ISSN-e: 2244-8276

WORKPLACE WELLNESS PROGRAMS: AN ALTERNATIVE FOR DISEASE PREVENTION AND HEALTH PROMOTION IN ORGANIZATIONS

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Abstract

The impact of work-related stress on the health of workers is considered a public health problem determined within the psychosocial risks, thus the relevance of carrying out studies that strengthen the good life of the worker and generate programs aimed at reducing risk variables in organizational environments. The general objective of this study was to analyze the effect of a wellbeing program based on psychoeducation to reduce the level of stress in workers of an organization, the specific objectives were: to identify the level of stress in workers, to design and implement the psychoeducation program: mental health and safe work

RECEIVED: 09-07-2025 / ACCEPTED: 13-09-2025 / PUBLISHED: 22-12-2025

How to quote: Cabrera et al. (2025). Workplace wellness programs: An alternative for disease prevention and health promotion in organizations. *Almanaque*, 46, 117 - 132. https://doi.org/10.58479/almanaque.2025.175

and finally to determine the effect of the program after its implementation, this document was guided by the methodology of quantitative research, the empirical-analytical, explanatory pre-experimental paradigm is taken as a paradigm. It is worth mentioning that the population that received the implementation of the program was composed of 75 collaborators. For the stress evaluation (pretest - posttest), the stress scale of the Battery for the Evaluation of Psychosocial Risk Factors proposed by the Ministry of Social Protection was used, which evaluates four types of symptoms: physiological, social behavior, intellectual-labor and psycho-emotional. The results of the post-test showed that the program had an effect on physiological, social-behavioral, intellectual-work-related symptoms, but not on psychoemotional symptoms. The above is attributed to the situations that the workers of the institution were experiencing.

Key words: workers, mental health, stress, wellness programs, psychoeducation.

ISSN-e: 2244-8276

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Introduction

The present research is framed within the concept of Organizational Psychology, since stress is among the risk factors of mental health that must be prevented to achieve a good life in the worker; it is considered that, if these are not taken into account by the same subject and the company itself, they will precipitate indicators of job burnout, depression and anxiety for the person who works, as well as generate low productivity for the company. According to the paper written by (Lecca et al., 2013), they define the subject as those factors that originate from different aspects of the work environment and organization, which have an impact on the health of people evidenced through both psychological and physiological mechanisms.

It is essential to address the risks in organizations and in the different aspects of the life of the person and organizations, since it is directly related to mental health (International Labor Organization, 2022) as well as resolution 2646 of 2008 of the Ministry of Social Protection of Colombia, comes to define the so-called "psychosocial aspects" as those comprising both intralaboral and extralaboral characteristics, such as those that prove to be sources of stress for the worker (Naranjo, 2011). As these risks are already visible, the Ministry of Social Protection defined the responsibilities that both private and public entities must fulfill for the identification, prevention, evaluation, intervention and monitoring of the factors that become stress triggers for the worker.

Taking into account the above mentioned, it is of utmost importance to investigate and propose a program for this topic, since, although there is a great amount of information on why stress is a health risk, there is a lack of intervention proposals through psychoeducation, which allow to show impacts on the levels of stress. The Psychosocial Risk Battery (Ministry of Social Protection, 2010) is a valuable input, since its stress questionnaire provides the necessary information to identify the stress indexes present in the population, starting from the general symptoms, thus giving way to the possibility of creating wellbeing programs oriented from psychoeducation to enable interventions in a specific way, in response to the results obtained in the questionnaire.

Objective

The general objective of this study is to analyze the effect of the program "Psychoeducation: Mental health and safe work" on the stress level of the workers of a public institution in Pasto-Nariño. The following specific objectives were determined: to identify the stress level of the workers; to design and implement the program "Psychoeducation: Mental health and safe work" in the workers; and finally, to determine the effect of the program "Psychoeducation: Mental health and safe work" after its implementation in the workers.

Development

Psychosocial risk

These are conditions present in work situations related to the organization of work, including the environment (Gil-Monte, 2012) which give as negative results affect the health of the people who work and the development of work, although it is specified that the same can promote personal development of individuals when used in a favorable way. The European Agency for Health and Safety at Work already speaks of the risk factors to which workers are exposed on a daily basis, defining them more specifically as "Any aspect of the conception, organization and management of work, as well as its social and environmental context that has the potential to cause physical, social or psychological harm to workers" (European Agency for Health and Safety at Work, 1994, p.1).

Among the most important is the one proposed by the Ministry of Social Protection in resolution 2646 of 2008, the Battery of Instruments for the Evaluation of Psychosocial Risk Factors (Ministry of Social Protection, 2010), which is certified for its application in Colombia, since it allows to identify, evaluate, prevent, intervene and follow up on the working population, taking into account the consequences of work that are presented in the results of this instrument.

Stress in the work environment

Stress is currently considered as an interactive process influenced by two aspects: the situation (demands) and the characteristics of the subject (resources) (Osorio, 2011). If the demands of the situation are greater than the individual's resources, a conglomerate of responses to physiological, social behavioral, psycho-emotional, intellectual and work-related symptomatologies is evidenced, which prepare the person to determine a reaction (Ministry of Social Protection, 2010). The origins of stress can be found mainly in the content of the work, the pace and workload, the organization of work time and the level of participation and control in decision making.

With respect to *physiological symptoms*, they are represented by the manifestations that the organism may have in the face of the stressful event or situation; they may manifest themselves through neck, back and headaches, muscle tension, gastrointestinal, digestive and respiratory problems, sleep disorders, among others (Ministerio de la Protección Social, 2010). *Social and occupational behavioral symptoms* include those difficulties that occur at the social level or inconveniences in interacting in activities (Rojas et al., n.d.) and can manifest as mood swings, depression, lack of satisfaction with pleasant experiences, restlessness, anger and hostility. As for *intellectual symptoms*, lack of concentration, lack of attention to details in the work environment or in your daily life, frequent forgetfulness, worry, reduced creativity or poor work performance, among others, can be considered intellectual symptoms (Estrella and Vigo, 2016). Finally, *psychoemotional symptoms* refer to measure the mental and emotional part of workers, in which negative and positive feelings are presented that affect them directly or indirectly, adopting behaviors that can be detrimental to their lives (David et al., 2020). These symptoms are aimed at feelings of loneliness, fear, irritability, feelings of anguish, worry or sadness.

Program

This refers to an action plan or proposal that is designed based on a specific need (Cuevas-Cancino et al., 2017). All this with the aim of reducing said problem and obtaining better results in a given activity. A *psychoeducation program* represents a viable and timely strategy to generate education and information on the knowledge and essential aspects of a need (Cuevas-Cancino et al., 2017) Likewise, it presents as an objective to strengthen the capacities to face a problematic in a more adaptive way. Referring to *Mental health at work*, this aspect is present as complex, since it causes in the person a satisfaction for the fulfillment of personal realization thanks to those interpersonal relationships and the economic part (Velázquez and Jaurlaritza, 2012), which together complement those conditions required to obtain a good mental health. Not having a job or having a job that stands out due to poor organization, gives way to psychosocial risks that threaten mental health.

Work

We seek to define work from the organization in charge of it, referring to the International Labor Organization (International Labor Organization, 2004), which shows that they are those activities developed by a human being that is paid or not, in order to produce goods or an economy, which contributes to satisfy the needs of the subjects, and that relates the worker with the person who performs it. From this perspective, *safe work* refers to those conditions of preserving and supporting the physical and psychological integrity of workers, which is related to the prevention of accidents and the treatment of the greatest number of factors that may

lead to a risk situation (Anker et al., 2003), it should be taken into account that this is the work of the company to which the service is being provided. The Occupational Health and Safety Plan is a project whose purpose is to implement strategies that contribute to self-care and the recognition of the risks and dangers to which employees, contractors, interns, among others, are exposed (Función Pública, 2023). All this with the objective of maintaining a safe work environment and preventing accidents or occupational diseases.

Analysis and explanation

Method

This research is quantitative, since its objective is to acquire knowledge by collecting information and analyzing data through the application of a program (Hernández et al., 1991). Likewise, the exhaustive handling of a variable will be carried out, with the objective of testing a hypothesis through statistical means, so that the results obtained can be generalized to other realities. The research approach used was the analytical empirical one, which seeks to analyze a specific topic through the systematization, measurement, comparison, experimentation and prediction of statistical data to obtain a concrete and verifiable answer to the question (Hernández et al., 1991). This is a method of observation, which seeks to deepen the study of phenomena, establishing general laws from the connection between two or more variables, therefore, its objective is to statistically analyze various data extracted from a population and sample to strengthen or support the theory. Also, the type of research used corresponds to a type of explanatory, pre-experimental study (David et al., 2020), since its purpose is to provide answers to the possible causes that generate the study phenomenon and, as its name implies, it is based on seeking to explain what is the reason for an event to occur, under what conditions it manifests itself and, from this, to identify the consequences of the application of the "Psychoeducation: Mental health and safe work" program.

The research design is defined from the quantitative approach, the researcher will seek to use designs that make him/her arrive with greater certainty to the analysis of the hypotheses raised and formulated for a specific context (Hernández et al., 2014). It is identified that this work is based on the pre-experimental design since a pre-test was applied prior to the execution of the program and a post-test at the end of it, this in order to identify the influence of the psychoeducation program. Taking into account that the type of research is pre-experimental, it is precise in the degree of control, since it is within the pre-test/post-test design with a single group, specifying that it is to the same population to which a stimulus is applied and after generating the experimental treatment. The population to whom the pre-test was applied was 91 workers; however, 78 workers participated in the implementation of the program and the post-test. The sampling was non-probabilistic with the inclusion and exclusion criteria determined. The criteria that workers had to meet to be part of the sample were: A) Provide a service within the institution; B) Be over 18 years of age; C) Have a minimum time of

permanence in the organization of three months; D) Accept and sign the conditions set forth in the informed consent; E) Be linked as a worker with an employment contract.

Psychoeducation program:

The psychoeducation program was conducted as a course of approximately 20 weeks. Participants attended 6 face-to-face workshops focused on the variable studied in this work. Each workshop lasted 2 to 3 weeks, depending on the distribution of the areas of the organization. During each week there were about 3 sessions, with a duration of 45 minutes each. On the other hand, the remaining 18 weeks were organized as follows: 2 weeks at the beginning for the presentation of the program to the population and the coordination of schedules with the director of the Pasto branch and the area chiefs, and 2 weeks at the end for the closing of the program. In total, 6 workshops, 5 reinforcement activities and 2 satisfaction evaluations related to the workshops were carried out. The sessions addressed the following topics: Development of skills and competencies, Stress management in work environments, Change management (Leaders' session: Communication), Psychological first aid, Leaders (Work under pressure), Psychoeducation in Mindfulness.

Results

The results of each of the sub-dimensions of the stress questionnaire are shown below: physiological, social-behavioral, intellectual-labor, and psycho-emotional symptoms.

Table 1.
Table of physiological symptoms rank test.

Summary of hypothesis contrasts and rank test.	Sig	Pre-test mean	Post-test mean
The median of differences between physiological pre-syndrome and physiological post-syndrome is approved thanks to the Wilcoxon signed-rank test for related samples	,000	8,693	6,907

Table 1 shows that, thanks to the Wilcoxon signed-rank test for related samples, a significance less than or equal to 0.0001 is obtained, which indicates a significant difference. This conclusion is complemented by the data of the pretest mean (8.693), which decreased when evaluated in the posttest (6.907). These results demonstrate that the "Psychoeducation: Mental Health and Safe Work" program generated a reduction in physiological symptomatology, which could include symptoms such as constant headaches, neck pain and gastric problems.

Figure 1.
Box-and-whisker diagram of physiological symptoms.

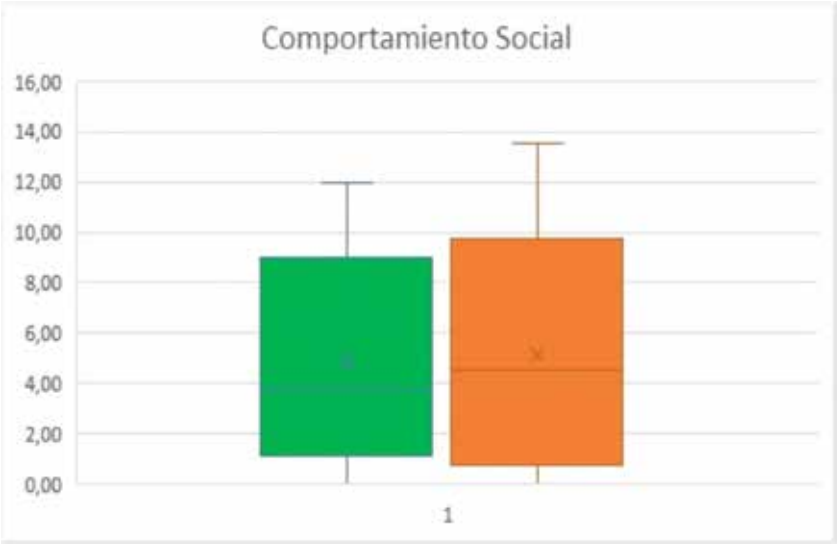
As can be clearly seen in Figure 1, the group identified with the orange color, which represents the pre-test population, shows a higher median compared to the group identified with the green color, which corresponds to the post-test population. This suggests that the level of symptoms is higher in the first group evaluated. Regarding the ranges, it is observed that the pre-test group presents a greater variability in the physiological symptoms, while this variability is reduced in the post-test population. Graphically, the results are reflected in the size of each box. In conclusion, the figure shows a significant change before and after the program intervention, which could be interpreted as a reduction in physiological symptomatology in the post-test group, accompanied by a decrease in the variability of these symptoms. This suggests that the intervention may have been effective in reducing both the intensity and variability of the symptoms assessed.

Table 2.
Table of test of ranges of social behavioral symptoms.

Summary of hypothesis contrasts and rank test.	Sig	Pre-test mean	Post-test mean
The median differences between pre-synthetic social behavior and post-synthetic social behavior are approved thanks to the Wilcoxon signed-rank test for related samples	,863	4,210	4,160

Table 2 shows that, thanks to the Wilcoxon signed-rank test for related samples, a significance of ,863 was obtained, indicating a significant difference. This conclusion is complemented by the data of the pretest mean (4.210), which decreased when evaluated in the posttest (4.160). Thus, it is concluded that the "Psychoeducation: Mental Health and Safe Work" program contributed to a reduction in social behavior symptomatology, which may include changes in mood, depression, restlessness, anger, among others.

Figure 2.
Box-and-whisker diagram of social behavior symptoms.



According to Figure 2, the program intervention seems to have had an impact on the social behavior of the organization's employees. This is evidenced by the increase in the median

and dispersion of the data, which suggests, as a hypothesis, that some participants showed a greater adaptation to the program, resulting in positive effects, although not homogeneous.

Table 3.

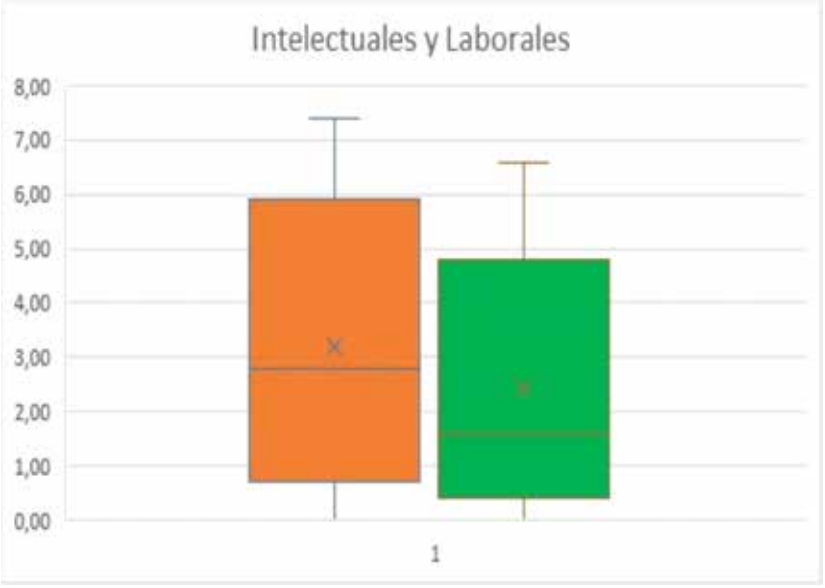
Table of intellectual and occupational symptom rank test.

Summary of hypothesis contrasts and rank tests	Sig	Pre-test mean	Post-test mean
The median of differences between intellectual and occupational pre-syndrome and intellectual and occupational post-syndrome is approved by the Wilcoxon signed-rank test for related samples	,000	2,949	2,037

Table 3 shows that, thanks to the Wilcoxon signed-rank test for related samples, a significance less than or equal to 0.0001 was obtained, indicating a significant difference. This conclusion is complemented by the data of the pretest mean (2.949), which decreased when evaluated in the posttest (2.037). Thus, it is shown that the "Psychoeducation: Mental Health and Safe Work" program contributed to a reduction in intellectual and work-related symptoms, which may be associated with lack of concentration, distraction, frequent forgetfulness, decreased creativity, among others.

Figure 3.

Box-and-whisker diagram of intellectual and occupational symptoms.



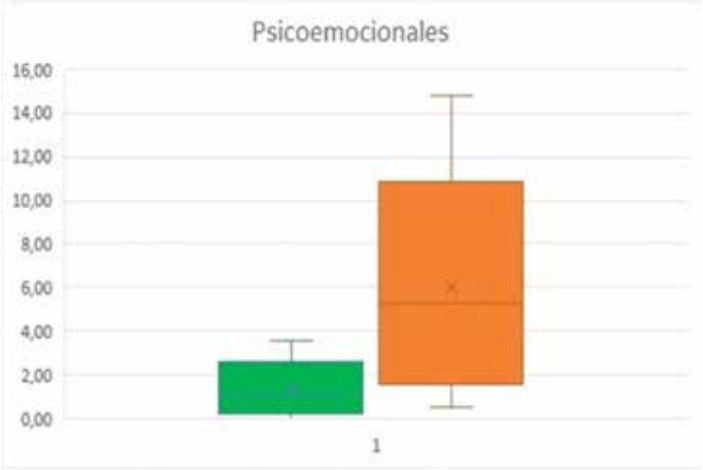
In order to complement the information provided, it is highlighted that Figure 3 which allows visualizing the intellectual and labor symptomatology in a statistical overview, thus suggesting that the "Psychoeducation: Mental Health and Safe Work" program reduced the frequency of difficulties experienced by the participants. This, in turn, promoted higher performance and better ability to manage both cognitive demands and their roles within the organization.

Table 4.
Psychoemotional symptoms rank test table.

Summary of hypothesis contrasts and rank tests	Sig	Pre-test mean	Post-test mean
The median of differences between psychoemotional pre- and post-symptom psychoemotional symptoms is approved thanks to the Wilcoxon signed-rank test for related samples	,000	1,105	5,093

Table 4 shows that, thanks to the Wilcoxon signed-rank test for related samples, a significance of 0.0001 was obtained, indicating a significant difference. This conclusion is complemented by the data of the pre-test mean (1.105), which increased when evaluated in the post-test (5.093). In contrast to the previous tables, these results suggest that the "Psychoeducation: Mental Health and Safe Work" program did not succeed in reducing psychoemotional symptomatology, which could be related to feelings of loneliness, fear, worry or sadness.

Figure 4.
Box-and-whisker diagram of psychoemotional symptoms.



For the interpretation of the information presented in Figure 4, it is observed that the green box, which represents the pre-test, has a smaller size and range, indicating that the scores were concentrated in low values. This suggests that the population presented low psychoemotional symptomatology. Regarding the results obtained after the implementation of the program, it is observed that the box is wider and its range greater. This suggests an increase in scores, indicating that participants experienced a considerable increase in worry, sadness and other emotional symptoms. In conclusion, Figure 4 suggests that the psychoeducation program failed to reduce psychoemotional symptoms. This result could be explained by several factors, such as the contractual conditions that the organization was experiencing at the time with respect to turnover decisions.

Conclusions

The physiological symptomatology presented a reduction between the comparison of the means, thus determining that the psychoeducation program was able to generate a decrease in the manifestations generated in the organism due to high stress situations. The social behavior symptoms presented a reduction in the evaluated symptomatology, which involves an understanding of those difficulties that are generated in a social environment and have an affectation in the moods of a subject. Intellectual and work-related symptoms also presented a reduction between the comparison of means, thus determining that the psychoeducation program reduced lack of concentration, presence of recurrent forgetfulness and increased creativity. Finally, psychoemotional symptoms did not present a reduction between means

comparison, thus determining that the psychoeducation program could not influence this subdimension.

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