our dataset, for example, role clarity and moving about regularly during the workday were the two strongest predictors. This pattern makes sense in organisations where knowledge work is dominant, leading to the risk of ill-defined roles and sedentary working routines – but may not apply in those organisations where manual workers doing predictable work are highly represented among the workforce. That's why it's always valuable to get data that are specific to your industry and your people.

3. It's easier to predict mental health and wellbeing, compared to job performance and stress from ill health.

We selected four key outcome variables in this report – psychological distress, performance, flourishing and stress from ill health.

We chose these because they generally count as what management and health and safety professionals call "lag indicators". In other words, they represent what has already come to pass – like heightened distress, poor performance, low flourishing, or ill health – instead of understanding what *might* cause harm in the future ("lead indicators"). This allows us to get a narrow glimpse of the complicated picture of workplace wellbeing cause-and-effect (even though our data cannot make causal assumptions).

When considering all our different lead indicators – characterised in this report as "psychosocial challenges" and "health challenges" – we found that they generally did a better job at predicting psychological distress and flourishing, than they did predicting job performance and stress from ill health. This is perhaps more understandable for stress from ill health, where other factors like genetic predisposition, pre-existing health conditions and healthcare access are likely to play a substantial role.

For job performance, however, this report confirms what is already suspected by many of the business leaders we speak to: that job performance is hard to define, hard to measure – and, ultimately, hard to change at an organisational level. That doesn't mean it's impossible, it just requires tuning in closely to the unique needs of each workforce. Role clarity, for example, was the top predictor of job performance in our dataset – suggesting that significant gains are likely to be made by setting up teams for success with a culture where everyone is crystal clear on *what* needs doing and *who* is doing what. We revisit the science of high performance later on in this report in **Chapter 8**.

4. Both psychosocial and physical health factors play an important role in creating healthy work environments but, if you need to start somewhere, start with work-related factors.

As much as we can play the game of, "Which factors are the most important?", our biggest takeaway from this analysis is that there are *many and varied* factors that feed into people feeling well, and working well, in their jobs. Importantly, the employee wellbeing problem cannot be miraculously solved by addressing just one type of challenge. Both psychosocial challenges *and* physical health challenges play a role.

This means that there is certainly a role for health promotion, and encouraging health behaviours in the workplace, particularly when evidence-based interventions are utilised. However, if an organisation wanted to start small and start *somewhere*, we would recommend tackling the work-related challenges that are within your control. We found in our data that psychosocial challenges, when analysed collectively, did a better job at explaining the differences in health and performance compared to physical health challenges.

Further, psychosocial challenges (things like peer support, workload and role clarity) are well within the remit of business leaders and managers to influence – unlike sleep, exercise and nutrition that can be trickier to budge.

05. The stress pathway: Understanding the mechanisms of harm

This report highlights the potential consequences for under-investing in psychosocial risk mitigation, and why it's so crucial we prioritise preventative interventions.

But before we get into solutions, understanding *how* psychosocial challenges translate into physical and psychological harm helps us better manage them. The pathway typically follows this pattern:

Psychosocial hazard → **Stress response** → **Physical and/or psychological harm**

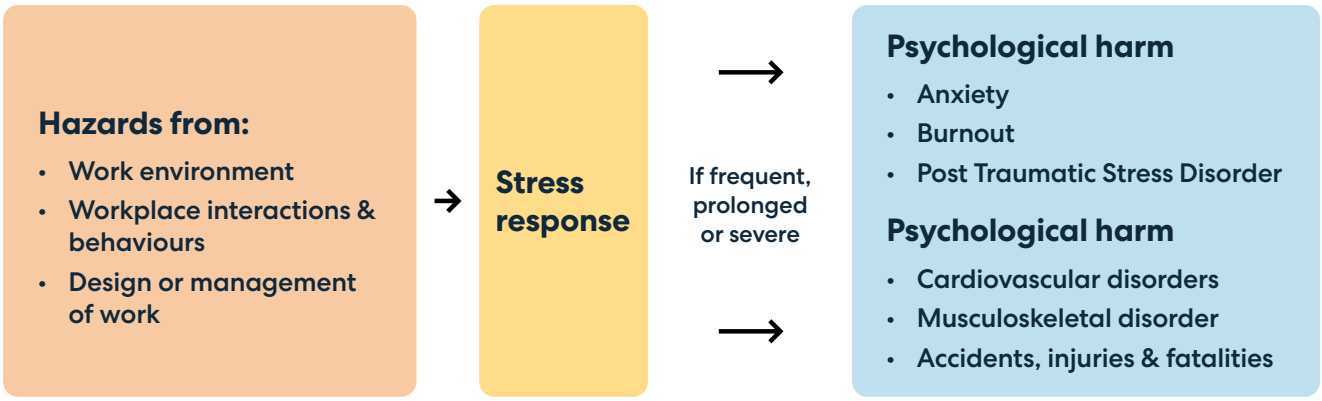
For traditional safety risks, the cause-and-effect is usually quite clear: poor ergonomics can cause back pain; working at height can lead to falls.

Psychosocial hazards operate slightly differently. When we're exposed to psychosocial hazards such as excessive workload, job insecurity or workplace conflict, our brains detect a threat, which activates the sympathetic nervous system, triggering the "fight-or-flight" response. Stress hormones such as adrenaline and cortisol flood the body, raising heart rate, blood pressure and glucose levels to prepare our bodies for action.

In the short term, this physiological response can help us cope with demanding tasks or give us the courage to speak up. But when stress responses are chronically activated, the effects are harmful. Sleepless nights as we worry about trying to keep up; anger spilling out onto loved ones as we feel helpless to deal with or change anything at work; tense muscles every time the boss walks by; eating too little, drinking too much, dreading work day after day ...

This has a "wear-and-tear" effect on the body, often described through the "allostatic load framework", which shows how repeated stress gradually weakens multiple physiological systems. We might experience increased inflammation, cardiovascular disease, weakened immunity and other serious health conditions.

The Stress Pathway



Adapted from Workplace Health and Safety Queensland (2022)

In our experience, it helps when organisations – team members and business leaders alike – understand that harm from psychosocial challenges is not due to a weakness or a failing in the individual.

Stress is a complex physiological response to a perceived challenge in the environment, and when that stress response is frequent, prolonged or severe in nature, there is little that most of us can do to overcome it, even with the best coping tools in place.

That's why preventing physical and psychological stress (fixing the work) is generally a much more robust strategy for harm prevention than investing in health promotion or stress management (fixing the worker).

Psychosocial risks are present in every workplace. What matters is how they're managed.

Umbrella and Geneva Wellbeing partner with organisations to identify psychosocial hazards, and assess and manage risks, which helps you to prevent psychological harm, improve performance and productivity and build safer, healthier and more sustainable workplaces. In cases where harm has already occurred, and psychosocial risk management processes are in place to prevent future harm, we also provide specialist psychological support services designed specifically for workplaces. Our comprehensive network of psychologists partners with organisations across New Zealand to support leaders and employees facing mental health challenges, workplace stress or trauma – creating healthier, more resilient teams.

06. The wellbeing paradox: Why doing more is not the solution

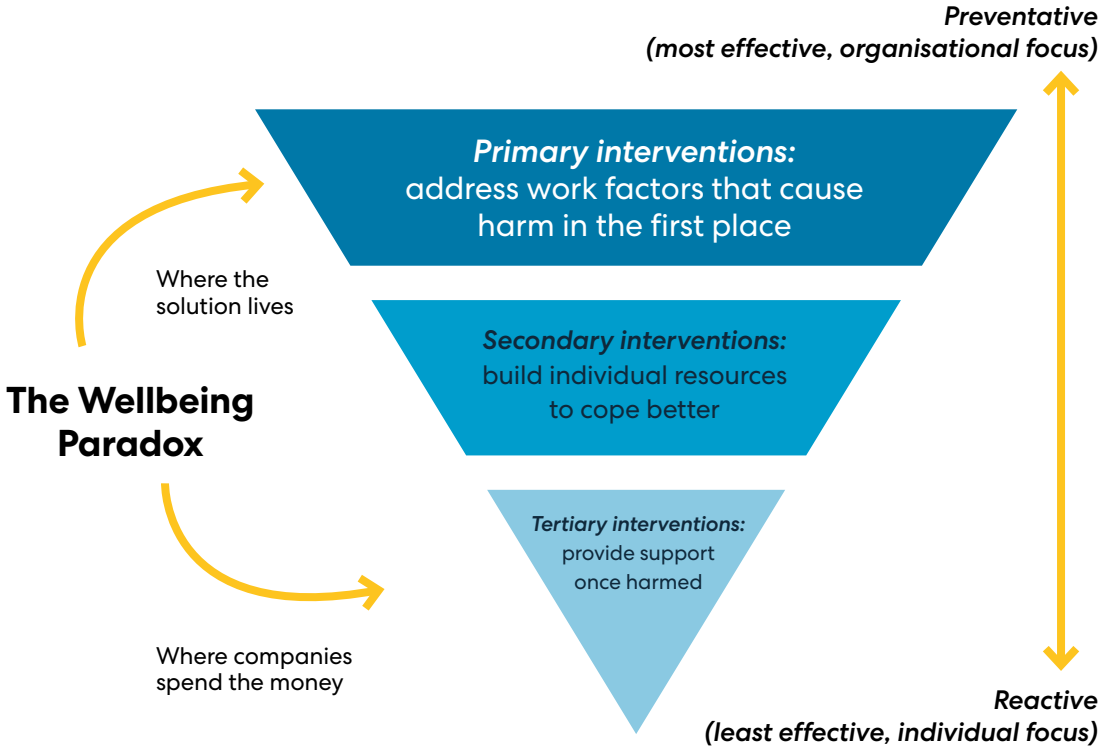
The findings of this report point to the significant impacts that work and physical health challenges can have on employee health, wellbeing and performance. Reflecting this data, we have seen that nationwide attention on workplace wellbeing and mental health has increased year-on-year.

This has also translated into companies investing considerably more resources, compared to when Umbrella was founded more than 15 years ago.

But, paradoxically, worker mental health isn't reliably improving at a rate that reflects this investment. At the end of 2025, estimated rates of severe burnout among New Zealand workers still sat at around one in five workers, according to the data from Massey University's Wellbeing@Work Survey, despite some slight improvements from eight months prior.

What causes the workplace wellbeing paradox?

Why this paradox? There are a lot of factors at play. One is that we still aren't viewing the problem in the right way. Adding more initiatives and interventions under the banner of "workplace wellbeing" only makes a measurable difference to worker health if those initiatives and interventions are targeted toward what people need, and are evidence-based.
Too often, the initiatives and interventions don't address systemic workplace factors (i.e., psychosocial challenges, like workload or lack of role clarity) and do nothing to address the risk factors underlying negative outcomes.



Often the focus of these initiatives and interventions is health-related – like mindfulness courses or step challenges – meaning that despite being worthwhile in some settings, such initiatives get a bad reputation for being inconsequential, as they don't address the systemic factors causing harm in that particular workplace.

As demonstrated in our data, often it's both individual heath behaviours *and* organisational psychosocial challenges that interact to support workers to feel and perform better – or to head towards poor performance and low productivity.

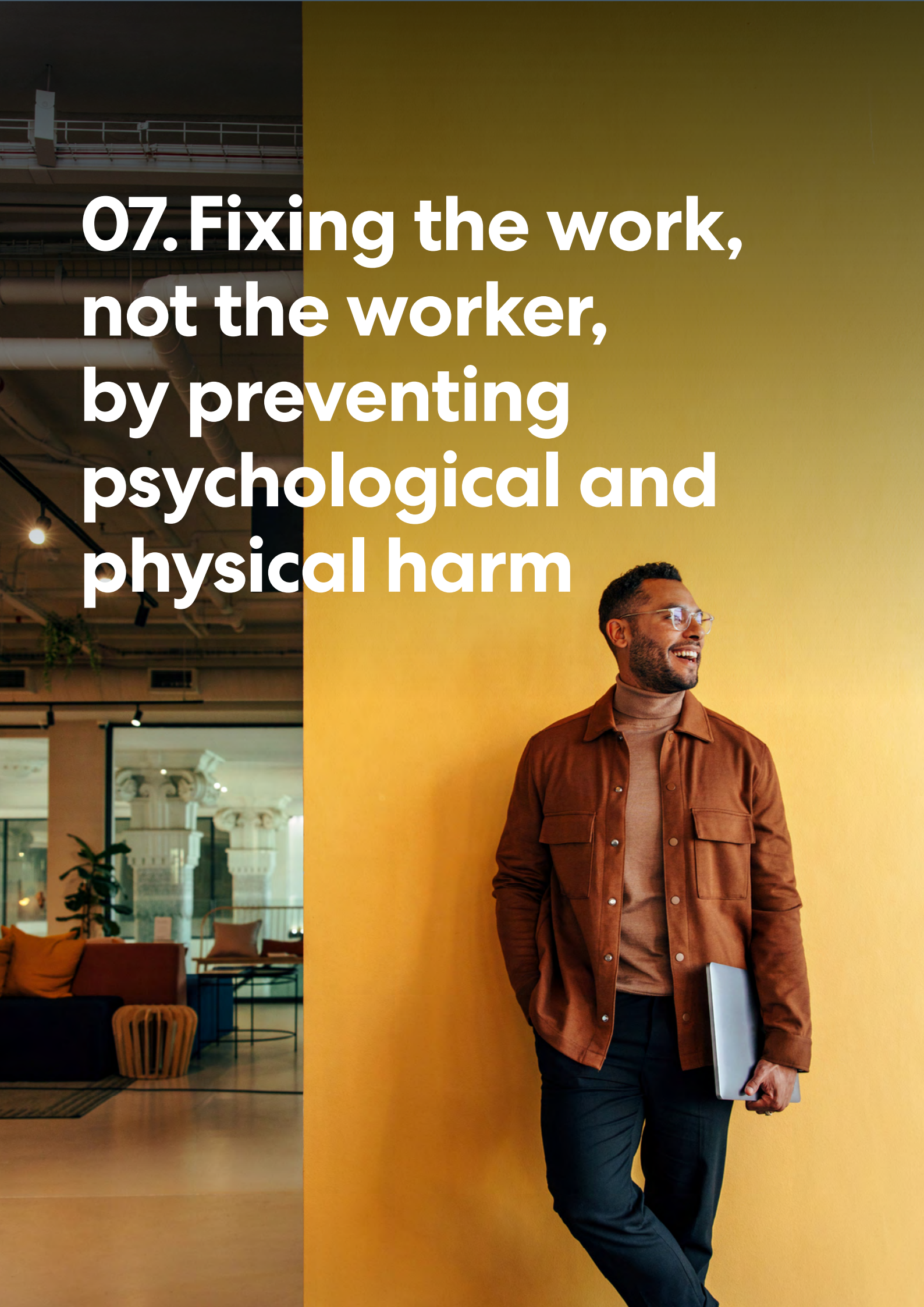
Research shows that empowering workers to engage in healthy coping strategies outside of hazardous drinking, for example, may protect against secondary trauma among first responders; sleeping well can protect against fatigue-related incidents in the construction sector; and moving about regularly during the workday can protect against illness and injury among sedentary workers. But none of these health interventions are possible unless people work in supportive environments, with the autonomy and psychological safety to actively redirect their behaviour, and the safety processes in place to reduce their risk in the first place (e.g., reducing exposure to trauma or changing the way that workers interact with machinery).

Changing the focus

That's why interventions that focus on changing the individual should always be secondary to interventions that focus on changing the work. Organisational efforts and investments need to reflect this prioritisation before we can begin to hope to see meaningful change in the health of our workforce (and the resulting performance and productivity gains).

Finally, being evidence-based means regularly reviewing policies, initiatives and interventions. To overcome the wellbeing paradox, we don't always need "more". Often, we need to scale back or adjust what's already in place if it isn't having the desired effect. We regularly hear from organisations who aren't satisfied with their training or return-to-work provider, or they don't feel that their current psychosocial risk management approach is working. It takes wisdom to collect this feedback and digest it, and it takes bravery to admit it. Don't get caught on the wrong side of the workplace wellbeing divide.

07. Fixing the work, not the worker, by preventing psychological and physical harm



When it comes to paradigm shifts in workplace health, one of the biggest in recent years has been the changing focus from fixing the worker to fixing the work.

In the world of workplace mental health, this shift has caused many companies to move forward from stress management training as their only workplace wellbeing offering. Instead, more and more organisations are seeking to implement psychosocial risk management strategies. These organisational strategies are largely focused on re-designing work to eliminate and mitigate workplace stressors, rather than giving individuals the tools to supposedly "cope better" with that dreadful workflow, the bullying boss or the crisis-driven timeframes that are hampering good outcomes.

What about injury prevention?

In the world of workplace injury prevention, this shift has its own parallels. For example, years of research tells us that manual handling training and its focus on teaching workers "how to lift" is wholly ineffective at preventing musculoskeletal harm. Why? This focus on fixing the worker fails to control the true source of the risk, or workers' exposure to it. Sending a worker – even one equipped with all the correct lifting techniques – back into an unsafe or poorly designed working environment will inevitably leave them vulnerable to injury. The issue is not the training itself, but that proper training alone cannot prevent harm when the working environment remains unchanged. Instead, emphasis should go on fixing the work conditions that lead to sources of repetitive strain – both on people's bodies and their minds – remembering that even small shifts can have a big impact.

How to prevent physical and psychological harm

Often, we treat psychosocial risks and physical safety risks as two different problems, with two separate solutions. A recent wellbeing survey (conducted by MATES in Construction) assessed more than 3,300 workers across construction, infrastructure and manufacturing in New Zealand. Nearly half of the workers reported pain, illness or disability. This is more than double the usual rates experienced by New Zealand adults.

The key drivers of these increased rates were stress and mental strain, along with years of physical wear-and-tear. While construction, infrastructure and manufacturing are industries that have honed in on important physical health and safety matters, these workers identified that stress and mental strain were also playing key roles in their back problems, fatigue and increased risk of injury. Many respondents described how high workloads, tight deadlines and low psychological safety affected not only how they felt, but also hindered productivity, increased mistakes and raised physical safety risks.

The same is true in the other direction; we feel better in our minds when our work environment is physically healthy. A workplace that encourages regular movement during the day helps its workers feel better mentally and work with greater focus, for example. And, at the more extreme end, working in an environment rife with high-risk work tasks, near-misses or workplace injuries can cause significant stress and mental strain on all those who are exposed.

Take repetitive movements as an example – like stacking, lifting, pulling or rotating – where the risks present are both psychosocial and physical in nature. Someone engaging in under-stimulating, monotonous physical work is more likely to experience job stress, anxiety and burnout. They are also at higher risk of musculoskeletal pain, discomfort and injury. Re-designing work to incorporate task variety (e.g., rotating workers from packing to re-stocking) and encouraging regular breaks can lower both types of risk, creating a workforce that is engaged, productive and healthy.

The long and short of it? There is no clear distinction between mental and physical health at work (or in any domain, for that matter). Whether it's investigating what's *causing* harm, or the *type* of harm that's occurred, physical and mental health challenges are inextricably linked. The other thing that's common between them is that, when it comes to addressing critical risk, fixing the work will always trump fixing the worker.

Out of more than

3,300

workers across construction, infrastructure and manufacturing in New Zealand, nearly

50%

of the workers reported

pain, illness or disability*

*Survey conducted by MATES in Construction

08. The secret to unlocking high-performing teams

So far in this report, we have discussed the numbers, how workplace and health challenges are associated with poor outcomes, the mechanisms linking those challenges with negative consequences, and different approaches to addressing them (e.g., fixing the work). But the benefits of addressing workplace stress and improving employee health go beyond just preventing harm.

At the other end of the spectrum, organisations stand to *gain* a huge amount in the form of improved performance, productivity and engagement. Fortunately, the same actions that prevent harm are usually the ones that promote performance, too.

So, what makes a high-performing team? Research shows that high-performing teams consist of individuals who enjoy their work, feel supported by their peers, share a common goal and consistently deliver superior business results. Key components of high-performing teams have been defined as those having "*purpose and goals, talent and skills, incentives and motivation, efficacy, conflict management, communication, power, and empowerment*". Importantly, what's common across most definitions is that the team and work environment are set up with the right resources to enable *sustainable* high performance.

High-performing individuals who operate in the absence of a supportive work environment are particularly vulnerable. Not only are they operating unsustainably, but they are often the team members expected to take on additional responsibilities without receiving extra resources or support, making them more vulnerable to burnout.

The Goose and the Golden Egg

Aesop's famed fable, *The Goose and the Golden Egg*, is a cautionary tale for those who prioritise performance at the expense of people. In it, a farmer finds out that one of his geese lays one golden egg every day. He sells the eggs at market and becomes very wealthy. But he soon becomes impatient and wants to make more money, faster. He thinks that if he kills and cuts into the goose, he can harvest all the golden eggs at once. Of course, he finds no eggs in the dead bird, loses his precious goose in the process and also loses any potential future gains.

The Goose and the Golden Egg can be applied to a lot of contexts but seems especially apt when considering people management. The key message is that high performance isn't only about producing more outputs, of higher quality. Enduring and sustainable high performance is a function of two things – what is produced (the golden eggs) and the producing asset or capacity to produce (the goose). If you focus only on what people can produce and neglect the people themselves, you might lose the asset altogether. If you only take care of the person with no direction around their output, you are unlikely to get maximum gain for your business.

Businesses need to balance performance (output) with health and wellbeing (people) – which also means balancing short-term and long-term gains. After all, a healthy worker who regularly lays golden eggs year-in-year-out is much more valuable than a burned-out worker who lays two eggs and quits after a month.

Unlocking high-performing teams

The benefit of engaging in robust and evidence-based risk management and health and wellbeing promotion at work is that it usually ticks both boxes – looking after the worker (the goose) and enhancing their work (the golden eggs).

Consider this vignette:

A small restaurant owner observed signs of stress and tiredness among employees, and the occasional minor workplace accident, and engaged in one-on-one conversations, followed by a team meeting, to find out that a lack of clarity around roles, unpredictable shifts, and not enough breaks during busy times were contributing to the problems. Based on sick leave and anecdotal evidence, the restaurant owner realised that these issues had been ongoing for months and were seriously affecting the wellbeing of multiple team members. This made it a priority area for him to act on. The restaurant owner introduced clear job descriptions, so everyone knew their responsibilities, created a more predictable shift schedule with input from staff, and ensured regular breaks to reduce fatigue. He introduced weekly team meetings so employees could raise any concerns and suggest improvements. The restaurant owner committed to reviewing his interventions every three months by checking in with staff and encouraging feedback to make sure the new measures were still working effectively.

Without necessarily knowing it, the restaurant owner followed a gold-standard risk-management process – from identifying hazards, through to assessing their risk, implementing controls and reviewing their effectiveness.

He looked after people's health and wellbeing by making them feel supported and increasing their rest and recovery breaks. He also created a work system that was considerably higher-performing than before – one where people knew exactly what was expected of them, how to work together and how to deliver good results. He didn't necessarily need to distinguish between what was a physical health and safety risk (e.g., lack of sleep causing workplace accidents) and what was a psychosocial risk (e.g., lack of role clarity) – he just saw what needed doing and acted quickly to prevent long-term harm.

That's the not-so-glamorous secret to high-performing teams. It requires proactively looking out for risks in the work environment, acting on the things that need changing, and ensuring that people are looked after first and foremost. When these systems are in place, performance usually follows. For more insight into what helps, read our next chapter.

We understand that preventing psychosocial and physical harm can be complex.

Our Umbrella and Geneva Wellbeing psychologists, occupational therapists, physiotherapists and wellbeing consultants are experienced in working with complex workplace dynamics. They work with empathy and skill to ensure everyone feels heard and supported. Our consultants are experienced in working with public and private sector organisations, NGOs, healthcare providers and high-pressure frontline services. We know that every workplace is different, and we'll work with you to create a wellbeing approach that's realistic, inclusive and future-focused.

09. What helps? An integrated approach

Fixing the work, not the worker, requires a willingness to stand back and look at how work systems are designed.

Instead of, “How do we get people to be less fatigued, or be less stressed by high workloads?”, it requires a reframing: “How do we design our work so that people’s sleeping patterns aren’t as badly affected by shift work? How do we re-balance workloads so they don’t put any one team at disproportionate risk of burnout?” Often, the risk controls that we put in place can answer both questions at once.

Designing work for high performance and peak wellbeing usually adopts the same principles. Setting up successful work systems, and a sustainable culture that supports them, is crucial for safeguarding and enhancing both the output of workers and the workers themselves.

Practical steps to manage psychosocial risk and physical safety

Recognising that psychosocial hazards can cause physical harm, and vice versa, changes how we approach risk and performance management. Here are practical steps your organisation can take to ensure your approach is integrated:

1. Expand your risk assessment lens

Don't treat psychosocial and physical risks as separate issues. When conducting risk assessments, consider questions such as, "How are psychosocial risks integrated into our existing health and safety governance structures?", "Are risk assessments capturing both physical factors and the psychosocial/ organisational factors?" and "Do our reporting and monitoring processes allow us to see how psychosocial risks may be influencing physical safety outcomes?"

2. Implement holistic controls

Traditional safety controls focus on physical hazards, and traditional wellbeing interventions focus on individual behaviour change, but effective controls should address the whole person, system and environment. For example, ensuring policies and procedures integrate controls for both psychosocial and physical risks (e.g., reasonable work hours and fatigue management), improving job design (e.g., balancing demands with resources by clarifying job expectations, autonomy, support etc), and developing organisational culture through psychological safety, so employees feel comfortable raising safety concerns and suggesting improvements.

3. Monitor lag and lead indicators

Track both retrospective (lag) and prospective (lead) metrics to identify how psychosocial risks may be impacting on safety and wellbeing. For example, analysing workforce patterns (e.g., absenteeism, sick leave, turnover trends or EAP usage data), monitoring safety behaviours (e.g., near-miss reports and incident trends), and drawing on wellbeing data (e.g., employee feedback, wellbeing and engagement surveys, psychosocial risk assessments) are all very useful sources of information to spot pressures before they escalate.

4. Integrate support systems

Rather than treating physical and psychological support as separate services, create integrated approaches. This may involve early-intervention programmes that address both psychological and physical symptoms, return-to-work programmes that consider the whole person and psychosocial factors of work, and health and wellbeing initiatives that span both physical and mental health.

5. Train leaders to recognise the signs

Equip managers and supervisors to spot when psychosocial hazards might be creating physical safety risks. This involves training and workshops to upskill leaders to be able to identify changes in work performance or behaviour, increased mistakes or near-misses, signs of fatigue or stress that could impair physical capabilities and reduced engagement with safety procedures. Importantly, leaders need to understand channels and resources available to support employees before risks escalate.

6. Tackle health promotion as a secondary focus

This report found that psychosocial challenges *and* health challenges are associated with negative outcomes. While the prevention of harm through mitigating risk should remain the number one priority (see all the recommendations above), there is also a place for promoting individual health. Sometimes the two go together – like creating better quality sleep through adjusting shift worker's schedules or encouraging more rest and recovery breaks through monitoring work hours and intervening when they exceed a certain weekly limit.

Other times, they are the domain of individual decision-making (e.g., whether a person chooses to exercise regularly in their down-time, or how nutritious their meals are).

Nevertheless, the science is unblinkingly clear that health behaviours – activities like exercising, sleeping and eating well – are beneficial for our overall physical and mental health. We feel much better in our bodies and our minds day-to-day, and well into the future, when we invest in healthy habits. This usually means we perform better at work, too. We are productive, engaged and energetic. We take less sick leave, and we are more resilient to work stress when it arises. Designing workplace environments to be conducive to encouraging healthy habits is usually a win-win for everyone.

When we address psychosocial and physical health and safety challenges by adopting a preventative approach, we're not just protecting mental health and promoting wellbeing but we're preventing physical injuries and illness, reducing injury claims and creating safer, higher-performing workplaces.

Working with Geneva Wellbeing and Umbrella means having access to experienced physiotherapists, occupational therapists and psychologists who understand where harm – regardless of what type – originates, and how to put a stop to it.

We can guide you through the tricky parts and provide support to get you where you need to be – whether that's through assessment, advice, training or support programmes

10. Where should you start?

Know where to go for help

At Umbrella and Geneva Wellbeing, we partner with organisations to create healthier, safer workplaces. We understand that employee wellbeing is the foundation of productivity, engagement and long-term success. By working with us, organisational clients gain access to tailored services that empower teams to recover, rebuild and thrive – creating lasting positive change for both individuals and organisations. Importantly, we meet you where you are – regardless of what you have (or haven't) already done to create healthier, safer work.

Why partner with Umbrella and Geneva Wellbeing?

Enhancing workplace wellbeing and performance. We provide evidence-based programmes that not only prevent injuries and reduce workplace stress but also support recovery and foster a thriving work environment. Our comprehensive services include:

- Workplace wellbeing assessments and strategic planning
- Mental health and resilience workshops
- Leadership training for wellbeing-focused management
- Neurodivergence workshops to support inclusive workplaces
- Enhanced Employee Assistance Programmes
- Employee addiction support services
- Workplace rehabilitation services to facilitate recovery and return to work

Integrated, tailored solutions. Every workplace is unique, so we take the time to understand your organisation's specific needs. Our holistic approach ensures that our services connect all aspects of wellbeing – physical, mental and emotional, family/whānau and social connections, and spiritual wellness – into a seamless package tailored to your goals.

Support when and where you need it. Whether it's onsite support at your workplace, personalised care for individuals or services delivered in the community, we offer the flexibility to meet your team's needs wherever they are.

Proven expertise and credibility. Backed by the trusted Geneva whānau, we bring decades of experience in supporting Kiwis through our organisational partnerships. Our qualified professionals include registered psychologists, occupational therapists and other specialist practitioners whose protected titles guarantee the highest standards of care. Adding that to our evidence-based programmes and innovative solutions mean you can count on us to deliver exceptional care and results.

Commitment to lasting impact. Guided by our Kaupapa, "Together, for good," we work alongside your organisation to achieve meaningful, long-lasting outcomes that align with your values and vision for a thriving workforce.

Umbrella and Geneva Wellbeing are your partners in creating a workplace where individuals and teams can excel. Together, we'll help your organisation foster resilience, improve productivity and build a culture of care and support. Let's work together to empower your workforce and take your organisation to new heights.

www.umbrella.org.nz

www.genevawellbeing.co.nz

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Geneva Wellbeing

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