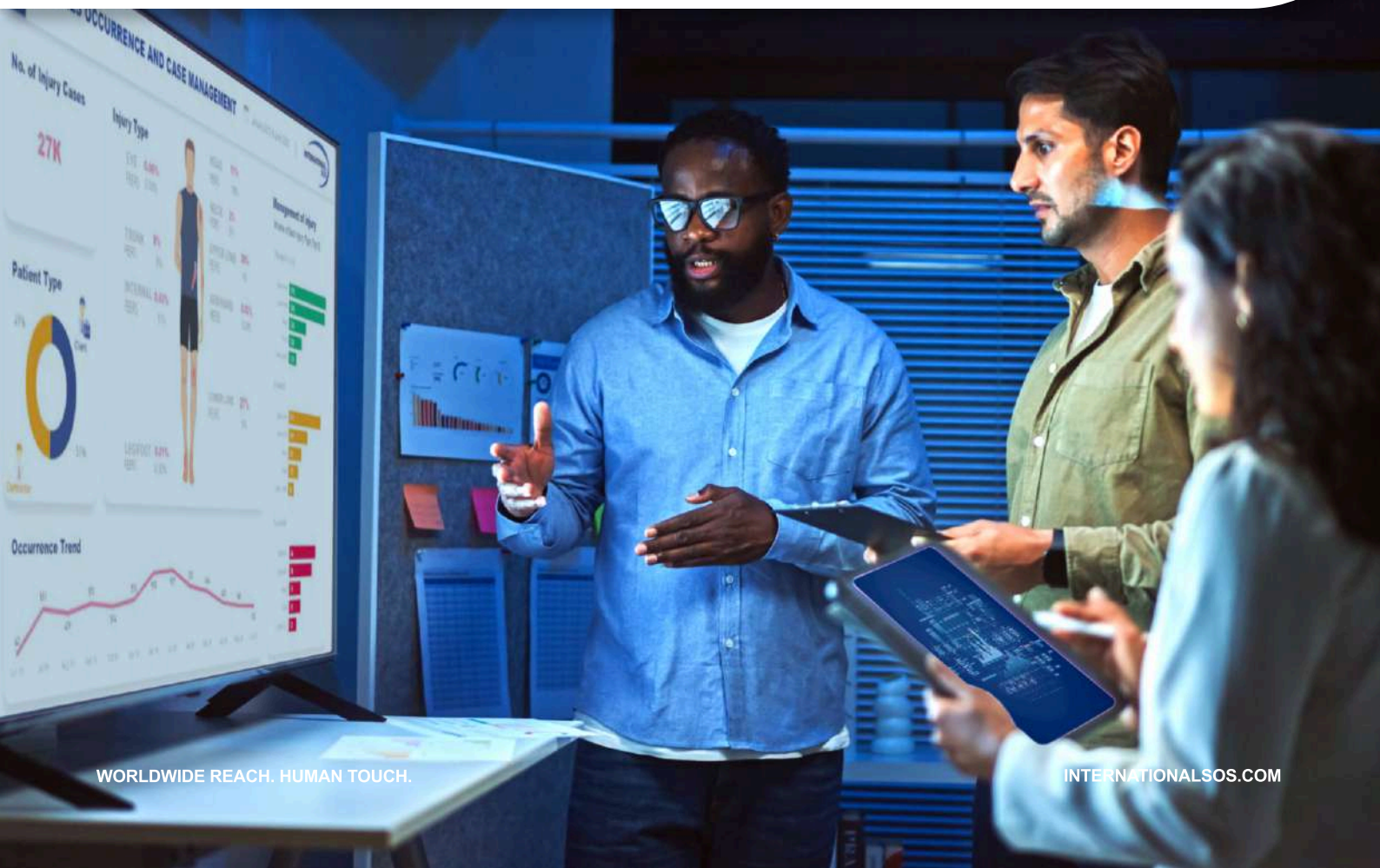
INTERNATIONAL SOS CONSULTING

Global Health Note

October 2026 Edition



Editorial Note



Dr Philippe Guibert,
Global Medical Director,
Consulting & Solutions

As physicians, we learn early that a single result rarely tells the whole story. A number becomes meaningful when we understand the person, the context, what has changed and what other signals are telling us.

The same is true of workforce health. Organizations have access to more health information than ever, yet important risks can remain hidden in plain sight. An overall assessment may look reassuring while particular teams are struggling. An employee may remain productive and engaged while becoming increasingly disconnected. During a crisis, a leader may appear composed while sustained pressure is already affecting how they process information and make decisions.

For multinational organizations, there is another layer. *People and businesses operate across borders, but health is always experienced locally.* Workforce demographics, culture, healthcare access, regulation, working conditions and expectations of employers vary considerably. What works well in one country, site or workforce may not address the risks that matter most in another.

This edition of the *Global Health Note* explores the gap between *what organizations can see and what they need to understand.*

Dr Vikram Vora examines how fragmented workforce health data can become useful intelligence, helping employers identify where risk is concentrated and where investment can make the greatest difference. Dr Athenais Sivaloganathan and David Ball take us from measurement to action in psychosocial risk, reminding us that supporting the individual is not always enough; sometimes the conditions of work need to change.

Morgan MacDonald and Charlotte Denman bring the human dimension into crisis preparedness, showing why preparing plans without preparing people leaves an important gap. In my own contribution, I explore a quieter but increasingly relevant signal: people can continue performing while losing the human connection that supports trust, collaboration and wellbeing.

There is a business discipline connecting all these issues. *Not every signal requires another program. Not every unfavorable number means things are getting worse. And more investment does not automatically produce better health.*

The same principle applies to sickness absence, the subject of our new white paper highlighted below. Sickness absence is often treated as a number to report, when it can tell us much more about workforce health, functional capacity, recovery and where earlier support may make a difference.

For leaders working with finite resources, the challenge is to be more precise: understand where meaningful risk sits, interpret it in the right local context, act proportionately and determine whether that action actually improved health or reduced its impact on people and the organization.

> People and businesses operate across borders, but health is always experienced locally.

TRENDING TOPIC
The Hidden Costs of Sickness Absence

Our new white paper introduces a practical framework for global employers to quantify the true cost of sickness absence, identify opportunities for earlier intervention, support sustainable return to work, reduce recurrence and measure program value across different markets.

Download the white paper



From Health Data to Health Intelligence: Are Employers Seeing What Their Workforce Is Showing Them?

By **Dr Vikram Vora**,
Medical Director, India

It is said that the eyes don't see what the mind doesn't know. But most organizations and leaders already know more about the health of their workforce than they realize - annual health checks generate screening results, occupational health teams manage fitness for work and health surveillance, HR teams know about sickness absence, onsite clinics perform consultations, insurers hold claims information, wellbeing programs see good participation.

Yet when we ask an organization's leadership team a few simple questions like *"What are the most important health risks in your workforce?", "Where are they concentrated?", "Are they getting better or worse?", "Which of your health programs are actually changing outcomes?"* - the answers are surprisingly difficult to find.

The problem is not a lack of data. It is just that the data is fragmented - different pieces of the full picture reside in different departments which do not talk to each other. And when these signals remain separate, organizations fail to recognize a problem till after it begins to affect workforce cohorts and operational stability.

This matters because health risks more often than not, transcend health issues alone. Late identification and poor management leads to increased absenteeism, reduced productivity, fatigue, higher healthcare cost and, in operational environments, disruption to business continuity.

For employers, the opportunity lies in not simply collecting more health data. It is in turning the information they already have into **health intelligence - insight that helps highlight risks, make better decisions and act in a timely manner.**

> "Health data becomes valuable when it changes a decision.

Data Tells Us What Happened. Intelligence Guides What to Do

Workforce health programs have traditionally been measured through activity. How many employees completed their health check? How many joined a wellbeing program? How many consultations took place? What was the absence rate?

Though these are useful, they reveal only a small part of the story.

Consider an annual health screening program. A high participation rate may suggest success and comes across as an initiative that was well received. But the more important set of questions to raise would be:

- *What did the screening reveal? Are specific risks increasing?*
- *Are they concentrated in certain populations or locations?*
- *Did employees identified as being at risk receive appropriate follow-up and referral?*
- *And did their health subsequently improve?*

This is the difference between merely collecting data and using it in an intelligent manner.

The same applies to absenteeism. An organization may know that 3% of its workforce is absent, but the number alone says little about the impact on business:

- *Where are those absences occurring?*
- *Are specific health conditions recurring?*
- *Are employees returning sustainably or falling into an absence cycle?*
- *Is any specific site, function or population cohort experiencing a different pattern from another?*

Health data becomes valuable when it changes a decision. For many organizations, this means moving beyond descriptive dashboards that show past happenings to more granular and sorted information that helps answer the question - *What should we do next and how?*

The Cost of Not Connecting the Dots

The challenge is that elements of workforce health often develop in separate streams. Benefits, insurance, occupational health, wellbeing programs, health screening, onsite health facilities and external providers may all serve the same employee population but operate in independent silos.

Each could be performing its role well. But if the information generated is considered only in isolation, important patterns can remain hidden.

An organization may continue funding a broad screening program without knowing whether every test remains relevant to the risk profile of its workforce. A wellbeing initiative may attract strong participation without evidence that it is working to address priority health risks. Repeated clinic visits, absence or screening results may individually appear unremarkable while collectively pointing toward an emerging problem.

The consequences do not stay limited to healthcare expenditure. Chronic conditions such as cardiovascular disease and diabetes develop gradually and remain largely undiagnosed or poorly managed while employees continue working. Over time, this cycle leads to effects that manifest through fatigue, reduced concentration, presenteeism and absenteeism. In safety-critical or operational environments, a single health-related event in one employee can have wider consequences for colleagues, production and continuity.

The result can be an unnecessary dual cost - **emerging risks are recognized too late, while health investment continues to flow into activities that may not address the workforce's most important needs.**

Adding another program does not necessarily solve that problem. Usually, the better question is whether existing programs are connected to the right evidence.

India - When Global Strategy Meets Local Health Risk

This challenge is particularly relevant for multinational organizations operating across India and the wider Asia region.

India has become a critical hub for global technology, finance, engineering, healthcare and business operations. Large multinational employers have thousands of people working across multiple cities, job types and working environments. A workforce health issue in India can therefore have consequences far beyond a single country or location.

At the same time, global workforce health strategies cannot assume that health risks are distributed equally between countries, or even between populations within the same country.

The growing burden of non-communicable diseases is a good example. Cardiometabolic risks are increasingly important across parts of South and Southeast Asia.

But knowing the broad regional trend is not enough for an individual employer. The more useful question is – *"What does the risk look like within our own workforce?"*

And this is where health intelligence becomes practically irreplaceable.

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Join our workplace health experts for a discussion on sickness absence management: how workplace adjustments and functional guidance can support sustainable return to work, how organizations can navigate privacy, confidentiality and differing requirements across jurisdictions.

Join here



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A Case Study

In one large technology workforce in India, a nationwide health assessment program that we deliver connects employee health checks *(across more than 15 cities and over 150 diagnostic providers)* with workforce health analytics. More than 35,000 health checks are now delivered annually.

The scale is obviously impressive, but one of the most useful outcomes was actually a reduction - analysis and program optimization enabled a **50% reduction in unnecessary tests.**

15+ cities

150+ diagnostic providers

35,000+ health checks annually

50% reduction in unnecessary tests

> Better health intelligence does not necessarily mean doing more.

This illustrates an important point. **Better health intelligence does not necessarily mean doing more. Sometimes it means understanding what matters well enough to stop doing what adds little value and redirecting attention and investment toward what does.**

Averages Can Hide the People Most at Risk

If the India example shows how intelligence can reduce unnecessary activity, the reverse is also true - it can reveal where greater attention is needed.

A Case Study

In another workforce health intelligence analysis, health insurance claims data and laboratory values were brought together to examine cardiovascular disease, diabetes and tuberculosis risks.

Despite having a relatively young workforce, **25% of employees analyzed were identified as high risk**. More strikingly, **95% of projected health costs were concentrated within that high-risk group.**

Workforce averages can mask where the greatest health risks and business impacts are concentrated.

HIGH-RISK EMPLOYEES

25%

OF PROJECTED HEALTH COSTS

95%

A workforce average could have easily obscured this concentration. Identifying it changed the conversation. Instead of asking, *"What program should we provide to everyone?"* leaders can now ask, *"Where can prevention and support make the greatest difference?"*



This does not mean ignoring the larger workforce. Population-wide prevention remains important. It means being more precise about where additional intervention is required and then measuring whether that intervention works.

That is particularly valuable for multinational employers. A single global strategy can establish common principles and governance, while health intelligence helps organizations adapt programs to different risk profiles across countries, sites and employee populations.

Consistency does not have to mean uniformity. Health intelligence is therefore less about having a particular technology and more about building the capability to connect information, interpret it in the right context and use it consistently to guide action.

Four Questions that Leaders Should Be Asking

Leadership does not need a perfect health-data ecosystem to begin making better decisions. What they do need is a disciplined way of asking the right questions.

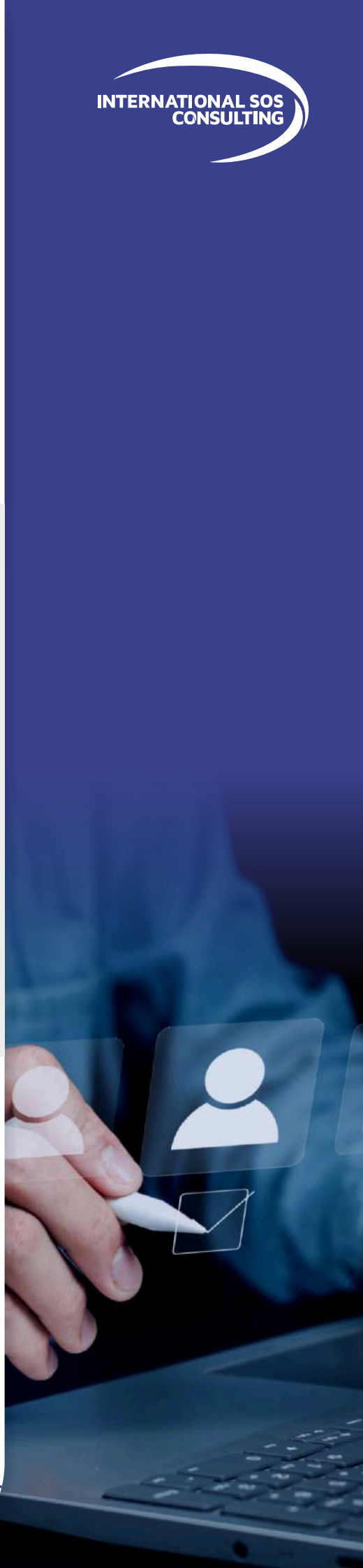
1 What health information do we already have?	Look across appropriate sources such as health screening, Occupational Health, absence, onsite healthcare, wellbeing programs and other available population-health information. The objective is not to collect everything, but to understand what already exists and where important gaps remain.
2 What is it telling us about risk?	Move beyond activity and participation. Look for patterns. Which health risks are emerging? Where are they concentrated? Which populations may require greater attention? Are risks changing over time?
3 Are we acting on what we learn?	Insight has little value if it does not influence action. Findings may lead to changes in screening, prevention programs, care pathways, workplace interventions or the allocation of health investment.
4 Can we tell whether it worked?	Measure outcomes as well as activity. Did health indicators improve? Did employees at higher risk receive appropriate support? Are programs improving health outcomes and reducing the workforce or operational consequences they were intended to address?

Together, these questions create a simple cycle: **understand, prioritize, act, measure and improve.**

Simple questions but no simple answers. The questions are straightforward. Answering them well can be more difficult. Workforce health information rarely sits with one team. Different systems using different definitions and parameters, workforce demographics, job roles, location and healthcare access can all influence what the data appears to show.

There is also an interpretation challenge. A rising number on a dashboard does not necessarily mean that risk is rising, nor does an apparent improvement necessarily prove that a program is working.

Organizations should therefore be realistic about the expertise they have internally. Some have mature Occupational Health and population-health capabilities. Others may benefit from independent medical, analytical or local-market expertise to test assumptions, interpret patterns and determine which actions are likely to make a meaningful difference.



The objective is not to outsource responsibility for workforce health. It is to ensure that important decisions are based on the right evidence, interpreted by the right experts, in the right context.

Doing that also requires clarity about how health information is brought together and who should be able to see it. Better intelligence depends on connecting relevant information, but it must not come at the expense of employee privacy.

Better Intelligence Does Not Mean Less Privacy

Making better use of workforce health information does not mean giving managers greater access to individual employees' medical information. Health information is sensitive and must be managed within appropriate privacy, legal and ethical requirements. In most circumstances, business leaders do not need individual clinical details. What they need is appropriately governed, population-level insight that helps them understand risk and make better decisions while protecting individual confidentiality.

Good health intelligence therefore depends on two things - enough visibility to understand workforce risk, and strong enough governance to protect the individual. The objective should be better decisions, not simply more visibility.

From Information to Action

The amount of health information available to employers will continue to grow. Digital health tools, screening platforms and connected healthcare systems will make it increasingly possible to measure workforce health in ways that were difficult only a few years ago.

Could you identify your three most important workforce health risks, where they are concentrated, whether they are improving and which programs are changing the outcomes?

But more data will not, by itself, create a healthier workforce. The organizations that gain the greatest value will not necessarily be those with the most data. They will be those with the capability to turn relevant data into decisions, action and measurable improvement.

For leaders, the test is surprisingly simple. **If you were asked today to identify the three most important health risks affecting your workforce, where they are concentrated, whether they are getting better or worse, and which of your current programs is changing those outcomes, could you answer with confidence?**

If not, the issue may not be a lack of health data. **It may be a lack of health intelligence.**

> “Could you identify your three most important workforce health risks, where they are concentrated, whether they are improving and which programs are changing the outcomes?



Listening Is Not Enough: Turning Psychosocial Risk Assessment Into Safer Work

By **Dr Athenais Sivaloganathan**,
Senior Medical Advisor, SEA & Pacific,
David Ball, Consulting Engagement Director, Pacific

Employees are increasingly being asked how the design, management and social context of work affect their psychological health and safety. The harder question for organizations comes after the assessment is complete: **what are we going to do with what employees have told us?**

Psychosocial risk assessments can provide structured insight into work-related psychosocial hazards such as excessive job demands, fatigue, low job control, inadequate support, poor role clarity, poorly managed change, harmful workplace behaviors and exposure to traumatic events or aggression. Importantly, the focus is on hazards arising from work, not on diagnosing the mental health of individual employees.

But an assessment is only one component of a broader risk-management process. It does not, on its own demonstrate legal compliance or prove that existing controls are effective. Its value depends on what happens around it: workforce consultation, interpretation of findings, selection of appropriate controls, clear accountability and review of whether those controls are actually working. In other words, **measurement is the starting point, not the outcome.**

> “ Measurement is the starting point, not the outcome.

From a Snapshot to a Learning Cycle

A first assessment establishes a baseline. A repeat assessment begins to answer a more important question: is the organization learning, and are its actions changing employees' experience of work?

Recurring assessment can show whether exposure to priority hazards is increasing or decreasing, identify persistent risks that may require a different response and detect emerging issues following changes to work, technology, leadership or operating models. It can also help determine whether interventions have actually reached the people experiencing the greatest exposure. But there is an important caution.

Recurring assessment should not become repeated measurement without visible action. Asking employees about the same problems while providing little evidence of change can reduce participation, trust and willingness to raise concerns.

If we ask people to tell us what is making work difficult or potentially harmful, we create an expectation that somebody will listen.

That does not mean every concern can be resolved immediately. It does mean organizations should communicate what they heard, what they will address and how progress will be reviewed.

Sometimes the Work Needs to Change

Employee wellbeing initiatives and psychosocial risk management can reinforce each other, but they serve different purposes. Counseling, education, resilience programs and other wellbeing initiatives can support individual health, coping and recovery. Psychosocial risk management asks a different question: **what is it about the work itself that may be creating or increasing risk?**

That means looking at work design, workload, job control, support, workplace behaviors, systems and organizational change. This distinction matters.



Counseling, manager education and resilience programs may be valuable supporting measures. But they cannot compensate for excessive workloads, inadequate staffing, unclear responsibilities, poorly managed change or harmful workplace behavior. Where the source of risk is organizational, the response must include changes to how work is designed or managed.

The answer is not always to ask employees to become more resilient. Sometimes the **work itself needs to change.**

A Survey Can Show Where to Look. People Help Explain Why

Survey results alone rarely tell the whole story. A team may report high fatigue, for example, but the score itself cannot tell leaders whether the underlying issue is staffing, rostering, workload, change, management practices or several factors interacting at once.

This is why workforce consultation is central to psychosocial risk management. It should inform hazard identification, interpretation of findings, selection of controls and review of whether those controls work in practice. Employees can help identify why particular patterns are occurring, whether existing controls work in practice and which improvements are realistic. Consultation might involve focus groups, team discussions, interviews, health and safety representatives or anonymous feedback. Different approaches may be needed for frontline, remote, shift-based or culturally diverse workforces.

The same principle applies to appropriately aggregated and de-identified organizational data. A survey should rarely be read alone. Absence, overtime, rosters, safety incidents, complaints, workers' compensation and retention data can add context to what employees are reporting. Differences between sources may themselves tell us something important.

For example, if employees report high exposure to inappropriate behavior but formal complaints remain low, the conclusion should not automatically be that the survey is wrong. It may indicate barriers to reporting or low confidence that concerns will be addressed.

Organization-wide averages can also hide significant pockets of risk. Overall results may look acceptable while particular teams, locations, shifts or roles experience elevated fatigue, low job control or harmful workplace behaviors.

This is why looking beneath the average matters, provided appropriate confidentiality safeguards are maintained.

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> “Across our work involving more than 25,000 employee assessment responses from over 60 Australian organizations, we have seen the importance of examining both workforce wide patterns and areas where risk may be concentrated.



A Case Study

What Repeat Assessment Can Reveal

An anonymized composite example from multiple engagements illustrates why this matters. An organization's initial assessment produced broadly moderate overall results. But looking more closely revealed elevated fatigue, low job control and poor change management in several workforce groups. Employees also reported inconsistent confidence in raising concerns about harmful behavior.

Rather than launch a generic resilience campaign, the organization conducted confidential focus groups, reviewed workloads and staffing, introduced minimum standards for change communication and assigned executive owners to priority areas. Counseling and manager education remained available as supporting measures.

When the assessment was repeated, role clarity, supervisor support and change communication had improved.

But not everything had. Fatigue remained elevated in two workforce groups, while reports of harmful workplace behaviors had actually increased. Follow-up consultation suggested that the increase reflected both unresolved concerns and greater confidence among employees in reporting concerns.

The repeat assessment helped the organization avoid declaring success too early. Effective controls could be retained, while additional resources were directed toward persistent fatigue and behavioral risks.

There is an important lesson here: **an increase in reported exposures does not, by itself, establish that conditions have worsened. It may reflect unresolved risk, greater awareness, improved confidence in reporting – or a combination of these factors**. Equally, an improving average does not mean every problem has been resolved. Measurement requires interpretation.

Pay Particular Attention When Work Is Changing

Psychosocial risk is not static. Restructures, mergers, rapid growth, technology transformation, hybrid working and AI adoption can bring significant opportunities while also changing job demands, decision-making authority, role clarity, workload, support and perceptions of fairness. Sometimes these effects emerge before leaders recognize them.

Assessment should therefore form part of change planning rather than being reserved for after problems emerge.

A baseline before significant change, targeted checks during implementation and later review can help organizations identify changing exposure early enough to adjust communication, resources or work design.

This is also why organizations should monitor both leading and lagging indicators - **early signals of changing exposure and outcomes that may appear only after harm has occurred.**

Changing workload, fatigue, role clarity, confidence in speaking up or emerging workforce hotspots may provide signals before the consequences appear as prolonged absence, workers' compensation claims, turnover, safety incidents or deteriorating operational performance.

Neither should be interpreted alone. Low absence or claims do not prove that risk is well controlled, just as increased reporting may sometimes reflect greater trust rather than deteriorating behavior.

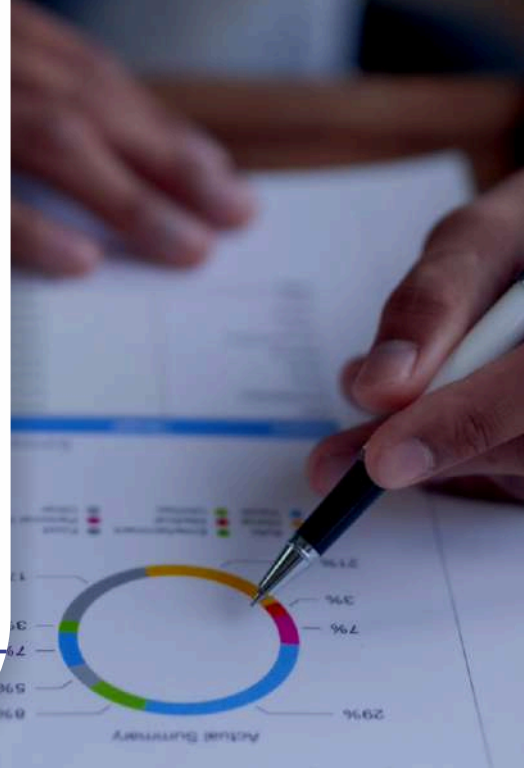
The question is whether the overall evidence points toward safer, healthier work.

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Workplace Psychosocial Safety Assessment.
Identify psychosocial risk hotspots, understand what may be driving them and translate assessment findings into practical recommendations and control measures.

Learn more



From Measurement to Safer Work

Psychosocial risk management should not sit as a parallel wellbeing program. It should be integrated into existing health and safety, people, operational and enterprise-risk governance. Priority risks should have named owners, defined controls, implementation milestones and agreed review dates.

Where specialist expertise can add value is in helping organizations interpret what different sources are telling them, understand why particular risks are emerging and identify controls that address the conditions of work rather than simply their consequences. The objective should be to strengthen the organization's own ability to recognize, manage and review psychosocial risk over time.

That requires accountability too. Leaders should ask not only, *"Did we deliver the intervention?"* but **"Did it reduce or better control the exposure?"**

A psychosocial risk assessment is therefore not the endpoint. It is a structured way of listening, identifying patterns and directing attention to where further investigation or action is needed.

Its strategic value emerges when organizations combine recurring measurement with meaningful consultation, better work design, accountable leadership and disciplined review.

The measure of maturity is not whether an organization achieves a perfect survey score. It is whether it can recognize emerging risk, act on what its workforce is telling it and demonstrate that work is becoming safer over time.

Assessment provides the evidence. Consultation provides the understanding. Leadership action creates the change.

> "Assessment provides the evidence. Consultation provides the understanding. Leadership action creates the change.



Before, During and After: Why Mental Health Belongs in Crisis Preparedness

By **Morgan MacDonald**,
Wellbeing and Mental Health Manager, Europe and Africa,
Charlotte Denman,
Senior Crisis Management Lead, Northern Europe

A crisis management plan can tell us who leads, who communicates, when to escalate and how the organization will coordinate its strategic response. These things matter enormously. But there is another part of preparedness that is easier to overlook: what happens to the people expected to make all of this work when they are frightened, exhausted, worried about their families or struggling to think clearly?

The recent conflict in the Middle East brought this into sharp focus. Employees may have heard missile interceptions for the first time. Families far from home tried to make sense of conflicting information. Travelers faced difficult decisions about whether to stay, leave or wait. Others remained in the region, continuing to work while living with uncertainty about what might happen next.

At the same time, crisis leaders were expected to assess information, set clear direction, make consequential decisions, communicate clearly and reassure their people, while living through the same events themselves.

Experiences like these remind us that there is no neat separation between the operational and human sides of a crisis. Mental health should be considered throughout the crisis lifecycle, not only once difficulties become visible, as even the best crisis management plan ultimately depends on people being able to put it into action.

Before the Crisis: Prepare People, Not Just Plans

There is a simple problem with waiting until a crisis to think about mental health: by then, the conditions for good decision-making may already have changed.

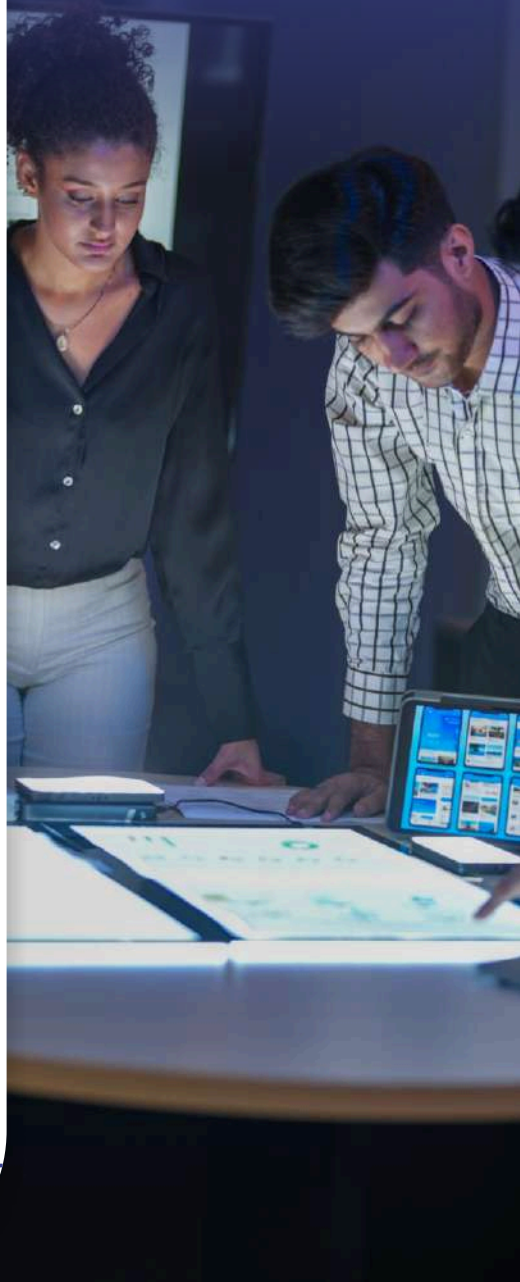
Under significant stress, our attention can narrow. Stress can also increase our reliance on habits and affect our ability to process information, communicate clearly and make balanced decisions.

People respond differently under pressure. Some become highly action-focused, while others need more time to process information or seek reassurance. Understanding these differences can help leaders adapt their communication, maintain psychological safety and reduce the risk of assumptions, delays or coordination problems when pressure is high.

Effective preparedness therefore considers not only the actions people must take, but how pressure may influence judgment, communication and behavior. There are several practical ways organizations can build this human dimension into crisis preparedness.

Build self-awareness before pressure tests it

Through discussion, realistic exercises and reflection, leaders and teams can become more aware of their own patterns under stress and how these may affect communication, collaboration and decision-making.



Build psychological safety into everyday team behavior

Psychological safety must be embedded before a critical situation. People need to be comfortable raising uncomfortable information, challenging assumptions and saying, *"I think we may be getting this wrong."* That cannot suddenly be switched on when the crisis management team is activated. Leaders build this capability by routinely inviting challenge, seeking alternative perspectives and responding constructively when assumptions are questioned.

Practice the human response, not just the crisis plan

Crisis simulations and tabletop exercises should test escalation, roles, communication, coordination and decision-making. But they can also recreate what makes a real crisis difficult for people: incomplete information, ambiguity, time pressure, competing priorities and decisions with no perfect answer.

Human factors can be deliberately woven into exercises: employees receiving conflicting information, managers balancing operational demands with team concerns, competing personal and professional responsibilities, or leaders making difficult decisions after prolonged periods of sustained pressure.

Facilitators can observe how pressure shapes team interactions, including how people communicate, contribute to discussions, process information and make decisions. Attention can also be given to whether different viewpoints are welcomed and how the team recognizes and supports colleagues experiencing pressure in different ways.

A structured debrief can then examine not only **what the team decided, but how it behaved while deciding**. Facilitated reflection that helps teams recognize different stress responses can make these behaviors easier to identify and manage when a real crisis occurs.

Plan how support will be made available before it is needed

Exercises should help identify where an organization can strengthen its preparedness, including how potentially affected employees can be informed about available support, given meaningful choices, and encouraged to identify what would be most helpful to them. Managers should be equipped to recognize and respond sensitively when someone may need additional support, without making assumptions about an individual's experience or needs. Leaders should also prepare to communicate openly when not all the answers are known.

Crisis teams should consider sustainable working arrangements, including deputies, rotations and opportunities for rest, while ensuring that those leading the response have access to the same choices and support as the wider workforce.

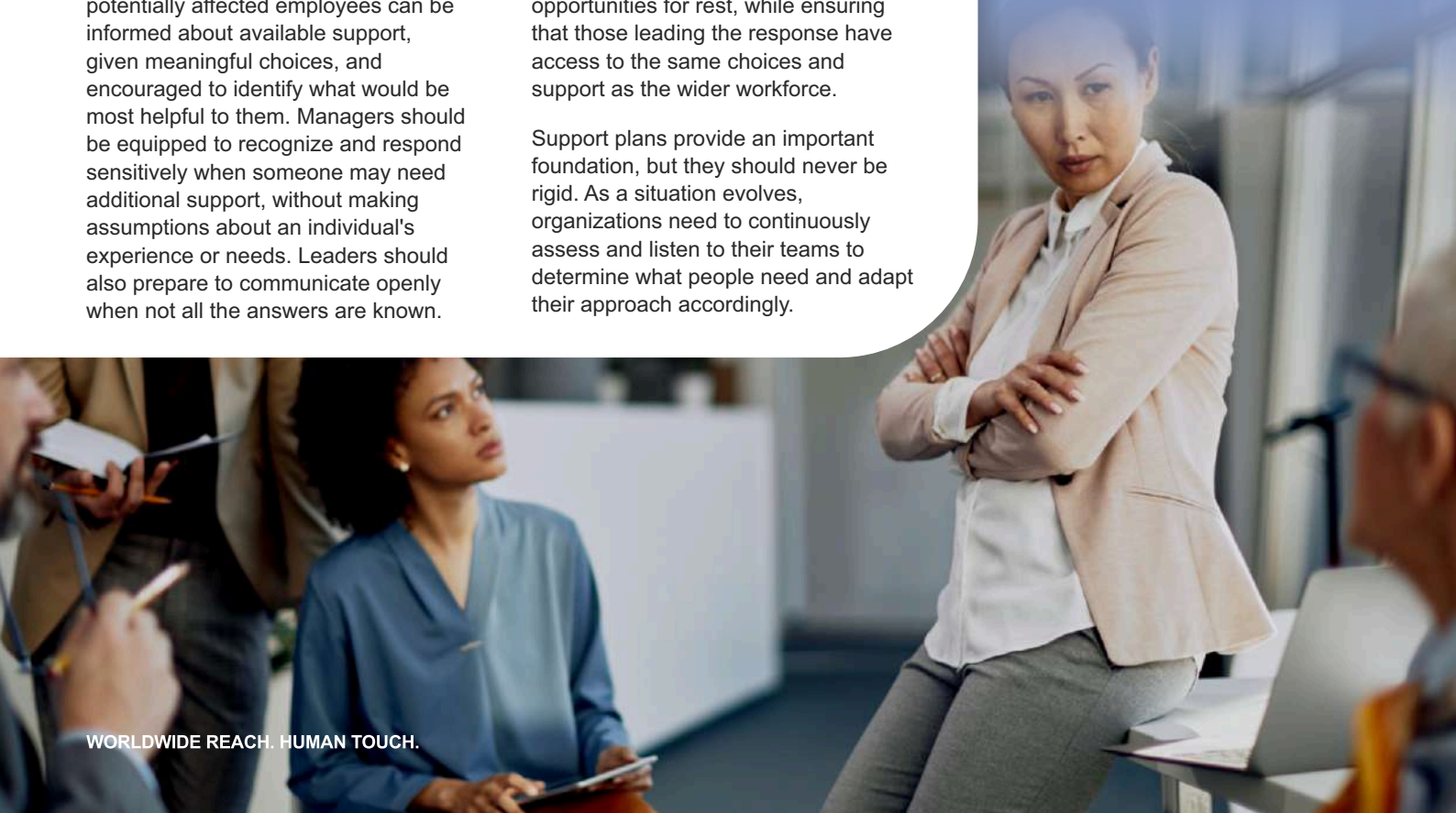
Support plans provide an important foundation, but they should never be rigid. As a situation evolves, organizations need to continuously assess and listen to their teams to determine what people need and adapt their approach accordingly.

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Psychology of Crisis Management Masterclass helps leaders understand human responses under pressure, strengthen decision-making and communication, and practice crisis leadership through realistic scenarios and reflection.

Learn more



WORLDWIDE REACH. HUMAN TOUCH.

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MANAGER TAKEAWAY | BEFORE

Understand Preferences, Don't Predict Responses

Before a crisis, create opportunities for team members to discuss:

- How they prefer to receive information and communicate under pressure.
- What helps them perform effectively during demanding periods.
- How they can raise concerns or request support or adjustments.
- Whether roles, responsibilities and escalation routes are clear.
- How managers will check in as circumstances and individual needs change.

Avoid making assumptions about someone's likely response or capability based on personality, personal circumstances or previous experiences. Crisis preparedness should enable choice, communication and appropriate support, while recognizing each person's autonomy and capacity to contribute.

Remember: The objective is not to predict behavior perfectly, but to build enough understanding that people's reactions are less surprising when pressure emerges.

During a Crisis: People Need More Than Information

Recent experience in the Middle East showed how quickly workforce needs can change.

Practical information is critical. People need to understand what is happening, what the organization is doing and what is expected of them. But in prolonged uncertainty, communication also helps restore some sense of predictability and control.

When leaders wait to communicate because there is "nothing new to report," gaps can quickly fill with speculation, rumors, social media, conflicting news and anxiety. Sometimes one of the most useful things a leader can say is simply: *"This is what we know. This is what we don't know yet. This is what we are doing. And this is when you will hear from us again."*

The support planned before a crisis provides an important starting point, but leaders must remain responsive to the needs that emerge as the situation evolves. Employees may require a range of support, from practical assistance, flexibility and clear guidance to opportunities for connection, recovery and professional support services.

During extraordinary circumstances, it is natural for people to experience a wide range of emotional responses.

These reactions are often a sign of people processing difficult events rather than evidence of a mental health problem. By responding with understanding, compassion and practical support, organizations can help people navigate challenging periods while ensuring that those who require further assistance can easily access appropriate resources and care.

Crisis leaders need support too. They can be among the least supported people in a response, yet the quality of their decisions influences every aspect of how a crisis unfolds, and they are not immune to the effects of sustained stress.

Protecting decision quality requires deliberate safeguards, including trusted deputies, planned rotations, opportunities for peer support and a culture where leaders can pause, seek challenge and draw on others when needed.

Supporting crisis leaders is not an optional consideration; it is a strategic necessity.



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MANAGER TAKEAWAY | DURING

During a Crisis, Regularly Ask:	What do my people need to know or understand right now?
	Who may be struggling quietly?
	Have I communicated recently, even if there is no major update?
	What support or flexibility may be needed today?
	How am I looking after my own ability to lead effectively?

Remember: You do not need to have every answer. Clear, regular communication and attention to changing needs can provide valuable stability.

After the Crisis: People May Not Be Finished With It

Organizations are understandably eager to return to normal. The crisis management team stands down. Operations restart. Employees return to work. Attention moves to the next business priority.

Recovery rarely follows a predictable timeline. The Middle East conflict reinforced how easily this can be forgotten. Organizations may move back to business as usual, yet employees can continue living with uncertainty. Even after the immediate danger has passed, fatigue, anxiety, disrupted sleep and fears of further escalation may remain.

This part of the crisis lifecycle is easily neglected. We see enormous energy invested in preparedness and response, followed by an understandable desire to move on once the immediate situation is under control. Yet unresolved issues, operational or human, can resurface when the organization is placed under pressure again.

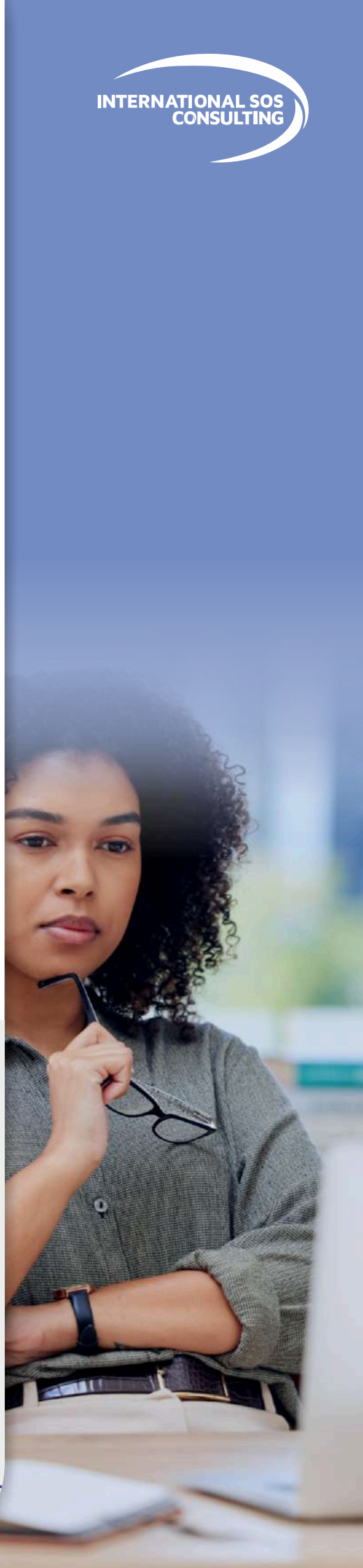
Recovery therefore needs to consider whether the human recovery is keeping pace with the operational one. After-action reviews should make room for these experiences too. What happened to people and teams may reveal strengths or weaknesses that will never appear in an operational timeline.

The purpose is not to dwell on a crisis that has ended, but to create the space needed to recover, reflect, learn and prepare for what comes next.

MANAGER TAKEAWAY | AFTER

Beyond Operational Recovery As teams transition back to routine operations, consider:	Have people returned to their usual level of engagement and energy?
	What opportunities do people have to share their concerns safely and without consequences?
	Are there individuals who may still require support or flexibility?
	Have we created space for reflection and learning?
	What strengths helped the team navigate the crisis?
	What would we do differently next time?

Remember: Recovery is not complete simply because the crisis has ended. Human and operational recovery do not always happen at the same pace.



Bringing the Right Expertise Together

None of this means crisis leaders need to become psychologists, or managers need to become therapists.

Crisis specialists understand how governance, escalation, decisions and coordination work under pressure.

Mental health and occupational health specialists bring insight into how that same pressure influences wellbeing, behavior, performance and recovery.

Bringing those perspectives together can help organizations design more realistic preparedness, interpret workforce needs during an event and learn from both the operational and human experience afterwards.

For multinational organizations, local context matters too. Culture, healthcare access, employee expectations and available mental health support can vary significantly between locations.

Prepared People Make More Resilient Organizations

No organization can remove the fear or uncertainty that comes with a serious crisis. Nor should we expect employees or leaders to respond without emotion. They are people experiencing an abnormal situation.

Preparedness means acknowledging that reality before it happens and recognizing that recovery may continue after the immediate crisis has passed.

Crisis preparedness will always involve plans, governance, escalation processes and exercises. They are essential. But plans do not make decisions. Frameworks do not reassure frightened employees. Processes do not notice when a colleague who appeared fine yesterday has stopped coping today.

Plans provide structure, but people determine how effectively a crisis is managed. Preparing them deserves the same level of attention as preparing the plan itself.



Connected, But Alone: Is the Modern Workplace Creating a New Health Risk?

INTERNATIONAL SOS CONSULTING

By **Dr Philippe Guibert,**
Global Medical Director, Consulting & Solutions

You can be surrounded by colleagues and feel alone. I think this is one of the most important things for employers to understand about workplace loneliness. We tend to picture isolation as somebody sitting at home, working alone in front of a screen. But an employee can come into an office every day, attend meetings, speak to colleagues and still feel that they do not really belong. Equally, someone working hundreds of miles from their team can feel trusted, supported and deeply connected to it.

And there is another paradox: employees can apparently be highly engaged in their work and lonely at the same time. That should make us pay attention.

The way we work has changed significantly. Distributed teams, hybrid working and digital communication have brought flexibility and opportunity. Artificial intelligence is now changing work again. But as we redesign work around efficiency, flexibility and technology, we also need to ask a very human question:
Are we unintentionally designing some of the human connection out of work?

Loneliness Is Not the Same as Being Alone

The distinction matters medically and organizationally. Social isolation describes an objective lack of relationships or interactions. Loneliness is subjective: the distress we experience when the connection we have falls short of the connection we need.

This is why measuring loneliness is difficult, and why I would be cautious about declaring a workplace "loneliness epidemic." The evidence is still developing.

But there are signals employers should not ignore. Gallup reported that **22% of employees globally experienced loneliness "a lot" during the previous day in 2025**. Among fully remote and hybrid employees, the figure was 24%, compared with 18% among onsite employees whose jobs could be performed remotely.

Yet the same Gallup research gives us a fascinating counterpoint: fully remote employees were also the **most engaged group**, at 30%, compared with 25% of hybrid employees and 24% of remote-capable employees working onsite.



THE CONNECTION GAP

Employees can be highly engaged in their work and still experience loneliness.

ENGAGEMENT

30%

Fully remote employees were the most engaged group.

vs

LONELINESS

24%

Remote and hybrid employees experienced loneliness "a lot" during the previous day.

KEY INSIGHT

Engagement measures connection to work.
It does not necessarily tell us whether people feel connected to one another.

So, engagement alone does not tell us whether people feel connected. Someone may still meet deadlines, perform well and appear committed while gradually losing the relationships that provide support, belonging and a sense of being part of something.

For employers, that makes loneliness particularly easy to miss.

What Are We Losing When Work Changes?

Think about how relationships actually develop at work. Usually, it is not during a scheduled wellbeing event. It is in the small moments: asking somebody for advice, checking an idea before a meeting, learning by watching a more experienced colleague, sharing frustration over a difficult task, or having a conversation that begins about work and ends somewhere completely different.

These interactions can look insignificant. They are not. Over time, they create familiarity. Familiarity creates trust. And trust makes it easier to ask for help, admit uncertainty, share concerns and support one another when things become difficult.

Remote and hybrid working can remove some of those moments. That does not make remote work unhealthy. Evidence shows that well-designed hybrid working can improve satisfaction and retention without damaging performance.

The more useful question is: **when spontaneous human interaction disappears, what replaces it?**

AI makes this question even more interesting. The evidence is early and we should not exaggerate it, but studies are beginning to explore whether greater interaction with AI can displace some human exchanges and contribute to workplace loneliness.

AI does not need to replace someone's job to change their experience of work. It can replace asking a colleague for a second opinion, reviewing something together, requesting guidance or solving a problem collaboratively. For each employee, these may be tiny changes. Across thousands of employees and millions of interactions, they could become something much more significant.

> “Efficiency has enormous value. But organizations should understand what is being removed as well as what is being gained.



When Connection Weakens, Business Can Feel It Too

This is where loneliness moves beyond a wellbeing conversation. A systematic review and meta-analysis of 49 studies found workplace loneliness associated with poorer job performance and job satisfaction, weaker employee-manager relationships and higher burnout. Much of this evidence is observational, so we should be careful about claiming direct cause and effect.

But the organizational mechanism makes sense. When people feel disconnected, they may withdraw. They may become less likely to approach colleagues, ask a question or seek help. That reduces access not only to emotional support, but also to information, ideas and everyday problem-solving. Research has linked this reduced approachability and weaker organizational commitment with poorer supervisor-rated performance.

The cost may therefore emerge gradually: weaker collaboration, burnout, absence, unwanted turnover and the loss of knowledge when people leave. For a business, these are not abstract wellbeing outcomes. They affect continuity, productivity, talent retention and ultimately the cost of running the organization.

And importantly, the employee who is struggling may still be delivering today. *The risk is what happens if disconnection becomes the normal way of working tomorrow.*

> “Relationships are not an optional extra around work. They are part of how we learn, cope, collaborate and remain well.

Bringing Everyone Back Is Not the Answer

If physical distance was the problem, the solution would be simple: bring everybody back into the office. Unfortunately, human relationships do not work like that.

Contact quantity is not the same as relationship quality.

An employee can spend five days a week surrounded by people while feeling excluded, unsupported or unable to speak openly. A distributed team, meanwhile, can have strong relationships when trust, communication and mutual support are intentionally built into how it operates.

Nor should employers assume that another social event, virtual coffee or awareness campaign will solve the problem. These initiatives can be useful, but simply creating more interactions does not necessarily create meaningful connection.

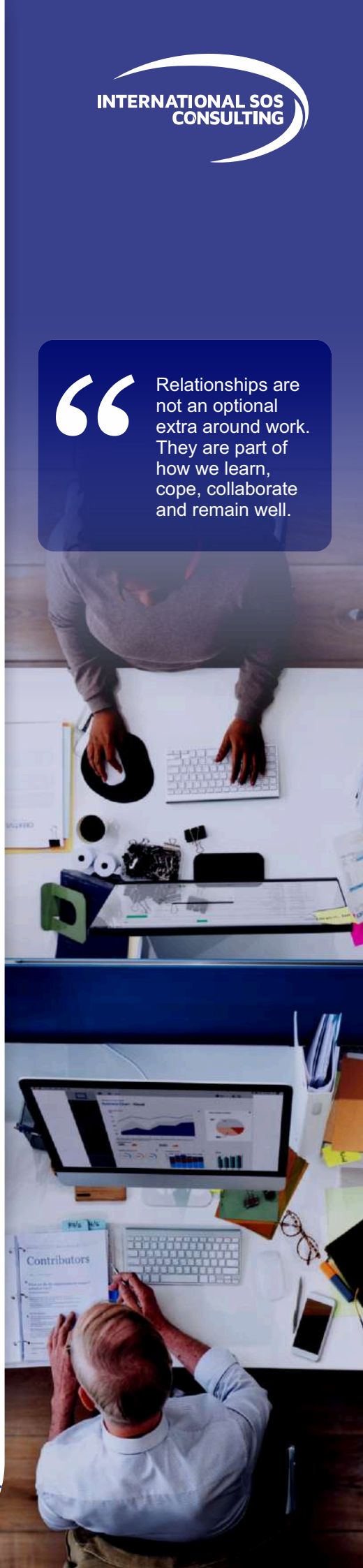
Before prescribing a solution, we need to understand the problem. That is a very familiar principle in medicine, and it applies equally well here.

Start by Understanding Where Disconnection Is Coming From

Organizations do not necessarily need another standalone “loneliness program.” A better starting point is to understand whether disconnection exists, where it is occurring and what may be driving it.

Look beyond engagement alone. Measures of belonging, psychological safety, manager support and relationship quality can reveal aspects of workforce health that conventional engagement scores may miss.

Pay attention to vulnerable moments rather than labeling vulnerable generations. New employees building their first internal networks, people joining distributed teams, employees working largely alone or managers carrying responsibility without strong peer relationships may need different forms of connection. The evidence does not support treating loneliness simply as a “Gen Z problem.”



Managers also matter enormously. They do not need to diagnose loneliness, but they can learn to recognize withdrawal, weakening participation or changes in team relationships, and know when and how to respond.

And sometimes the issue sits deeper in the organization. Work design, psychosocial risks, poor communication, low trust, weak psychological safety or organizational change can all contribute to disconnection. In those situations, a more structured assessment of workplace wellbeing and psychosocial risk can help identify what is actually driving the problem before organizations invest in interventions.

This is where medical, mental-health and organizational-psychology expertise can add value: *not by prescribing more wellbeing activity, but by helping organizations understand the causes, identify where risk is concentrated, strengthen manager capability and design responses that fit the way their people actually work.* The goal is not more interaction for its own sake. **It is better connection.**

A New Workplace Health Question

Work will continue to evolve. Hybrid models will remain. AI will become embedded in more everyday tasks. Teams will span more locations, cultures and time zones. We should welcome many of those changes.

But as a doctor, I believe we also need to remember something very simple: people are social beings. Relationships are not an optional extra around work. They are part of how we learn, cope, collaborate and remain well.

For employers, this means paying attention not only to whether people are productive or engaged, but also to whether the environment in which they work allows healthy relationships to develop.

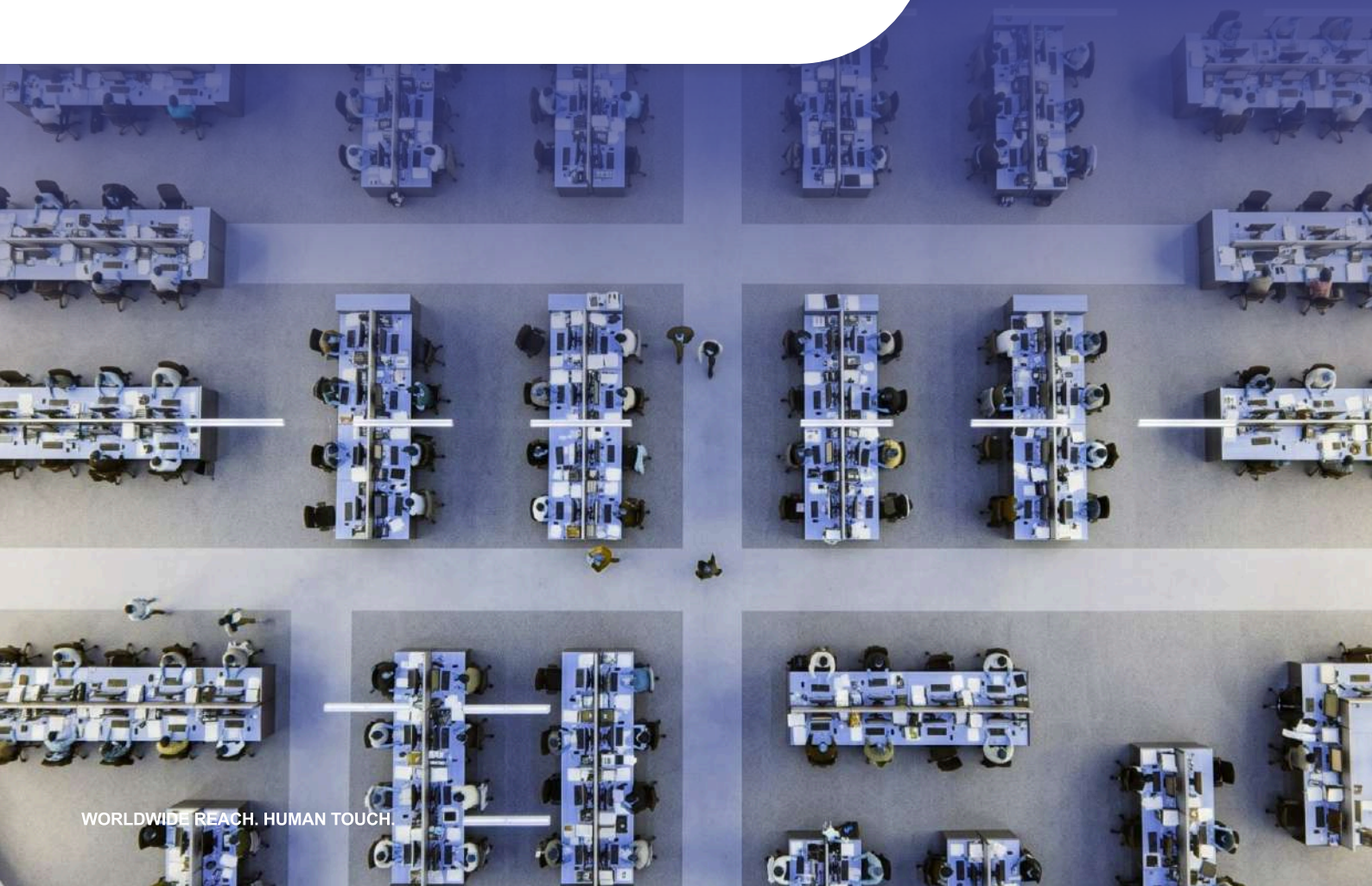
The question for leaders may therefore no longer be simply whether their people are connected to work. **It is whether, in the way work is now designed, they still feel connected to one another.**

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Workplace Wellbeing Assessment
Look beyond engagement alone to understand how psychosocial risk, work design, workforce health and organizational practices may be affecting wellbeing and connection.

Learn more



INTERNATIONAL SOS CONSULTING

Our global consulting team brings together medical, occupational health, mental health, organisational psychology, security and crisis-management expertise.

This multidisciplinary perspective helps organizations understand workforce risks, translate evidence into practical action and strengthen resilience across different operating environments.

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