



## what works wellbeing

What types of wellbeing training are effective in different sectors?



# learning at work and wellbeing



## the big picture

Learning throughout our lives is good for wellbeing. Taking a part-time course for work over the past year has been estimated to give wellbeing benefits equivalent to £1,584 of income per year\*.

People who keep learning:

- have greater satisfaction and optimism
- report higher wellbeing; a greater ability to cope with stress; more feelings of self-esteem; hope; and purpose. Setting targets and hitting them can create positive feelings of achievement
- often interact with other people, which helps build and strengthen social relationships.

But learning in the workplace is not always associated with these positive wellbeing and productivity gains. Systematic reviews of training to develop personal resources, or training for stress management, found inconsistent results for wellbeing outcomes.

As a result, there is conflict in the evidence base on when, and what type, of learning can deliver wellbeing outcomes. This review examines the factors in different learning practices that lead to positive or negative wellbeing impacts, and those that show no effect on wellbeing. It also evaluates the quality of the current evidence available to help us make sense of conflicting data and what this means for practice.

“

I think, personally, if I don't learn then I might miss something in life.

”

Public dialogue participant, Falkirk

\*Source: *Valuing adult learning: comparing wellbeing valuation and contingent valuation BIS research paper, 2012*

In partnership with:



Work and Learning Evidence Programme  
What Works for Wellbeing  
[www.whatworkswellbeing.org](http://www.whatworkswellbeing.org)  
@whatworksWB

Findings are based on a systematic review of 41 published papers, from an initial sift of 4457 academic titles.

This includes findings from the UK and other similar developed economies, including studies which measured a change in wellbeing. Studies were chosen which could demonstrate the effects of training. For example, using randomised control trials, other comparator group, pre- and post-testing.

We sifted  
through 4,457  
studies

and 41  
were  
included

## what evidence did we find?

### There are three types of evidence

	<b>strong</b>	We can be confident that the evidence can be used to inform decisions.
	<b>promising</b>	Decision makers may wish to incorporate further information to inform decisions.
	<b>initial</b>	Decision makers may wish to incorporate further information to inform decisions

Strong, promising and initial evidence refer to high, moderate and low quality evidence / confidence as per GRADE and CERQual guidance. For further information on these classifications, please see the Centre's [Methods Guide](#).

All evidence should be considered alongside questions of possible benefits and risks, affordability, acceptability, feasibility and wider impacts, including equity issues, in the user setting. Where the evidence is less strong, these other considerations become even more important.

## Key messages



**Wellbeing training is effective** and a wide range of approaches work.



**Training leaders to be effective and supportive** in managing employees may enhance wellbeing for both managers and employees, when the most appropriate learning process is used and in the right context.



**Professional training** may also have positive wellbeing benefits for the learner, but the evidence base needs to be developed. We can be confident that there are no adverse effects.

## What's the best type of training for wellbeing?

The evidence for wellbeing training is strong and we know that it works across a range of industry contexts, at least in the short-term (see page 3 for examples). The evidence is weaker for professional training. However in some cases this training may result in additional benefits, for the employee and organisation, beyond wellbeing.

Future work is looking at cost effectiveness and the wellbeing 'bang for the buck' of different approaches.



## what evidence did we find?

(continued)

### wellbeing training is effective



#### A wide range of approaches work

This is based on high-quality evidence including a large number of Randomised Control Trials. **Positive evidence was found for the following training and sectors.**

Training	Sector
Sleep training	Teachers
Relaxation	Health
Happiness	Insurance services
Acceptance and commitment therapy	Local government employees with elevated stress
Stress inoculation <i>Same study as above</i>	Local government employees with elevated stress
Stress management	Manufacturing Government departments
Problem solving	Workers with physical health condition Flight attendants
Empowerment	Social care
Life skills	Various
Psychological flexibility	Child special education staff
Cognitive Behavioural Therapy	Manufacturing - white collar, clerical, technical Insurance sales
Psychological skills / mindfulness	Nurses Social workers
Mindfulness	Social care
Resilience	Junior doctors
Meditation awareness training	Middle management

However, the success of wellbeing training is not universal. Four published studies showed **no positive wellbeing benefits**. The first study below used a one-off workshop and there were limitations in the selection of the comparison groups which may also have impacted the result. The remaining three were online, without additional interactive elements, reflecting the importance of how the training is carried out and supported. [See page 5 for more on this.](#)

Training	Sector
Self-awareness	Various
Resilience	Services - sales managers
Stress management to enhance performance / Career	Manufacturing
Identity training for stress management	Nurses

21 wellbeing training studies

17 showed positive impact

4 showed no impact

One study compared two types of mindfulness training (acceptance and commitment therapy, and stress inoculation training) but recorded no difference. Another found Cognitive Behavioural Therapy to be less effective than mindfulness training, although both had a positive effect.

### how are we measuring wellbeing?

For wellbeing training, many of the wellbeing measures were direct measures of individual wellbeing, stress or affective states. For example, depression was used in six studies, stress in seven and psychological distress in three studies. Given the work context, many of the studies used job satisfaction (seven studies) and burnout (four studies) to assess the efficacy of the training.



## what evidence did we find?

(continued)

### professional training may have wellbeing benefits



The evidence base needs to be developed, but we can be confident that there are no adverse effects.

Theory would suggest that an individual's wellbeing could improve after professional development, where the learnt skills can be put into practice.

However, we still need the evidence to understand impacts in a work context. Very few studies outside of the health and social care sector measure 'wellbeing' outcomes after training.

Evidence is limited to the health and social care sector, where professional skills tend to relate to wellbeing. **The training which boosted the wellbeing** of workers included:

Training	Sector
Person-centred care	Health – dementia care
Evidence-based practice	Mental health workers
Conflict management	Health – <i>see case study</i>
Emotional intelligence	Mental health support staff

This wellbeing benefit was not consistent. Some training improved performance, without a wellbeing boost.

Training	Sector
Communication skills for end of life care	Health – doctors
Developing clinical and interpersonal skills	Health – nursing assistants
Evidence-based practice	Health – occupational physicians
Postural stability Instructor	Health – mental health nursing staff
Workforce development to equip staff to deal with stress	Health and social care

One study demonstrated **no difference in wellbeing or performance**:

- Communication skills in emotional cues *Health – oncologists*

### How we measure wellbeing

The wellbeing measures used in the **professional training** studies tended to be work related; job satisfaction (five studies) and burnout (four studies) were the most common measures along with some objective measures including absenteeism and turnover.



Case study:  
conflict

management training in health care

One effective intervention combined a work and wellbeing focus through conflict management training, and was also effective in increasing performance. In total, 258 health care workers were voluntarily enrolled in the training program which was delivered in eight 3-hour group training sessions over the course of four months and a further three hour follow-up session two months later.

In comparison to a control group of 243 health care employees in similar roles, the group that had received training reported less conflict with staff, patients and relatives. This was further supported by fewer recorded absences from work from 3.81% of working hours to 0.76% of working hours and fewer requests for third party mediation in conflicts at work, reducing from 29% to 17%. The training programme was also effective in reducing complaints from patients, from 1.54 to 0.48.

### Is it cost effective?

The case study above is likely to have full costs in the range of £500-£1000 per person, including the costs of staff time for the training. Some costs are likely to have been recouped by the employer through the reduced absenteeism and reduced mediation. Further analysis comparing cost effectiveness of actions and their wellbeing impact will be published later in the year.



## what evidence did we find?

(continued)

### Training leaders to be effective and supportive may enhance wellbeing



The most appropriate learning process should be used, and in the right context.

It seems obvious that training managers to support their staff; training in mental health awareness; and leadership training would improve wellbeing of the leaders and their reporting staff.

However, evidence is mixed.

Published studies with positive wellbeing effects include:

Training	Sector
Leadership training for managers	Elderly care nurses and managers
Training for managers to improve support of team members	Health
Leadership training	Mix of sectors
Arts-based leadership training	Mix of sectors
<i>Same study as above</i>	<i>The additional arts element led to a higher wellbeing benefit, for managers and staff</i>

Published studies which showed no effects were mainly online, self-directed training or in situations without support for the training.

Training	Sector
Workshop based leadership training	Manufacturing
Online mental health training for supervisors aimed at improving subordinates mental health	Office machine sales
Online supervisor training for managing and supporting employee wellbeing	Mental health employees and managers

6 leadership training studies

3 showed positive impact

3 showed no impact

### What approach works best in my context?

Much of the evidence focuses on job roles that place a high demand on social relationships in service delivery, such as carer, health, education or sales roles. We need to build the evidence base for job roles where social relationships, while important, may not be the primary focus, for example in the technology or creative sectors.



## what evidence did we find?

(continued)

### delivery style affects wellbeing outcomes



Across wellbeing training, professional training and leadership training, there were eight studies in total that used online learning and were evaluated using randomised control study designs. This is an evaluation design where we are confident that the changes can be due to the training rather than other factors.

Only three of the online trainings had a positive effect on wellbeing. Closer examination of those showed that each of the successful online trainings incorporated a social element to the learning process alongside online delivery. This included, for example, dialogue with a learning facilitator, or peer-to-peer learning such as group reflection or discussion.

Overall, 26 of the 41 studies showing positive impacts on wellbeing all incorporated group learning processes.

The opportunity to reflect, share experiences, learn from others are core continuous adult learning principles which appeared to be particularly important in relation to achieving wellbeing impacts for learners, in addition to learning goals.

### context matters

Qualitative evidence was gathered from studies showing no impact. This suggested that stressful working conditions, a lack of time and organisational support for the training can also impact on the success of the learning process and its impact on wellbeing.

We know that if training is targeted on personal wellbeing skills, it works across a range of industry contexts, at least in the short-term.

We don't know if the effects are sustained in the longer-term; this is particularly important where the factors depleting individual wellbeing are beyond the control of the individual.

## How do I evaluate the wellbeing impacts of my training?

**Providers can test different approaches to delivering training, to understand which are most effective in different contexts. Evidence can be strengthened by:**

- including standardised questions such as the ONS 4 or WEMWEBS
- considering a longer time period to understand which actions have a lasting impact
- clearly stating the costs involved
- providing information on context, such as the group, type of training
- specifically reporting negative impacts or challenges encountered
- using a control or comparison group. This will help to show that the change in wellbeing is due to the training rather than other factors.



help us fill the evidence gaps

Interested in evaluating the wellbeing impacts of your training? Get in touch with us at [evidence@whatworkswellbeing.org](mailto:evidence@whatworkswellbeing.org)



# how can we turn this evidence into action?



**1** **Training employees to better cope is not the end of the story. Wellbeing is highly dependent on job quality: the tasks which staff do day-to-day and their experiences on the job. This includes our relationships with our colleagues or clients, and the ability to influence workload and decisions. Make any wellbeing training part of a larger programme of improving job quality.**



**2** **The learning process is important. If you're going to invest in e-learning, consider whether an interactive element will make it more effective. Test different approaches to delivering training, to understand which are most effective for your organisation.**



**3** **Employers and training providers can help to broaden and improve the evidence base. If you are carrying out wellbeing training in any sector, or commissioning it, make sure it is being evaluated. You can also share your evaluations with us at [evidence@whatworkswellbeing.org](mailto:evidence@whatworkswellbeing.org) to inform future reviews.**

You can view the other briefings in this series at [whatworkswellbeing.org/work-and-learning-3](http://whatworkswellbeing.org/work-and-learning-3)



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We are an independent organisation set up to produce robust, relevant and accessible evidence on wellbeing. We work with individuals, communities, businesses and government, to enable them to use this evidence make decisions and take action to improve wellbeing.

The Centre is supported by the ESRC and partners to produce evidence on wellbeing in four areas: work and learning; culture and sport; community; and cross-cutting capabilities in definitions, evaluation, determinants and effects.



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