

## Holistic Approaches to Workplace and Organizational Health Development in Higher Education

### Munkahelyi, szervezeti egészségfejlesztés holisztikus megközelítései a felsőoktatásban

Jelenkori társadalmunkban a munkahelyi egészség megőrzése egy átfogó egészségfejlesztési stratégia alapvető célkitűzése lehet. Manapság a világban, így benne számos szervezet és munkahely szintjén is eluralkodott a bizonytalanság. Új krízisek korszakába jutott az emberiség, ahol fenntarthatósági problémák és új, civilizációs kihívások is próbára teszik az egyént és a közösségeket. Mindezek mellett a sajátos szerep-értelmezések, a destruktív munkahelyi konfliktusok, a toxikusnak jelentkező munkahelyi klíma is nagyban hatással vannak a szervezeti élet folyamataira. A felsőoktatásban végzett résztvevői megfigyeléseim, egyéni és csoportos fejlesztéseim alapján számos olyan jelenséget tapasztaltam az elmúlt években, amelyek alapján magam is elengedhetlenül fontosnak tartom valamennyi munkahelyi és szervezeti struktúrában a tudatos egészségfejlesztő tevékenység hatékonyságának növelését, továbbá a jó gyakorlatok preventív szemléletű és edukatív hátterű implementációit egyaránt.

**Kulcsszavak:** mentálhigiéne, egészségfejlesztés, felsőoktatás

*In contemporary society, the preservation of occupational health constitutes a fundamental objective within the framework of a comprehensive health promotion strategy. At present, uncertainty has become pervasive worldwide, extending to numerous organizations and workplaces alike. Humanity has entered an era characterized by novel crises, wherein sustainability challenges and emergent civilizational issues place considerable strain upon both individuals and communities. In addition to these broader concerns, distinctive interpretations of roles, destructive workplace conflicts, and the manifestation of toxic organizational climates exert significant influence on the dynamics of organizational life. Drawing upon my participant observations in higher education, as well as my individual and group development practices conducted in recent years, I have identified a range of phenomena that underscore the indispensable necessity of enhancing the effectiveness of deliberate health-promoting initiatives across all workplace and organizational structures. Equally imperative is the preventive and educationally grounded implementation of best practices.*

**Keywords:** mental health, health promotion, higher education)

## 1. Health and Occupational Health

In contemporary organizational contexts, a wide array of negative phenomena can be observed, many of which often appear almost inexplicable, at times even exerting contradictory effects. Without claiming to be exhaustive, such phenomena include the unfathomable motives and strategies of interpersonal “games,” the persistent erosion of trust and the prevalence of personal attacks, repression, distorted manifestations of workplace aggression, the challenges associated with toxic leadership, the phenomenon of cognitive fog, as well as the often desperate and professionally unsubstantiated quests of toxic positivity and the fetishization of happiness. My participant observations and individual mental health consultations conducted over the past five years have consistently reinforced the widespread presence of these phenomena.

The concept of health, when interpreted broadly, cannot be captured through any universally valid or exclusive definition capable of fully meeting the diverse requirements of professional and disciplinary perspectives. Freud, for instance, highlighted the capacity for love and work as fundamental dimensions of health. In Parsons’ interpretation, health represents a state in which the individual is able to perform optimally, thereby enabling the fulfillment of roles acquired through socialization and the effective accomplishment of a wide range of tasks. (Kun, 2005)

Drawing upon relevant scholarly sources, there is a relative consensus within the scientific community that perhaps the most comprehensive definition of health was articulated by the World Health Organization. According to this conception, health is defined as a state of complete physical, mental, and social well-being, and not merely as the absence of disease or infirmity. This state of well-being entails an individual’s ability to realize personal capacities, cope with everyday difficulties and stressors, engage in productive and meaningful work, and contribute to the life of the community. (WHO, 2001)

In my view, this definition clarifies—also for post-industrial societies—that health is not best understood as a process, but rather as an ultimate state, one that acquires meaning through intellectual, spiritual, and ecological dimensions. Within the sphere of education, including Hungarian higher education, I consider it crucial to advance preventive and educational approaches that foster holistic perspectives on physical, psychological, social, and higher-order relational dimensions of human interaction. This applies not only to the academic and student communities, but also to the wider network of associated service structures.

When approached from such a holistic perspective, health emerges as a multifaceted construct supported by a number of interrelated dimensions, including physical, mental, emotional, social, societal, and spiritual health. (Ewles & Simnett, 1999)

## 2. Risks and Risk Factors

Based on my participant observations, individual mental health consultations, and organizational development experiences, I assume that numerous risks and risk factors can be identified at both individual and community levels. From the perspective of workplace health promotion, these demand a holistic approach in order to reduce the psychosocial risks characteristic of the 21st century. Within Hungarian higher education as well, the constant processes of transformation and systemic restructuring draw attention to particular hazards and risks that professionals must acknowledge.

### 2.1. Psychosocial Risks in the Workplace

Type of Risk	Definition
<b>Job Content</b>	Lack of variety or short work cycles; fragmented or meaningless tasks; inadequate utilization of skills; high uncertainty; constant exposure to people during work.
<b>Workload and Pace</b>	Excessive or insufficient workload; machine pacing; chronic time pressure; continuous compliance with deadlines.
<b>Work Schedule</b>	Shift work; night shifts; inflexible schedules and unpredictable working hours; long or socially disruptive working time.
<b>Control</b>	Inadequate participation in decision-making; lack of influence over workload, scheduling, and shift arrangements.
<b>Environment and Equipment</b>	Inappropriate equipment; lack of availability, suitability, or maintenance of tools; poor environmental conditions such as cramped spaces, inadequate lighting, or excessive noise.
<b>Organizational Culture and Function</b>	Deficient communication; insufficient support for problem-solving and personal development; lack of clearly defined organizational goals or related agreements.
<b>Interpersonal Relationships at Work</b>	Social or physical exclusion or isolation; poor relationships with supervisors; interpersonal conflict; lack of social support; harassment or bullying.
<b>Role in the Organization</b>	Role ambiguity; role conflict; responsibility for others.
<b>Career Development</b>	Career stagnation and uncertainty; inadequate or excessive promotion; poor remuneration; job insecurity; low social value of the work performed.
<b>Work–Home Interface</b>	Conflicts between workplace and domestic expectations; insufficient support at home; dual-career challenges.

Source: (Wynne, 2017)

Within the categories of health promotion activities, it is essential to highlight the role of public health policy processes, the organization of health care systems, the shaping of environmental conditions, the strengthening of community activities, and the development of individual capacities. This includes the provision of infor-

mation, health education, and lifelong learning opportunities, thereby ensuring that individuals have access to as many resources as possible to make informed choices about health and healthy living. The diverse profiles of Hungarian higher education institutions likewise underscore the importance of raising both theoretical and practical awareness of organizational well-being, pointing toward preventive and educational strategies aimed at improving existing indicators.

My mental health support activities and facilitative processes in recent years have confirmed my assumption that, alongside mandatory occupational safety and fire protection training, organizations would benefit greatly from fostering skills in psychological self-care and mental health preservation, both at the individual and organizational levels. Based on my client experiences and references from numerous mental health consultations, I contend that the foundation of mental health is inseparably linked to the prevailing workplace atmosphere. Many outcomes—whether successes or setbacks—originate from this context; however, with preventive approaches they can be effectively managed. (Körei, 2023)

According to the research of Mária Kopp, it can be concluded that in Hungary, in 2005, more than eleven thousand men aged 40–69 died from work-related stress compared with 1960. This figure is strikingly high even by European standards, with job insecurity and unpredictability representing the most severe risk factors for men. Among working men more generally, excessive workload constitutes a major risk—especially when weekend work is required—or when family income remains persistently low. Conversely, a stable marital partner can serve as a significant protective factor, as men greatly depend on the lasting formation of trust-based relationships. For women, research highlights that a negative workplace atmosphere, lack of collegial support, increasing hostility, and toxic rivalry are decisive contributors to cardiovascular diseases that often result in mortality. For both genders, maladaptive coping behaviors such as smoking, alcohol consumption, and drug use are observable consequences of workplace stress. These, in turn, lead to disturbances in self-esteem, fluctuating performance levels, and the frequent emergence of psychosomatic illnesses, including hypertension, nervous breakdowns, and gastric ulcers. In other contexts—such as England—effective workplace health promotion programs have even led to the legal accountability of managers, with lawsuits filed due to rising levels of employee anxiety and depression. (Kopp, 2008)

The dynamics of workplace stress typically comprise four identifiable elements. First is the stressor itself, which represents a source of pressure, whether external or internal. Second is appraisal, the process by which individuals distinguish between positive and negative experiences. Third is coping, or the mechanisms through which individuals attempt to exert control. Finally, the fourth element is the outcome, referring to the physical, psychological, and relational consequences of the stress experienced. (Bagdy, 2008)

The work environment, as a central arena of employees' lives, also plays a crucial role in shaping satisfaction with both life circumstances and broader well-being. For full-time workers, health and physical condition can be sustained over the long term when the workplace environment is supportive; conversely, adverse conditions accelerate deterioration. (Ross & Mirowsky, 1995) Workplace well-being, therefore, is closely linked with satisfaction and the absence of distress. Recognition and success derived from professional performance represent essential components of well-being. Sustainable, meaningful engagement in work enhances employees' subjective well-being. Similarly, social support, a sense of social well-being, an adequate work environment, strong work motivation, autonomy, proper recognition of individual performance, and freedom from excessive stress and tension all contribute positively to sustainable workplace well-being. (Waddell & Burton, 2006)

From the perspective of workplace mental health, the concept of the psychological immune system constitutes a significant factor. It may be described as the set of personality resources that underpin coping capacities, enabling individuals to withstand chronic stress and to confront threats without diminishing their efficiency, developmental potential, or integrity. This system—comprising complex cognitive mechanisms of coping potential and protective dimensions—includes factors such as mental resilience, optimism, sense of control, and sense of coherence. The cultivation of these capacities at both individual and collective levels represents a central objective of workplace mental health promotion. (Oláh, 2005)

In today's working world, employees require stable psychological resources to maintain longer active careers, given increasing mobility demands, denser work schedules, and a growing variety of employment arrangements. Organizations that rely on highly qualified, resilient employees with specialized expertise accumulated over years of experience increasingly recognize the advantages of fostering healthy workplaces. These include favorable conditions for balancing work and private life, as well as support for reconciling work and caregiving responsibilities. (WHO, 1986)

“Health promotion is the process that enables individuals and communities to exercise greater control over and to improve their health.” (WHO, 1986)

The regulation of health promotion efforts is also enshrined in national legislation. According to statutory definitions, “Health promotion is the process by which individuals enhance their skills in order to improve their own health. It encompasses activities aimed at expanding public knowledge of health, fostering healthy behavior, and preventing health-damaging practices and diseases.” (Hungary, 1997)

The achievement and preservation of health is not solely the responsibility of the health care system; it also requires the active engagement of both individuals

and society. From a preventive standpoint, primary prevention entails the general protection of health, the control of risk factors, the reduction of harmful lifestyle-related behaviors, and the promotion of health-conscious practices. Its methods include information provision, emotional education, social influence approaches, and everyday skill-development programs. (Ihász, 2018)

At both the individual and community levels—whether narrowly or broadly understood—continuous activity and engagement are indispensable. Through such efforts, so-called “learned helplessness” can be transformed into an active, agentic orientation, enabling individuals, communities, and organizations alike to assume responsibility for shaping their own circumstances. (Szabó-Tóth, 2023)

### 3. Workplace Phenomena

Workplace health promotion refers to the collective activities of employers, employees, and society aimed at improving health and well-being in the workplace. Achieving this objective requires the simultaneous application of three instruments: improving organizational structures, ensuring and supporting active employee participation, and strengthening individual competencies. (ENWHP, 1997)

In recent decades, the world of work has undergone transformations of such intensity and speed that these processes inevitably affect employees’ personal health and, consequently, the functioning of workplaces, organizations, and enterprises. Among the most influential contextual factors today are global trends, with particular emphasis on the rapid expansion of information technologies. Yet other dynamics must not be marginalized, including time pressures, workforce reductions, shifts in employment modalities, workforce aging, and the growing prevalence of alternative services. Meeting these challenges is possible only with a healthy, qualified, and sufficiently motivated workforce.

Attitudes toward work—and thus the significance of the work process—have also shifted. For most individuals today, employment is not perceived solely as a source of income; the social relationships cultivated in the workplace play a decisive role in their choices. The workplace environment therefore has a profound impact on both individual well-being and overall health. On the one hand, in settings of physical presence, employees spend a significant portion of their waking hours at work; on the other, they are exposed to impulses that may orient them toward greater health consciousness and the pursuit of higher-quality lifestyles. (Ewles & Simnett, 1999)

A fundamental pillar of workplace health promotion is the ability to identify and manage stress-inducing factors with appropriate techniques. Stress can be approached in two ways: positive eustress, which facilitates growth and adaptation, and negative distress, which designates harmful stress and its consequences.

Positive stressors may initiate optimal processes, whereas negative stress emerges when coping with a stressor neither allows for the use of existing capacities nor the acquisition of new ones, potentially resulting in the manifestation of long-term somatic and psychological symptoms, as well as the aggravation of underlying processes.

Human responses to stressors may be divided into three phases. The alarm reaction is the initial stage, in which the harmful intrusion becomes consciously recognized. During the resistance phase, the organism functions at a higher level compared with its pre-stress state. In the exhaustion phase, however, the prolonged impact of the stressor depletes coping capacities, rendering further adaptation impossible.

Sources of workplace and organizational stress may include:

- role ambiguity;
- continuous pressure;
- isolation of colleagues;
- fear of status loss;
- inadequate work environment;
- persistent inequalities;
- relational issues between supervisors and employees;
- unreasonable rivalry;
- enforced compliance with coercive demands;
- lack of collegial support. (Helman, 1997)

Workplace health promotion exerts effects not only within professional and organizational spheres but also upon employees' private lives. At the same time, full respect for the private sphere is indispensable, even when phenomena originating there manifest within professional performance. In certain companies, for example, an employee experiencing burnout demonstrates a declining capacity for performance, necessitating redistribution of tasks. Should this additional workload become unsustainable for colleagues over time, a chain reaction may ensue within the collective, potentially producing severe consequences. Countermeasures must therefore be introduced at the corporate level.

Some workplaces have meanwhile developed the capacity to provide a wide range of services that catalyze workplace health promotion. These include the shortening of shifts, incorporation of more or longer breaks, favorable scheduling of summer holidays, or even the introduction of sabbaticals (half- or full-year periods of paid or unpaid leave, often devoted to creative renewal). Additional initiatives may involve opportunities for part-time employment, systematic performance feedback, expanded workplace autonomy, enhanced guarantees of job security, and

access to developmental and supportive interventions such as supervision, coaching, training, and mental health development programs. (Wellensiek, 2014)

Relevant Arguments for Supporting Mental Health and Well-Being in the Workplace:

1. Across Europe, the prevalence of mental health-related problems and illnesses shows a steadily increasing trend.
2. The costs associated with absenteeism linked to mental health are considerably higher than those caused by other health conditions.
3. Absences resulting from poor mental health generally last longer than absences due to other health problems.
4. Sudden changes arising from the nature of work can intensify distress and provoke additional mental health issues.
5. A supportive workplace is able to create an environment that significantly contributes to the promotion of optimal mental health.
6. Work of adequate quality promotes well-being both at the individual and community level, thereby contributing to favorable mental health outcomes.
7. In a continuously changing legal environment, a dedicated legal framework prescribes the management of psychosocial risks in the workplace.
8. Workplace interventions designed to support mental health and well-being help employers to fulfill the principles of the social contract.
9. The management of return-to-work processes is an employer's responsibility in many countries, yet it also serves the employer's own interests.
10. Individual-level interventions aimed at improving mental health and well-being have been demonstrably shown to be cost-effective. (Wynne, 2017)

Based on my participatory observations and empirical experiences, I contend that within workplace and organizational structures it has become indispensable to ensure that, in light of the burdens, challenges, and impacts of the 21st century, and in the context of often rapidly changing mechanisms, employees' mental health is supported not only by their own personal resources but also by the operational processes of their workplace.

One possible practical interpretation of mental health is well illustrated by the "mental health formula," as conceptualized by MacDonald and O'Hara:

$$\begin{aligned}
 &+ \text{high-quality environment} + \text{self-esteem} + \text{emotional maturity} + \text{self-regulation} \\
 &\quad \quad \quad + \text{social support} \\
 &- \text{degraded environment} - \text{emotional abuse} - \text{emotional neglect} - \text{distress} - \\
 &\quad \quad \quad \text{exploitation} \\
 &\text{(MacDonald \& O'Hara, 1997)}
 \end{aligned}$$

Based on my experiences from individual, dyadic, and group-level mental health consultations within organizational and workplace contexts, I maintain that the conscious application of this formula—particularly within feedback mechanisms and sensitization sessions—can serve important and effective health promotion purposes. For instance, in higher education it can support both students and faculty, as well as other employees. By gradually increasing the positive factors in the numerator and simultaneously reducing the negative factors in the denominator, significant progress can be made in the promotion and maintenance of mental health, thereby also reinforcing workplace health promotion processes.

The concept of a professional identity may be used when an individual has matured into their vocation. Nonetheless, personality as such may also be cultivated and rendered suitable for a profession, which grants the notion of professional identity both theoretical and practical legitimacy. A genuine sense of vocation can in fact be derived from self-extension, the foundations of which are dedication and love. In essence: I am what I love, what belongs to me, and what I am able to share with others. I respect and cherish what I dedicate myself to, whether a person, a task, or a cause. Through this dedication, I extend and transmit aspects of myself, and through these impulses, I also become enriched and more complete. These emotions and experiences together constitute vocational feeling and vocational consciousness, in which love and devotion appear alongside and beyond the mere mechanism of earning a livelihood. (Bagdy, 1996)

Within organizational frameworks, the sustainable realization of vocational consciousness requires that employees, as well as their colleagues, consciously attend to the prevention of burnout. In this respect, the following factors can be highlighted at all levels of higher education:

- acceptance of reality;
- continuous resource acquisition;
- the necessity of self-understanding;
- ongoing emancipation from time pressure;
- self-assurance;
- lasting satisfaction;
- stress tolerance;
- appropriate emotional competence;
- situation tolerance;
- role security. (Bergner, 2015)

In my view, consistent work on these factors is essential for both personal and collective well-being, while it is also necessary to motivate others to recognize warning signs in time. This requires openness and mutual trust as indispensable values, along with the continuous development of self-reflective and reflective capacities,

and a sustained human need for them. Both our own mirror and our social mirrors can contribute to clearer understanding. Mentoring, tutoring, and other supportive processes within higher education are also capable of catalyzing these mechanisms in beneficial ways.

The development of vocational feeling also correlates with employee satisfaction. Key questions in this regard include:

1. Do I know exactly what is expected of me in my work?
2. Do I have access to the appropriate tools to complete my tasks?
3. Am I able to fulfill my potential every day through my work?
4. Have I recently received recognition or praise for my work?
5. Does my supervisor or do my colleagues show interest in me as a person?
6. Does anyone at my workplace support my individual development?
7. Do I feel that my opinions and ideas are valued at work?
8. Do the goals and philosophy of my workplace give me a sense that my work is meaningful?
9. Do my colleagues strive to perform at a high level of quality and effectiveness?
10. Do I have a strong, genuine friendship at my workplace?
11. In the past six months, has anyone inquired about my progress or new goals?
12. Do I have opportunities for personal growth and learning new skills in my work? (Buckingham & Hoffman, 2002)

Today, numerous factors contribute significantly to job satisfaction. Both formal and informal contractual dimensions exist that can optimally support the relationship between the organization and the employee. From the perspective of knowledge and competence, organizations seek employees with the expertise and abilities necessary for effective work, while employees seek contexts where their resources can be optimally utilized. From the perspective of personality and motivation, organizations are interested in ensuring that employees fully serve organizational interests, while employees desire workplaces where they can perform activities aligned with their interests and, in return, receive status, recognition, and responsibility.

In such contexts, employees are able to accept organizational goals, values, and interests, provided they do not starkly conflict with their own. Vocational feeling and professional identity are reinforced among employees where work is varied, engaging, and meaningful, where systems of feedback are robust, and where autonomy is appropriate to employees' needs. If employees are able to meet performance expectations and respond positively to organizational goals as expressed through incentive systems, they are more likely to feel that they receive

fair and proportionate rewards from legitimate leaders. (Klein & Klein, 2020)

In structural situations, resilient individuals continuously seek suitable room for maneuver, and their work-related resources have a certain level of demand. Within a given organizational context, the will to act, effective health management, a supportive leadership and corporate culture, and high-quality communication processes play decisive roles in shaping employees' mental health and activity. To perform effectively as a flexible employee also entails navigating a wide range of cognitive and behavioral strategies. This includes having the courage and strength to act, the ability to accept headwinds, the capacity to reframe failures, and the resilience to begin anew after major disappointments. Resilient individuals are not preoccupied with the hopelessness of victimhood, but with regaining room for action and moving forward. (Wellensiek, 2014)

#### **4. Conclusion**

The present study sought to explore various aspects of professional domains related to workplace health promotion through a review of both Hungarian and international literature of recognized relevance. At the same time, by synthesizing conceptual perspectives and experiential insights, a complex picture emerges that can be meaningfully grasped through a holistic approach to workplace health promotion, thereby rendering it relevant within the context of higher education as well. Through the holistic perspective of interventions aimed at improving the current situation, and in line with a preventive orientation, there is potential for workplace health promotion initiatives—implemented through ongoing sensitization, attitude-shaping, and the application of best practices—to contribute effectively to the enhancement of organizational well-being for individuals and communities alike.

The proactive adoption and organizational implementation of recommendations supporting workplace mental health promotion and well-being, as articulated by the WHO, may also induce positive shifts in the present conditions. From my standpoint, the effectiveness of workplace health promotion and the attainment of its optimal impact lie in action-oriented strategies, which can reinforce diverse modalities of health promotion not only through recognition processes but also by means of comprehensive, cross-sectoral, and public policy decision-making. Consequently, if higher education is understood as an organizational entity, then the human-specific, educational, and preventive approaches applied within its processes may, in the future, foster the advancement of organizational and workplace well-being among its members.

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